



APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

APPLICATION TYPE: NEW RENEWAL

SERVICE TYPE: Wheelchair Transport ALS Interfacility ALS Non-Transport
 Stretcher Transport ALS Helicopter ALS Transport

TYPE OF ENTITY: Sole Proprietor Partnership Non-Profit Corporation Corporation

ORGANIZATION NAME: JOHNS HOPKINS ALL CHILDREN'S LIFELINE
HOURS OF OPERATION: 24-HOUR
ADDRESS 1: 501 6TH AVE SOUTH
PHONE: 727-767-7337
ADDRESS 2:
FAX: 727-767-4837
CITY, STATE, ZIP CODE: ST PETERSBURG, FLORIDA 33701
OFFICER/DIRECTOR NAME & TITLE: RADEK HOFFMAN LIFELINE DIRECTOR
PHONE NUMBER & E-MAIL: 727-767-8941 rhoffm31@jhmi.edu
VICE OFFICER/DIRECTOR NAME & TITLE: JULIE BACON LIFELINE PROGRAM MAN
PHONE NUMBER & E-MAIL: 727-767-7337 jbacon11@jhmi.edu
BUSINESS HOURS POINT-OF-CONTACT: JULIE BACON
PHONE NUMBER & E-MAIL: 727-767-7337 jbacon11@jhmi.edu
AFTER HOURS POINT-OF-CONTACT: JULIE BACON
PHONE NUMBER & E-MAIL: 407-432-5498 jbacon11@jhmi.edu

REQUIRED ATTACHMENTS: Record Keeping Verification Form, Vehicle Roster(s), Driver Roster(s), Certificate of Incorporation, Certification of Fictitious Name (d.b.a) if applicable, Insurance Verification for the highest level of service provided, and retail rate schedule. Also include any new applications per County Driver Certification Requirements.

I, the undersigned representative of the above named firm, do hereby acknowledge this certificate may be suspended or revoked if at any time the firm fails to meet all of the requirements of the Pinellas County Code or Rules and Regulations.

SIGNATURE OF APPLICANT: [Signature] DATE: 10/24/2023

STATE OF FLORIDA
COUNTY OF Pinellas

Subscribed and sworn to (or affirmed) before me this 10/24/2023 by Anthony Napolitano, who is/are personally known to me or has/have produced (known personally) as identification.

(SEAL) [Notary Seal] Arlene Gendron (Name of Notary typed, printed or Form stamped)

Once the application forms and attachments are prepared, submit the completed application package to the **Pinellas County EMS Authority, 12490 Ulmerton Rd, Ste 134, Largo, FL 33774.**

COUNTY DRIVER APPLICATION & CERTIFICATION REQUIREMENTS:

Copies of the following documentation must be submitted to the Pinellas County EMS Authority for all new drivers:

- 1. Completed Background Screening Affidavit with background check (verification must be less than 45 days old).
- 2. Current CPR and First Aid certification. For Florida Department of Health licenses, include a copy of the web inquiry, verifying the license is "CLEAR/ACTIVE", as well as attach any discipline on file (<http://www.flhealthsource.gov/>).
- 3. Valid driver's license.
- 4. Completed verification applicant is not listed on the U.S. Department of Health and Human Services Exclusions Database (<https://exclusions.oig.hhs.gov/>).
- 5. Color photo in JPEG format.

Applicants must complete an orientation provided by the Provider Agency, as well as be in compliance with all Protocols, Rules and Regulations of the EMS System. Once the applicant receives approval of the EMS Medical Director, they will receive initial Certification.

All certified wheelchair/stretchers drivers must continue to provide updated documentation to maintain County Certification. Direct any questions about driver certification to the EMS & Fire Administration at (727) 582-5872.

RULES AND REGULATIONS:

- Pinellas County Emergency Medical Services Rules and Regulations • Addresses the obligations and duties of the Pinellas County EMS System.
- Florida Municipal Codes, Chapter 54 - Emergency Services • Copy of Florida State laws governing EMS and Transportation Services.

FORMS:

The forms included in this application packet may be copied and used for reporting to the Office of the Medical Director.

- Monthly Activity Report
 - Used to record wheelchair, stretcher, and reclining wheelchair van service data.
 - Must be filed with the Medical Director within ten (10) working days of month's end.
- Medical Incident Report
 - Used to document any event or patient requiring an Incident Report.
 - Must be filed within 72 hours of the event.



**WHEELCHAIR/STRETCHER SERVICE
RECORD KEEPING VERIFICATION FORM**

Pinellas County Rules and Regulations, as Amended

Name of Service: Med-Trans Corp DBA Lifeline All Children's

Date: 10/23/2023

Section	Inspection Items	Initials
8.1	Record all telephone lines when used for requests for transport, including cell phones.*	<u>JB</u>
	*Initial here if standard business practice is to receive requests via fax and/or e-mail and written records are maintained of such contacts in accordance with written records criteria.	<u>JB</u>
8.1	Written record contains:	
	• Date Call Received	<u>JB</u>
	• Time Call Received	<u>JB</u>
	• Pick-up & Destination Address	<u>JB</u>
	• Arrival Time at Destination	<u>JB</u>
	• Client's Name	<u>JB</u>
	• Person Ordering Transport	<u>JB</u>
	• Telephone Number of Caller (*if applicable)	<u>JB</u>
8.1	Audio dispatch records shall be kept for a minimum of six (6) months.	<u>JB</u>
8.1	Written or electronic dispatch shall be kept for a minimum of three (3) years.	<u>JB</u>
8.1	Dispatch audio & written/electronic records shall be available for inspection.	<u>JB</u>



WHEELCHAIR VEHICLE ROSTER
Pinellas County Rules and Regulations, as Amended

Name of Service: _____ Page: _____ of _____

Provide Unit, Tag and VIN numbers for all vehicles. If more lines are needed, it is acceptable to copy this form. A Company Roster may be attached, as long as all required information is included. Contact EMS & Fire Administration for a Vehicle Inspection appointment.

Unit Number	Florida Vehicle Tag Number	Vehicle Identification Number (VIN)	Client compartment observation mirror	Passenger floor properly maintained	Fire extinguisher 2A:10B:C	Operable interior lights	Free of dent/rust that interferes with safe operation	Equipment in patient compartment safely secured	Doors, latches, and handles working properly	Patient lift platform working properly	Positive means of securing/locking wheelchair/stretchers	Properly designed passenger safety belts and/or straps	Radio/tablet/cell phone for communication with base station	Exterior lights – high, low, turns, brake, tails, backup	Interior clean, sanitary and in good working order
1.		Not applicable													
2.															
3.															
4.															
5.															
6.															
7.															
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9.															
10.															
11.															
12.															



STRETCHER VAN ROSTER
Pinellas County Rules and Regulations, as Amended

Name of Service: _____
 Such vehicles may not be equipped, marked or operated as an Ambulance _____
 Page: _____ of _____

Provide Unit, Tag and VIN numbers for all vehicles. If more lines are needed, it is acceptable to copy this form. A Company Roster may be attached, as long as all required information is included. Contact EMS & Fire Administration for a Vehicle Inspection appointment.

Unit Number	Florida Vehicle Tag Number	Vehicle Identification Number (VIN)	Client compartment observation mirror	Passenger floor properly maintained	Fire extinguisher 2A:10B:C	Operable interior lights	Free of dent/rust that interferes with safe operation	Equipment in patient compartment safely secured	Doors, latches, and handles working properly	Patient lift platform working properly	Positive means of securing/locking wheelchair/stretchers	Properly designed passenger safety belts and/or straps	Radio/tablet/cell phone for communication with base station	Exterior lights – high, low, turns, brake, tails, backup	Interior clean, sanitary and in good working order
1.		Not applicable													
2.															
3.															
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5.															
5.															
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10.															
11.															
12.															

NA



WHEELCHAIR / STRETCHER DRIVER ROSTER
Pinellas County Rules and Regulations, as Amended

Name of Service: _____ Page: _____ of _____

Attach a copy of the Class E Driver's License for each listed Driver. If more lines are needed, it is acceptable to copy this form. A Company Roster may be attached, as long as all required information is included.

Name (Last, First) Also list "nick-name" if applicable	Class E Driver's License Number	Expiration Date	Date of Birth	Assigned EMS ID #
1. SCHULTHESIS, JONATHAN	S432-438-90-180-0	05/20/2027	05/20/1990	EMT56478
2. COOK, CRYSTAL	C200-108-83-746-0	07/06/2025	07/06/1983	EMT36784
3. DAHMASH, HASHIM	D520-321-99-420-0	11/20/2023	11/20/1999	EMT574044
4. ADCOCK, AMOS	A322-005-92-062-0	02/22/2031	02/22/1992	EMT580505
5. BAUGHMAN, RILEY	B255-733-03-177-0	5/17/2024	5/17/2003	EMT579516
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				

PERSONNEL RECORDS

NAME LAST,FIRST	PROFESSIONAL LICENSE NUMBER	LICENSE ISSUE DATE	LICENSE EXPIRATION	CPR/ALCS EXP
HYDOK, KRISTEN	RN9424794	01/21/2016	04/30/2025	2024
JONES, NATHAN	RN9486637	06/11/2018	04/30/2024	2024
BRYAN, KELLY	RN9259068	10/14/2011	4/30/2025	2024
MEEKE, CORI	RN9510502	05/08/2019	4/30/2025	2024
DILLWORTH, FAITH	RT9523	08/07/2008	05/31/2025	2024
MCAULIFFE, JEREMY	RT7236	04/22/2003	05/31/2025	2024
LEFKOWITZ- WEBB, SARA	ARNPN9200051	03/06/2008	07/31/2024	2024
PEARCE, CARRON	RN9301513	12/15/2009	04/30/2025	2024
SPENGLER, KRISTOPHER	RT10095	06/24/2009	05/31/2025	2024
RHYMES, WHITNEY	TT12959	05/01/2006	05/31/2025	2024
LUNDEEN, CHRISTOPHER	RT16684	03/09/2018	05/31/2025	2024
MILLER, WALTER	RT7184	03/05/2003	05/31/2025	2024
SAYERS ONEIL GARDNER CHERYL	RN2061792	09/18/1989	04/30/2024	2024
OCHIPA, PATRICA	RN1850662	08/31/1987	04/30/2024	2024
ARMSTRONG, MICHELE	RN9168224	06/12/2000	04/30/2024	2024
HULL, GLENN	RT7540	02/24/2004	05/31/2025	2024
MONAHAN, MEGAN	RT9306	04/08/2008	05/31/2025	2024
FORDYCE, BRENDEN	RT22515	02/17/2022	05/31/2025	2024
BACON, JULIE PROGRAN MANAGER	RN1797622	03/23/1987	04/30/2024	2024

STATE OF FLORIDA
DEPARTMENT OF HEALTH
EMERGENCY MEDICAL SERVICES
APPLICATION FOR VEHICLE PERMIT(S)

EMS Provider JOHNS HOPKINS ALL CHILDREN'S LIFELINE Provider # 5109

Business Address 501 6 AVE SOUTH - DEPT 7340

City ST. PETERSBURG State FLA Zip Code 33701 County PINELLAS

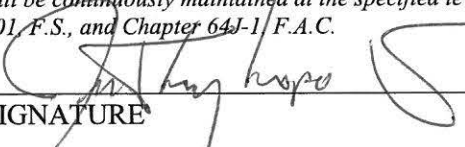
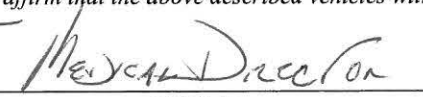
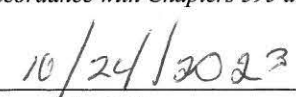
PERMIT TYPE

VEHICLE DATA

	DUPLICATE	NEW	CURRENT PERMIT #	ALS		BLS	YEAR	MAKE	MODEL	V.I.N.
				TRANS	NON-TRANS	TRANS				
1			20956	X			2017	KENWORTH	T370	2NKHHM6X0HM165535
2			25214	X			2020	KENWORTH	T270	2NKHHM6X7LM391757
3			25215	X			2017	KENWORTH	T270	2NKHHM6X2HM136408
4										
5										
6										
7										
8										
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13										
14										
15										

Enclose Permit Fee(s). **Do not send cash.** Checks should be made payable to Emergency Medical Services and mailed to 4052 Bald Cypress Way, Bin A22, Tallahassee, Florida 32399-1738. **All fees are nonrefundable** §401.34(1), Florida Statute, (F.S.).

I, the undersigned representative of the above named firm, do hereby affirm that all equipment and medical supplies required by Chapter 401, F.S., and Rule 64J-1, Florida Administrative Code (F.A.C.), are present and in working order on the above described vehicles. I also affirm that the equipment and medical supplies in the required quantities will be continuously maintained at the specified level. I further affirm that the above described vehicles will be staffed, during operation, in accordance with Chapters 395 and 401, F.S., and Chapter 64J-1, F.A.C.

SIGNATURE _____ TITLE _____ DATE _____

FALSE OFFICIAL STATEMENTS: § 837.06, F.S.: Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.

