

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

APPLICATION TYPE: NEW RENEWAL						
SERVICE TYPE: Wheelchair Transport Stretcher Transport	ALS Interfaci					
TYPE OF ENTITY: Sole Proprietor Parti	nership Non-P	rofit Corporation	rporation			
ORGANIZATION NAME:		HOURS OF OPERATION:	☑24-HOUR			
Baycare Health System - St. Joseph's Childre	en's Hospital	A.M. to				
ADDRESS 1:		PHONE:				
3030 W. Dr. Martin Luther King Jr Blvd		813-356-7188				
ADDRESS 2:		FAX:				
		813-872-3955				
CITY, STATE, ZIP CODE:						
Tampa, FL 33607						
OFFICER/DIRECTOR NAME & TITLE:	PHONE NUMBER & E-MA	AIL:				
Sarah Naumowich, President		Sarah.Naumowich@b	paycare.org			
VICE OFFICER/DIRECTOR NAME & TITLE:	PHONE NUMBER & E-MA					
Charles Ennis, Director of Patient Care		Charles.Ennis@bayc	are.org			
BUSINESS HOURS POINT-OF-CONTACT:	PHONE NUMBER & E-MA	AL:				
Amy Praznik, Nurse Manager	813-356-7188,	Amy.Praznik@bayca	re.org			
AFTER HOURS POINT-OF-CONTACT:	PHONE NUMBER & E-MA	NL:				
Amy Praznik, Nurse Manager		Amy.Praznik@bayca				
REQUIRED ATTACHMENTS: Record Keeping Veri Incorporation, Certification of Fictitious Name (d.b.a) if provided, and retail rate schedule. Also include any ne	f applicable, Insuran	ce Verification for the hig	hest level of service			
I, the undersigned representative of the above named revoked if at any time the firm fails to meet all of the reco						
SIGNATURE OF APPLICANT!		DATE: 10/02/20	25			
country of Hilshorough Country	200	_				
Subscribed and swom to (or affirmed) before me this October 2, 900 by Am\ Praznik, who						
is/are personally known to me or has/have produced _	Driver license	as ide	entification.			
REGINA MARIAN DALUZ Notary Public - State of Florida Commission # HH 319091 My Comm. Expires Oct 5, 2026 Bonded through National Notary Assn.	2 (Narrie d	Hotary typed, printed or	Form stamped)			
Form A. Rev. 02/06/2017						



WHEELCHAIR/STRETCHER SERVICE RECORD KEEPING VERIFICATION FORM

Pinellas County Rules and Regulations, as Amended

Name of Service:	Baycare Health System -	St. Joseph's Children

Date:	10/2/2025	
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Section	Inspection Items	Initials
8.1	Record all telephone lines when used for requests for transport, including cell phones.*	ALP
	*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.	
8.1	Written record contains: Date Call Received Time Call Received Pick-up & Destination Address Arrival Time at Destination Client's Name Person Ordering Transport Telephone Number of Caller (*if applicable)	ALP ALP ALP ALP ALP ALP
8.1	Audio dispatch records shall be kept for a minimum of six (6) months.	ALP
8.1	Written or electronic dispatch shall be kept for a minimum of three (3) years.	ALP
8.1	Dispatch audio & written/electronic records shall be available for inspection.	ALP

Form B Rev. 02/06/2017



Form C-1 Rev. 02/06/2017

Name of Service:

WHEELCHAIR VEHICLE ROSTER Pinelias County Rules and Regulations, as Amended

Page: ____ of __2

ADMINIST	RATION F	Provide Unit, Tag and VII attached, as long as all re	N number equired in	rs for all v formation	rehicles. n is includ	if more li led. Con	nes are n tact EMS	eeded, it & Fire A	is accept dministra	table to c	opy this fo Vehicle Ir	orm. A Conspection	ompany I appointn	Roster ma	ay be
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/stretcher	Property 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
CCT1	U2855B	1HA6GUCG8HN004992													
CCT2	MIN08V	1FVACWFC2JHJP2439													
3. CCT3	MIW68S	1FDUF5HT0NDA17565													
4.														-	
5,	¥														
6.															
7.						(i									
8.															
9,															
10.															
11,															
12.															

EMS INSPECTOR:

Date: _____

Baycare Health System - St. Joseph's Children's Hospital



STRETCHER VAN ROSTER Pinellas County Rules and Regulations, as Amended

Name of Service:	Baycare Health System - St. Joseph's Children's Hospital	Page:	 of _	2
	touch unblates may not be equipped morted as an amount of an an Ambulancet	_		

Such vehicles may not be equipped, marked or operated as an Ambulance

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.

Florida Vehicle Tag Number	Vehicle Identification Number (VIN)	Client compartment observation mirror	Passenger floor property 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/stretcher	Properly designed passenger safety belts and/or straps	Radio/fablet/cell phone for communication with base station	Exterior lights - high, low, turns, brake, tails, backup	Interior clean, sanitary and in good working order
U2855B	1HA6GUCG8HN004992													
V80NIM	1FVACWFC2JHJP2439													
MIW68S	1FDUF5HT0NDA17565													
	Vehicle Tag Number U2855B	Vehicle Tag Number Vehicle Identification Number (VIN) U2855B 1HA6GUCG8HN004992 MIN08V 1FVACWFC2JHJP2439	U2855B 1HA6GUCG8HN004992 MIN08V 1FVACWFC2JHJP2439	U2855B 1HA6GUCG8HN004992 MIN08V 1FVACWFC2JHJP2439	U2855B 1HA6GUCG8HN004992 MIN08V 1FVACWFC2JHJP2439	U2855B 1HA6GUCG8HN004992 MIN08V 1FVACWFC2JHJP2439	U2855B 1HA6GUCG8HN004992 MIN08V 1FVACWFC2JHJP2439	U2855B 1HA6GUCG8HN004992 MIN08V 1FVACWFC2JHJP2439	U2855B 1HA6GUCG8HN004992 MIN08V 1FVACWFC2JHJP2439	U2855B 1HA6GUCG8HN004992 MIN08V 1FVACWFC2JHJP2439	U2855B 1HA6GUCG8HN004992 MIN08V 1FVACWFC2JHJP2439	U2855B 1HA6GUCG8HN004992 MIN08V 1FVACWFC2JHJP2439	U2855B 1HA6GUCG8HN004992	U2855B 1HA6GUCG8HN004992

EMS INSPECTOR:	Date:



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

Name of Service:	Baycare Health System - St. Joseph's Children's Hospital	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. Amy Praznik	P625012749070	11/07/2025	11/07/1974	
Tony Biasotti	B230005773040	8/24/2028	8/24/1977	
3. Shane Hudak	H224404374000	02/22/2031	7/22/1999	
Andrew Lusher	L260010791310	4/11/2027	04/11/1979	
Kelsey Williams	W234116198000	5/12/2034	5/12/1991	
Justin Wise	W635706349000	8/6/2034	8/6/1990	
Joshua Salter	S436424882010	6/1/2026	06/01/1988	
8. Alex Sims	S520015852990	8/19/2029	8/19/1985	
Noah Torres	T620634993360	9/16/2031	9/16/1999	
Joe McAndrew	M253490790590	2/19/2031	2/19/1979	
11,				
12.				
13.				
14.				
15.				
18.				

HELICOPTER/AIRCRAFT ROSTER

Provide needed	e helicopter/aircraft type, model/year, identify I, it is acceptable to copy this form A Compa	ing FAA license #/permit infa any Roster may be attached	ormation, radio ID , as long as all red	Page of and base location. If more lines are guired information is included
Helicopter/Aircraft Type	Model/Year	FAA License #	Radio ID	Base Location
136	Utilize Air Method's Aircraft	t j	t	St. Joseph's Hospital
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To be proposed the first section of the section of			reconstants of	

PERSONNEL ROSTER

Name (Last, First)	License/Certification	Expiration Date
Praznik, Amy	RN 9458802	07/26
Ziegler, Alyssa	495549 (OHIO Compact)	10/25
Craven, Jennifer	RN 9362215	04/27
Neveu, Jonathan	RN 9321356	07/26
Sims, Alex	RN9 460710	04/27
Wright, Anthony	RN 9413807	04/27
Bowen, Nichole	041402350 (Illinois Compact)	04/27
Lynch, Christina	RT 11947	05/27
Collins, Caley	RT 23374	05/27
Nunemaker, Courtney	RT 7719	05/27
Williams, Kelsey	RT 25348	05/27
Ceo, Melody	RT 13700	05/27
Wise, Justin	RT 25352	05/27
Nolte, Amy	RT 16608	05/27
Biasotti, Anthony	PMD 524361	12/26
Hudak, Shane	PMD 542735	12/26
Lusher, Andrew	PMD 513876	12/26
Salter, Joshua	PMD 524757	12/26
Torres, Noah	PMD541445	12/26
McAndrew, Joseph	PMD 526852	12/26