



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:	HOURS OF OPERATION: <input checked="" type="checkbox"/> 24-HOUR	
Baycare Health System - St. Joseph's Children's Hospital	A.M. to	<input type="checkbox"/> A.M. / <input type="checkbox"/> P.M.
ADDRESS 1: 3030 W. Dr. Martin Luther King Jr Blvd	PHONE: 813-356-7188	
ADDRESS 2:	FAX: 813-872-3955	
CITY, STATE, ZIP CODE: Tampa, FL 33607		

OFFICER/DIRECTOR NAME & TITLE: Sarah Naumowich, President	PHONE NUMBER & E-MAIL: 813-872-2950, Sarah.Naumowich@baycare.org
VICE OFFICER/DIRECTOR NAME & TITLE: Charles Ennis, Director of Patient Care	PHONE NUMBER & E-MAIL: 813-356-7307, Charles.Ennis@baycare.org
BUSINESS HOURS POINT-OF-CONTACT: Amy Praznik, Nurse Manager	PHONE NUMBER & E-MAIL: 813-356-7188, Amy.Praznik@baycare.org
AFTER HOURS POINT-OF-CONTACT: Amy Praznik, Nurse Manager	PHONE NUMBER & E-MAIL: 727-337-1478, Amy.Praznik@baycare.org

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:

DATE:

STATE OF FLORIDA

COUNTY OF Hillsborough County

Subscribed and sworn to (or affirmed) before me this October 2, 2025 by Amy Praznik, who is/are personally known to me or has/have produced Driver license as identification.

(SEAL)



(Name of Notary typed, printed or Form stamped)



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

Section	Inspection Items	Initials
8.1	Record all telephone lines when used for requests for transport, including cell phones.*	<u>ALP</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.	
8.1	Written record contains:	
	<ul style="list-style-type: none">• 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)	<u>ALP</u> <u>ALP</u> <u>ALP</u> <u>ALP</u> <u>ALP</u> <u>ALP</u>
8.1	Audio dispatch records shall be kept for a minimum of six (6) months.	<u>ALP</u>
8.1	Written or electronic dispatch shall be kept for a minimum of three (3) years.	<u>ALP</u>
8.1	Dispatch audio & written/electronic records shall be available for inspection.	<u>ALP</u>



WHEELCHAIR VEHICLE ROSTER
Pinellas County Rules and Regulations, as Amended

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

Page: 1 of 2

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 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/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. CCT1	U2855B	1HA6GUCG8HN004992													
2. CCT2	MIN08V	1FVACWFC2JHJP2439													
3. CCT3	MIW68S	1FDUF5HT0NDA17565													
4.															
5.															
6.															
7.															
8.															
9.															
10.															
11.															
12.															



STRETCHER VAN ROSTER
Pinellas County Rules and Regulations, as Amended

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

Page: **2** of **2**

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.

Unit Number	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/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. CCT1	U2855B	1HA6GUCG8HN004992													
2. CCT2	MIN08V	1FVACWFC2JHJP2439													
3. CCT3	MIW68S	1FDUF5HT0NDA17565													
4.															
5.															
6.															
7.															
8.															
9.															
10.															
11.															
12.															



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

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

Page: 1 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	
2.	Tony Biasotti	B230005773040	8/24/2028	8/24/1977	
3.	Shane Hudak	H224404374000	02/22/2031	7/22/1999	
4.	Andrew Lusher	L260010791310	4/11/2027	04/11/1979	
5.	Kelsey Williams	W234116198000	5/12/2034	5/12/1991	
6.	Justin Wise	W635706349000	8/6/2034	8/6/1990	
7.	Joshua Salter	S436424882010	6/1/2026	06/01/1988	
8.	Alex Sims	S520015852990	8/19/2029	8/19/1985	
9.	Noah Torres	T620634993360	9/16/2031	9/16/1999	
10.	Joe McAndrew	M253490790590	2/19/2031	2/19/1979	
11.					
12.					
13.					
14.					
15.					
16.					

HELICOPTER/AIRCRAFT ROSTER

Name of Service: BayCare Health System - St. Joseph's Children's Hospital Date: 10/2/2025 Page: 1 of 1

Provide helicopter/aircraft type, model/year, identifying FAA license #/permit information, radio ID, and base location. 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

Helicopter/Aircraft Type	Model/Year	FAA License #	Radio ID	Base Location
EC130	Utilize Air Method's Aircraft			St. Joseph's Hospital
</				

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