

AEROMED



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: Florida Health Sciences Center Inc. dba Tampa General Hos		HOURS OF OPERATION: <input checked="" type="checkbox"/> 24-HOUR A.M. to <input type="checkbox"/> A.M. / <input type="checkbox"/> P.M.
ADDRESS 1: 1 Tampa General Circle		PHONE: 813-844-7000
ADDRESS 2: PO Box 1289 Tampa, FL. 33601		FAX: 813-844-7153
CITY, STATE, ZIP CODE: Tampa, Florida 33606		
OFFICER/DIRECTOR NAME & TITLE: See attached Officer spreadsheet	PHONE NUMBER & E-MAIL:	
VICE OFFICER/DIRECTOR NAME & TITLE:	PHONE NUMBER & E-MAIL:	
BUSINESS HOURS POINT-OF-CONTACT:	PHONE NUMBER & E-MAIL:	
AFTER HOURS POINT-OF-CONTACT:	PHONE NUMBER & E-MAIL:	

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.

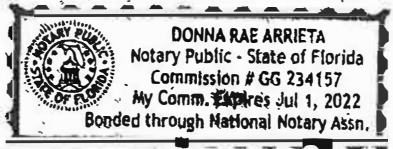
I, the undersigned representative of the above named firm, do hereby acknowledge this certificate may be suspended or revoked if at any time the firm fails to meet all of the requirements of the Pinellas County Code or Rules and Regulations.

SIGNATURE OF APPLICANT: *Kathleen Koch* DATE: *11/5/2019*

STATE OF FLORIDA
COUNTY OF *Hillsborough*

Subscribed and sworn to (or affirmed) before me this *5th* day of *Nov* by *Kathleen Koch*, who is/are personally known to me or has/have produced _____ as identification.

(SEAL) *Donna Rae Arrieta*



Donna Rae Arrieta
Commission # *GG 234157*

(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: Florida Health Sciences Center Inc. dba Tampa

Date: 11/4/2019

Section	Inspection Items	Initials
8.1	Record all telephone lines when used for requests for transport, including cell phones.* *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>KK</u>
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>KK</u> <u>KK</u> <u>KK</u> <u>KK</u> <u>KK</u> <u>KK</u>
8.1	Audio dispatch records shall be kept for a minimum of six (6) months.	<u>KK</u>
8.1	Written or electronic dispatch shall be kept for a minimum of three (3) years.	<u>KK</u>
8.1	Dispatch audio & written/electronic records shall be available for inspection.	<u>KK</u>



AEROMED

Name	Title	Address	Phone	E-mail
John Couris	President & CEO	1 Tampa General Circle, Tampa, FL 33606	813-844-4520	jcouris@tgh.org
Janet Davis	Executive VP, CNO	1 Tampa General Circle, Tampa, FL 33606	813-844-7302	jdavis@tgh.org
Mike Stanberry	President, Metro Aviation, Inc.	1214 Hawn Avenue, Shreveport, LA 71107	800-467-5529	mstanberry@metroaviation.com
John Scott	Nurse Manager, Aeromed	1 Tampa General Circle, Tampa, FL 33606	813-844-7758	jscott@tgh.org



A E R O M E D

Aircraft	Address	City	State	Zip	Coordinates	Hrs of Operation	Staffing
Aeromed 1	1 Tampa General Circle	Tampa	FL	33606	27 56.36N 082 27.56W	24/7	Flight RN/EMTP, Flight EMTP
Aeromed 2	29536 Flying Fortress Lane, Suite 2	Sebring	FL	33870	27 27.29N 081 20.79W	24/7	Flight RN/EMTP, Flight EMTP
Aeromed 4	Bartow Municipal Airport, 4333 Echo Drive	Bartow	FL	33830	27 56.85N 081 46.95W	24/7	Flight RN/EMTP, Flight EMTP
Aeromed 5	Charlotte County Fire Rescue Station 7, 27437 Mooney Avenue	Punta Gorda	FL	33982	26 55.29N 082 00.02W	24/7	Flight RN/EMTP, Flight EMTP

11.4.2019



A E R O M E D

Make	Model	Year of Manufacture	Permit #	FAA Registration/Tail #	Serial #	Color Scheme
Eurocopter	BK 117 C	1993	1732	N911TG	7506	blue/gold
Bell Helicopter	407 GX	2012	1744	N922TG	54375	blue/gold
Bell Helicopter	407 GX	2012	1745	N933TG	54376	blue/gold
Bell Helicopter	407 GX	2012	1746	N944TG	54377	blue/gold
Bell Helicopter	407 GX	2012	1747	N955TG	54379	blue/gold

3.1.2018

N933TG is the dedicated back up aircraft for the Aeromed program.



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Detail By Document Number](#) /

Detail by Entity Name

Florida Not For Profit Corporation
FLORIDA HEALTH SCIENCES CENTER, INC.

Filing Information

Document Number	N97000003941
FEI/EIN Number	59-3458145
Date Filed	07/09/1997
State	FL
Status	ACTIVE
Last Event	CANCEL ADM DISS/REV
Event Date Filed	09/29/2009
Event Effective Date	NONE

Principal Address

TAMPA GENERAL HOSPITAL
ONE TAMPA GENERAL CIRCLE
TAMPA, FL 33606

Changed: 09/29/2009

Mailing Address

TAMPA GENERAL HOSPITAL - ATTN: RISK MGMT
ONE DAVIS BLVD - STE. 401
TAMPA, FL 33606

Changed: 09/24/2019

Registered Agent Name & Address

JUSTICE, NICOLE, MSJ
ONE DAVIS BLVD - STE. 401
TAMPA, FL 33606

Name Changed: 09/24/2019

Address Changed: 09/24/2019

Officer/Director Detail

Name & Address

Title Immediate Past Chair, Director

BRABSON, JOHN A, Jr.

TAMPA GENERAL HOSPITAL
ONE TAMPA GENERAL CIRCLE
TAMPA, FL 33606

Title Treasurer, Director

DOBBINS, FRED
TAMPA GENERAL HOSPITAL
ONE TAMPA GENERAL CIRCLE
TAMPA, FL 33606

Title Director

MANGAR, DEVANAND, Dr.
TAMPA GENERAL HOSPITAL
ONE TAMPA GENERAL CIRCLE
TAMPA, FL 33606

Title Secretary, Director

MARSHALL, GENE E
TAMPA GENERAL HOSPITAL
ONE TAMPA GENERAL CIRCLE
TAMPA, FL 33606

Title Director

BERNASEK, THOMAS L, Dr.
TAMPA GENERAL HOSPITAL
ONE TAMPA GENERAL CIRCLE
TAMPA, FL 33606

Title Chairman, Director

TOUCHTON, JOHN T, Jr.
TAMPA GENERAL HOSPITAL
ONE TAMPA GENERAL CIRCLE
TAMPA, FL 33606

Title Director

CASPER, BLAKE J
TAMPA GENERAL HOSPITAL
ONE TAMPA GENERAL CIRCLE
TAMPA, FL 33606

Title Director

GRAHAM, DREW
TAMPA GENERAL HOSPITAL
ONE TAMPA GENERAL CIRCLE
TAMPA, FL 33606

Title Director

BUKKAPATNAM, RAVIENDER, Dr.
TAMPA GENERAL HOSPITAL
ONE TAMPA GENERAL CIRCLE
TAMPA, FL 33606

Title Director

DINGLE, PHILLIP S
TAMPA GENERAL HOSPITAL
ONE TAMPA GENERAL CIRCLE
TAMPA, FL 33606

Title Director

ROSS, WARREN E, Dr.
TAMPA GENERAL HOSPITAL
ONE TAMPA GENERAL CIRCLE
TAMPA, FL 33606

Title Director

SHANAHAN, KATHLEEN
TAMPA GENERAL HOSPITAL
ONE TAMPA GENERAL CIRCLE
TAMPA, FL 33606

Title CEO, President

COURIS, JOHN
TAMPA GENERAL HOSPITAL
ONE TAMPA GENERAL CIRCLE
TAMPA, FL 33606

Title Director

JURINSKI, PATRICIA
TAMPA GENERAL HOSPITAL
ONE TAMPA GENERAL CIRCLE
TAMPA, FL 33606

Title Director

MUMA, LES
TAMPA GENERAL HOSPITAL
ONE TAMPA GENERAL CIRCLE
TAMPA, FL 33606

Title Director

PADHYA, TAPAN, Dr.
TAMPA GENERAL HOSPITAL
ONE TAMPA GENERAL CIRCLE

ONE TAMPA GENERAL CIRCLE
TAMPA, FL 33606

Annual Reports

Report Year	Filed Date
2017	02/23/2017
2018	01/30/2018
2019	04/04/2019

Document Images

09/24/2019 -- Reg. Agent Change	View image in PDF format
06/19/2019 -- Reg. Agent Change	View image in PDF format
04/04/2019 -- ANNUAL REPORT	View image in PDF format
01/02/2019 -- Reg. Agent Change	View image in PDF format
10/23/2018 -- Reg. Agent Change	View image in PDF format
03/15/2018 -- Reg. Agent Change	View image in PDF format
01/30/2018 -- ANNUAL REPORT	View image in PDF format
02/23/2017 -- ANNUAL REPORT	View image in PDF format
04/12/2016 -- ANNUAL REPORT	View image in PDF format
04/02/2015 -- ANNUAL REPORT	View image in PDF format
06/10/2014 -- AMENDED ANNUAL REPORT	View image in PDF format
02/28/2014 -- ANNUAL REPORT	View image in PDF format
01/24/2013 -- ANNUAL REPORT	View image in PDF format
01/03/2012 -- ANNUAL REPORT	View image in PDF format
01/14/2011 -- ANNUAL REPORT	View image in PDF format
03/18/2010 -- ANNUAL REPORT	View image in PDF format
09/29/2009 -- REINSTATEMENT	View image in PDF format
05/28/2008 -- ANNUAL REPORT	View image in PDF format
06/06/2007 -- ANNUAL REPORT	View image in PDF format
03/21/2006 -- ANNUAL REPORT	View image in PDF format
08/22/2005 -- ANNUAL REPORT	View image in PDF format
08/09/2005 -- ANNUAL REPORT	View image in PDF format
06/21/2004 -- ANNUAL REPORT	View image in PDF format
06/17/2003 -- ANNUAL REPORT	View image in PDF format
05/27/2003 -- ANNUAL REPORT	View image in PDF format
05/09/2002 -- ANNUAL REPORT	View image in PDF format
09/20/2001 -- Reg. Agent Change	View image in PDF format
02/12/2001 -- ANNUAL REPORT	View image in PDF format
08/28/2000 -- ANNUAL REPORT	View image in PDF format
08/08/2000 -- Amendment	View image in PDF format
01/03/2000 -- Reg. Agent Change	View image in PDF format
06/10/1999 -- ANNUAL REPORT	View image in PDF format
05/08/1998 -- ANNUAL REPORT	View image in PDF format
11/24/1997 -- Reg. Agent Change	View image in PDF format
07/27/1997 -- AMENDMENT	View image in PDF format

Detail by Entity Name

Trademark
AEROMED

Filing Information

Document Number	T13000000516
Date Filed	05/17/2013
Expiration Date	05/17/2023
Last Event	RENEWAL
Event Date Filed	05/02/2018
Event Effective Date	NONE
First Used in Florida	04/01/1989
First Used Anywhere	04/01/1989
Status	ACTIVE

Mark Used In Connection With
AIR AMBULANCE SERVICES

Owners

Name & Address

FLORIDA HEALTH SCIENCES CENTER, INC.
TAMPA GENERAL HOSPITAL
ONE TAMPA GENERAL CIRCLE
TAMPA, FL 33606

Type/Class

SM-00390000 0000000000 0000000000 0000000000
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Cross Reference

No Cross Reference

Document Images

05/02/2018 -- Trademark/Renewal	View image in PDF format
05/17/2013 -- Trademark	View image in PDF format

SM-00390000-0000000000-0000000000-0000000000



STARR COMPANIES

GLOBAL INSURANCE & INVESTMENTS

3353 Peachtree Road, N.E., Suite 1000
Atlanta, GA 30326

CERTIFICATE OF INSURANCE

CERTIFICATE HOLDER: FLORIDA HEALTH SCIENCES CENTER INC.
D/B/A TAMPA GENERAL HOSPITAL AEROMED
P. O. BOX 1289
TAMPA, FL 33601

NAMED INSURED: METRO AVIATION, INC.
PO BOX 7008
SHREVEPORT, LA 71137

POLICY PERIOD: 03/01/2019 to 09/01/2020

INSURANCE COMPANY(IES): STARR INDEMNITY AND LIABILITY COMPANY THROUGH STARR AVIATION AGENCY, INC. (50.5% LEAD)

This is to certify that the policy(ies) listed herein have been issued providing coverage for the listed insured as further described. This certificate of insurance is not an insurance policy and does not amend, extend, or alter the coverage afforded by the policy(ies) listed herein. Notwithstanding any requirement, term or condition of any contract, or other document with respect to which this certificate of insurance may be concerned or may pertain, the Insurance afforded by the policy(ies) listed on this certificate is subject to all the terms, exclusions, and conditions of such policy(ies).

AIRCRAFT PHYSICAL DAMAGE COVERAGE

LEAD POLICY NO.: SASICOM60005719-10

ALL RISKS, GROUND & IN-FLIGHT

REGISTRATION NUMBER	YEAR	MAKE & MODEL	INSURED VALUE	DEDUCTIBLES: NOT IN-MOTION	IN-MOTION INGESTION MOORED
N922TG (SN 54375)		Bell 407	AS HELD ON FILE		
N933TG (SN 54376)		Bell 407	AS HELD ON FILE		
N944TG (SN 54377)		Bell 407	AS HELD ON FILE		
N955TG (SN 54379)		Bell 407	AS HELD ON FILE		
N911TG (SN 7506)		BK 117 C1	AS HELD ON FILE		

AND ALL OTHER SCHEDULED AIRCRAFT

AIRCRAFT LIABILITY COVERAGE

LEAD POLICY NO.: SASICOM60005719-10

WITH RESPECT TO: THE ABOVE REFERENCED AIRCRAFT

LIABILITY COVERAGES

LIMITS OF LIABILITY

Bodily Injury Excluding Passengers
Property Damage
Passenger Bodily Injury
Single Limit Including Passengers,
With Passenger Liability Limited To

EACH PERSON
\$
\$ XXXX
\$
\$ XXXX
\$

EACH OCCURRENCE
\$
\$
\$
\$100,000,000
\$ XXXX

AVIATION COMMERCIAL GENERAL LIABILITY COVERAGE

LEAD POLICY NO: SASICOM60035019-09

LIABILITY COVERAGES:

LIMITS OF LIABILITY

General Aggregate Limit
Each Occurrence Limit
Products/Completed Operations Aggregate Limit
Personal & Advertising Injury Aggregate Limit
Premises Medical Payments (any one person)
Fire Legal Liability (any one fire)
Hangarkeepers Liability
Hangarkeepers Deductible

N/A
\$100,000,000
\$100,000,000
\$25,000,000
\$25,000
\$1,000,000
\$100,000,000
\$10,000

each aircraft
each aircraft
\$100,000,000
each loss

OTHER COVERAGES/CONDITIONS/REMARKS:

- The Certificate Holder is included as an Additional Insured on liability coverage(s), but only with respect to operations of the Named Insured.
- The Company hereby waives its right of subrogation against the Certificate Holder as respects loss or damage arising under Physical Damage coverage as set forth under this policy.

FOR INFORMATIONAL PURPOSES ONLY.

ANY INSURANCE EVIDENCED HEREIN THAT IS EXTENDED BEYOND COVERAGE PROVIDED TO THE NAMED INSURED SHALL NOT APPLY TO, AND NO PERSON OR ORGANIZATION TO WHOM SUCH EXTENDED COVERAGE APPLIES SHALL BE INSURED FOR BODILY INJURY OR PROPERTY DAMAGE WHICH ARISES FROM THE DESIGN, MANUFACTURE, MODIFICATION, REPAIR, SALE, OR SERVICING OF THE AIRCRAFT, AIRCRAFT PARTS, OR ANY OTHER PRODUCT BY THAT PERSON OR ORGANIZATION.

CERTIFICATE NO.: 191

DATE: 11/04/2019

BY: 



STARR COMPANIES

GLOBAL INSURANCE & INVESTMENTS

3353 Peachtree Road, N.E., Suite 1000
Atlanta, GA 30326

CERTIFICATE OF INSURANCE

CERTIFICATE HOLDER: TAMPA GENERAL HOSPITAL DBA AERO MED
AND HILLSBOROUGH COUNTY EMERGENCY MEDICAL PLANNING COUNCIL AND
BOARD OF COUNTY COMMISSIONERS
P.O. BOX 1289
TAMPA, FL 33601

NAMED INSURED: METRO AVIATION, INC.
PO BOX 7008
SHREVEPORT, LA 71137

POLICY PERIOD: 03/01/2019 to 09/01/2020
INSURANCE COMPANY(IES): STARR INDEMNITY AND LIABILITY COMPANY THROUGH STARR AVIATION AGENCY, INC. (50.5%
LEAD)

This is to certify that the policy(ies) listed herein have been issued providing coverage for the listed insured as further described. This certificate of insurance is not an insurance policy and does not amend, extend, or alter the coverage afforded by the policy(ies) listed herein. Notwithstanding any requirement, term or condition of any contract, or other document with respect to which this certificate of insurance may be concerned or may pertain, the insurance afforded by the policy(ies) listed on this certificate is subject to all the terms, exclusions, and conditions of such policy(ies).

AIRCRAFT LIABILITY COVERAGE

LEAD POLICY NO.: SASICOM60005719-10

WITH RESPECT TO: ALL SCHEDULED AIRCRAFT

LIABILITY COVERAGES	LIMITS OF LIABILITY	
	EACH PERSON	EACH OCCURRENCE
Bodily Injury Excluding Passengers	\$	\$
Property Damage	\$ XXXX	\$
Passenger Bodily Injury	\$	\$
Single Limit Including Passengers, With Passenger Liability Limited To	\$ XXXX	\$100,000,000
	\$	\$ XXXX

AVIATION COMMERCIAL GENERAL LIABILITY COVERAGE

LEAD POLICY NO.: SASICOM60035019-09

LIABILITY COVERAGES:	LIMITS OF LIABILITY		
General Aggregate Limit	N/A		
Each Occurrence Limit	\$100,000,000		
Products/Completed Operations Aggregate Limit	\$100,000,000		
Personal & Advertising Injury Aggregate Limit	\$25,000,000		
Premises Medical Payments (any one person)	\$25,000		
Fire Legal Liability (any one fire)	\$1,000,000		
Hangarkeepers Liability	\$100,000,000	each aircraft	\$100,000,000
Hangarkeepers Deductible	\$10,000	each aircraft	

OTHER COVERAGES/CONDITIONS/REMARKS:

- The Certificate Holder is included as an Additional Insured on liability coverage(s), but only with respect to operations of the Named Insured.
- The Company hereby waives its right of subrogation against the Certificate Holder as respects loss or damage arising under Physical Damage coverage as set forth under this policy.
- In the event of cancellation of any policy described above, the insurer will attempt to mail 30 days (10 days for non-payment of premium) written notice to the Certificate Holder prior to the effective date of cancellation. However, failure to do so will not impose duty or liability upon the insurer, its agents or representatives, nor will it delay cancellation.

FOR INFORMATIONAL PURPOSES ONLY.

ANY INSURANCE EVIDENCED HEREIN THAT IS EXTENDED BEYOND COVERAGE PROVIDED TO THE NAMED INSURED SHALL NOT APPLY TO, AND NO PERSON OR ORGANIZATION TO WHOM SUCH EXTENDED COVERAGE APPLIES SHALL BE INSURED FOR BODILY INJURY OR PROPERTY DAMAGE WHICH ARISES FROM THE DESIGN, MANUFACTURE, MODIFICATION, REPAIR, SALE, OR SERVICING OF THE AIRCRAFT, AIRCRAFT PARTS, OR ANY OTHER PRODUCT BY THAT PERSON OR ORGANIZATION.

CERTIFICATE NO.: 418

DATE: 03/01/2019

BY: 



STARR COMPANIES

GLOBAL INSURANCE & INVESTMENTS

3353 Peachtree Road, N.E., Suite 1000
Atlanta, GA 30326

CERTIFICATE OF INSURANCE

CERTIFICATE HOLDER: FLORIDA HEALTH SCIENCES, A FLORIDA NON-PROFIT CORPORATION
DBA TAMPA GENERAL HOSPITAL
AND HILLSBOROUGH COUNTY EMERGENCY MEDICAL PLANNING COUNCIL AND
BOARD OF COUNTY COMMISSIONERS
P. O. BOX 1289
TAMPA, FL 33601

NAMED INSURED: METRO AVIATION, INC.
PO BOX 7008
SHREVEPORT, LA 71137

POLICY PERIOD: 03/01/2019 to 09/01/2020

INSURANCE COMPANY(IES): STARR INDEMNITY AND LIABILITY COMPANY THROUGH STARR AVIATION AGENCY, INC. (50.5%
LEAD)

This is to certify that the policy(ies) listed herein have been issued providing coverage for the listed insured as further described. This certificate of insurance is not an insurance policy and does not amend, extend, or alter the coverage afforded by the policy(ies) listed herein. Notwithstanding any requirement, term or condition of any contract, or other document with respect to which this certificate of insurance may be concerned or may pertain, the Insurance afforded by the policy(ies) listed on this certificate is subject to all the terms, exclusions, and conditions of such policy(ies).

AIRCRAFT PHYSICAL DAMAGE COVERAGE

LEAD POLICY NO.: SASICOM60005719-10

ALL RISKS, GROUND & IN-FLIGHT

REGISTRATION NUMBER	YEAR	MAKE & MODEL	INSURED VALUE	DEDUCTIBLES NOT IN-MOTION	IN-MOTION INGESTION MOORED
N922TG (SN 54375)		Bell 407	\$3,500,000.	\$1,000	*
N933TG (SN 54376)		Bell 407	\$3,500,000.	\$1,000	*
N944TG (SN 54377)		Bell 407	\$3,500,000.	\$1,000	*
N955TG (SN 54379)		Bell 407	\$3,500,000.	\$1,000	*
N911TG (SN 7506)		BK 117 C1	\$3,000,000.	\$1,000	*

AND ALL OTHER SCHEDULED AIRCRAFT

*5% OF VALUE SUBJECT TO A MAXIMUM OF \$50,000.

AIRCRAFT LIABILITY COVERAGE

LEAD POLICY NO.: SASICOM60005719-10

WITH RESPECT TO: THE ABOVE REFERENCED AIRCRAFT

LIABILITY COVERAGES	LIMITS OF LIABILITY EACH PERSON	EACH OCCURRENCE
Bodily Injury Excluding Passengers	\$	\$
Property Damage	\$ XXXX	\$
Passenger Bodily Injury	\$	\$
Single Limit Including Passengers, With Passenger Liability Limited To	\$ XXXX	\$100,000,000
	\$	\$ XXXX

AVIATION COMMERCIAL GENERAL LIABILITY COVERAGE

LEAD POLICY NO: SASICOM60035019-09

LIABILITY COVERAGES:	LIMITS OF LIABILITY			
General Aggregate Limit	N/A			
Each Occurrence Limit	\$100,000,000			
Products/Completed Operations Aggregate Limit	\$100,000,000			
Personal & Advertising Injury Aggregate Limit	\$25,000,000			
Premises Medical Payments (any one person)	\$25,000			
Fire Legal Liability (any one fire)	\$1,000,000			
Hangarkeepers Liability	\$100,000,000	each aircraft	\$100,000,000	each loss
Hangarkeepers Deductible	\$10,000	each aircraft		

OTHER COVERAGES/CONDITIONS/REMARKS:

- The Certificate Holder is included as an Additional Insured on liability coverage(s), but only with respect to operations of the Named Insured.
- The Company hereby waives its right of subrogation against the Certificate Holder as respects loss or damage arising under Physical Damage coverage as set forth under this policy, but only with respect to operations of the Named Insured.

FOR INFORMATIONAL PURPOSES ONLY

ANY INSURANCE EVIDENCED HEREIN THAT IS EXTENDED BEYOND COVERAGE PROVIDED TO THE NAMED INSURED SHALL NOT APPLY TO, AND NO PERSON OR ORGANIZATION TO WHOM SUCH EXTENDED COVERAGE APPLIES SHALL BE INSURED FOR BODILY INJURY OR PROPERTY DAMAGE WHICH ARISES FROM THE DESIGN, MANUFACTURE, MODIFICATION, REPAIR, SALE, OR SERVICING OF THE AIRCRAFT, AIRCRAFT PARTS, OR ANY OTHER PRODUCT BY THAT PERSON OR ORGANIZATION.

CERTIFICATE NO.: 10

DATE: 03/01/2019

BY: _____

Certificate of Insurance

To: EVIDENCE OF INSURANCE FOR
Florida Health Sciences Center, Inc.
1 Tampa General Circle
Tampa FL 33606



Assured: Florida Health Sciences Center Inc
PO Box 1289
Tampa FL 33601

This is to certify that the policies of insurance listed below have been issued to the Assured named above for the policy period indicated, notwithstanding any requirement, term, or condition of any contract or other document with respect to which this certificate may be issued or may pertain. The insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies. Limits shown may have been reduced by paid claims.

Type Of Insurance	Policy Number	Policy Term	Policy Limits/Values
Insurance Company(ies)	National Union Fire Ins Co of Pittsburgh		
AD&D	GTP0009154949	6/1/2018 - 6/1/2021	USD 2,000,000

Special Conditions: For Informational Purposes Only

The subscribing insurers' obligations under contracts of insurance to which they subscribe are several and not joint and are limited solely to the extent of their individual subscriptions. The subscribing insurers are not responsible for the subscription of any co-subscribing insurer who for any reason does not satisfy all or part of its obligations.

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy(ies) shown hereon. Should any of the above described policies be canceled before the expiration date thereof, notice will be delivered in accordance with the policy provisions.

Aon Risk Services, Inc of Florida

Date 07/31/2018

By *Aon Risk Services Inc of Florida*

Certificate Number: 31471824722

- 1 -



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
06/04/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Aon Risk Services, Inc of Florida 1001 Brickell Bay Drive Suite 1100 Miami FL 33131 USA	CONTACT NAME: PHONE (A/C, No, Ext): (866) 283-7122 FAX (A/C, No.): (800) 363-0105		
	E-MAIL ADDRESS:		
INSURED Florida Health Sciences Center 1 Tampa General Circle Tampa FL 33601 USA	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Safety National Casualty Corp		15105
	INSURER B: Westchester Fire Insurance Company		10030
	INSURER C: Zurich American Ins Co		16535
	INSURER D:		
	INSURER E:		
INSURER F:			

Holder Identifier :

COVERAGES CERTIFICATE NUMBER: 570076533504 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG
C	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			GLA 2881161-13	06/01/2019	06/01/2020	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION						EACH OCCURRENCE AGGREGATE
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	SP4059343 SIR applies per policy terms & conditions	10/01/2018	10/01/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE-EA EMPLOYEE \$1,000,000 E.L. DISEASE-POLICY LIMIT \$1,000,000
B	Fiduciary-Prim			G27461414006 SIR applies per policy terms & conditions	06/01/2019	06/01/2020	Aggregate \$14,000,000

Certificate No : 570076533504

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

Florida Health Sciences Center, Inc. Attn: Aeromed 1 Tampa General Circle Tampa FL 33606 USA	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE <i>Aon Risk Services Inc of Florida</i>



AEROMED 1 FLIGHT CREW CERTIFICATION TRACKER

CREW NAME:	BASE:	HIRE DATE:	RN LICENSE #:	EXPIRES:	MEDIC CERT. #:	EXPIRES:	EMT CERT. #:	EXPIRES:	ACLS	PALS	BLS	NRP	ATLS	DOT	DUNKER
GAMBONE, Janice	AM-1	05/09/1994	RN 2823842	07/2020	PMD 16471	12/2020				02/2020	05/2020		08/1996	10/1996	11/1997
COLLINS, Heather	AM-1	03/31/1980	RN 791672	07/2020	PMD 11004	12/2020			11/2020	06/2021	9/1/2020	09/2020	06/2013	08/2013	08/2012
KOCH, Kathy	AM-1	09/21/1994	RN 2704112	04/2021	PMD 16104	12/2020			11/2020	02/2020	10/2020		12/1995	03/1996	09/2007
NELSON, Chuck	AM-1	04/19/1999			PMD 13652	12/2020			04/2020	11/2020	02/2020	05/2020	06/1999	12/1994	12/1999
RICHARDSON, Donald	AM-1	06/04/2001	RN 2793692	04/2021	PMD 17762	12/2020			01/2021	01/2021	01/2021	05/2020	01/2002	12/1994	06/2012
KEFFELER, Jotham	AM-1	07/08/2002	RN 9188997	04/2020	PMD 511240	12/2020			07/2021	01/2021	02/2020		03/2010	05/2009	08/2012
MASLONKA, Justin	Pool	05/14/2018			PMD 523574	12/2020			04/2020	04/2020		09/2020		03/2014	
TAVAKOLI, Renee	Float	07/25/2011	RN 9293069	04/2021	PMD 531529	12/2020			07/2021	02/2020	07/2021	05/2021		02/2017	8/2017
MILLER, Scott	Float	06/06/1994	RN 2903102	07/2020	PMD 201060	12/2020	EMT 301413	12/2020	07/2020		09/2021	08/2021	08/1997	04/2000	09/2007
MILLER, Kyle	Pool	01/19/2015			PMD 515588	12/2020			08/2021	08/2021	08/2021	08/2020	09/2015	02/2014	01/2016
HAMILTON, Trish	Float	12/8/2014	RN9363182	04/2021	PMD 528209	12/2020	EMT 548633	12/2020	10/2020	08/2020	08/2021	10/2020	03/2013	11/2014	01/2016
BURNETT, Alisha	Float	11/19/2012	RN 9351712	07/2020	PMD 528672	12/2020			08/2020	08/2020	10/2020	07/2020		02/2016	8/2017
MILLER, Aurelia	Float	8/15/2016	RN9235532	04/2021	PMDS17437	12/2020				08/2021	08/2021	08/2020		02/2004	04/2011
BRYSON, Tommy	Pool	9/25/2017			PMD 514447	12/2020			10/2020	10/2020	10/2020	05/2020	9/2014	02/2014	1/2016

UPDATED: 10/10/2019

	EXPIRED
YELLOW:	DUE THIS MONTH
GREEN:	CERTIFICATION EXPIRING IN NEXT 4 MONTHS
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AEROMED 2 FLIGHT CREW CERTIFICATION TRACKER

CREW NAME:	BASE:	HIRE DATE:	RN LICENSE #:	EXPIRES:	MEDIC CERT. #:	EXPIRES:	EMT CERT. #:	EXPIRES:	ACLS	PALS	BLS	NRP	ATLS	DOT	DUNKER
BITNER, John	AM-2	05/01/2010	RN 9306385	04/2021	PMD 523569	12/2020				11/2021	05/2021	10/2021	04/2015	08/2012	01/2016
BURNETT, Matt	AM-2	11/26/2012	RN 9350430	07/2020	PMD 524831	12/2020					10/2021	09/2021	04/2014	05/2013	01/2016
CONNELL, Noah	AM-2	05/04/2009			PMD 504208	12/2020			11/2020		11/2020	10/2020	07/2009	01/2009	11/2012
DUPPENTHALER, Laurie	AM-2	08/18/2008	RN 9170133	07/2020	PMD 509768	12/2020			08/2020	02/2021	08/2021	03/2020	10/2008	08/2005	08/2012
KENSINGER, Ryan	AM-2	7/10/2017			PMD 523038	12/2020				01/2021	04/2021	07/2020	07/2016	02/2017	8/2017
ADAMS, Mark	AM-2	04/19/2004			PMD 507417	12/2020			04/2021	04/2021	01/2021	05/2020	07/2007	01/2007	09/2007
PENNINGTON, Joe	AM-2	11/03/2008			PMD 12130	12/2020			11/2020		04/2021	03/2020	04/2006	05/2004	08/2012
HESS, Sarah	AM-2	08/01/2006	RN 9233298	04/2021	PMD 518659	12/2020	EMT 529408	12/2020	05/2021	06/2021	05/2021	06/2020	06/2011	05/2010	08/2012

UPDATED: 10/10/2019

	EXPIRED
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AEROMED 4 FLIGHT CREW CERTIFICATION TRACKER

CREW NAME:	BASE:	HIRE DATE:	RN/RT LICENSE #:	EXPIRES:	MEDIC CERT. #:	EXPIRES:	EMT CERT. #:	EXPIRES:	ACLS	PALS	BLS	NRP	ATLS	DOT	DUNKER
CURREN, Kelly	AM-4	08/18/2008	RT 11582	5/2021	PMD 200304	12/2020			07/2021				10/2008	07/2004	04/2009
FREAS, Robert	AM-4	12/01/2008	RN 9271962	04/2021	PMD 514738	12/2020			09/2021	01/2021	10/2019	06/2020	03/2009	04/2008	09/2006
MONK, Robert	AM-4	08/18/2008			PMD 11424	12/2020			08/2021	08/2021	8/2021	02/2021	09/2008	06/2001	12/2002
SANDERSON, Tracy	AM-4	03/14/2001	RN 9175288	07/2020	PMD 205819	12/2020			02/2021	02/2021	02/2021	03/2020	09/2001	12/1994	09/2007
TARVER, Hewitt	AM-4	08/18/2008	RN 9171005	07/2020	PMD 206743	12/2020				01/2021		01/2021	09/2008	03/2005	04/2009
TURGEON, Cedric	AM-4	08/18/2008			PMD 201623	12/2020			06/2021	06/2021	01/2021	05/2020	10/2008	05/2003	04/2009
MEFFORD, Jennifer	AM-4	12/12/2011	RN 9318054	07/2020	PMD 521344	12/2020	EMT 535215	12/2020	08/2020	06/2020	07/2020	05/2021	04/2013	11/2011	08/2012
KELLEMS, Robyn	AM-4	09/22/1984	RN 1489892	07/2020	PMD 205221	12/2020			06/2020	11/2020	05/2021	02/2020	01/2002	08/2001	11/2012

UPDATED: 10/10/2019

	EXPIRED
YELLOW:	DUE THIS MONTH
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AEROMED 4 FLIGHT CREW CERTIFICATION TRACKER

CREW NAME:	BASE:	HIRE DATE:	RN/RT LICENSE #:	EXPIRES:	MEDIC CERT. #:	EXPIRES:	EMT CERT. #:	EXPIRES:	ACLS	PALS	BLS	NRP	ATLS	DOT	DUNKER
CURREN, Kelly	AM-4	08/18/2008	RT 11582	5/2021	PMD 200304	12/2020				07/2021					
FREAS, Robert	AM-4	12/01/2008	RN 9271962	04/2021	PMD 514738	12/2020			09/2021	01/2021	10/2021	06/2020	03/2009	04/2008	09/2006
MONK, Robert	AM-4	08/18/2008			PMD 11424	12/2020			08/2021	08/2021	8/2021	02/2021	09/2008	06/2001	12/2002
SANDERSON, Tracy	AM-4	03/14/2001	RN 9175288	07/2020	PMD 205819	12/2020			02/2021	02/2021	02/2021	03/2020	09/2001	12/1994	09/2007
TARVER, Hewitt	AM-4	08/18/2008	RN 9171005	07/2020	PMD 206743	12/2020				01/2021			01/2021	09/2008	03/2005
TURGEON, Cedric	AM-4	08/18/2008			PMD 201623	12/2020			06/2021	06/2021	01/2021	05/2020	10/2008	05/2003	04/2009
MEFFORD, Jennifer	AM-4	12/12/2011	RN 9318054	07/2020	PMD 521344	12/2020	EMT 535215	12/2020	08/2020	06/2020	07/2020	05/2021	04/2013	11/2011	08/2012
KELLEMS, Robyn	AM-4	09/22/1984	RN 1489892	07/2020	PMD 205221	12/2020			06/2020	11/2020	05/2021	02/2020	01/2002	08/2001	11/2012

UPDATED: 10/10/2019

EXPIRED
YELLOW: DUE THIS MONTH
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AEROMED 5 FLIGHT CREW CERTIFICATION TRACKER

CREW NAME:	BASE:	HIRE DATE:	RN LICENSE #:	EXPIRES:	MEDIC CERT. #:	EXPIRES:	EMT CERT. #:	EXPIRES:	ACLS	PALS	BLS	NRP	ATLS	DOT	DUNKER
HOLT, James	AM-5	02/11/2002	RN 3234652	04/2021	PMD 17802	12/2020			01/2021	01/2021	02/2020	07/2020	11/2004	09/2002	08/2012
HUGHES, Chadd	AM-5	10/21/2002	RN 9188741	04/2020	PMD 514896	12/2020			06/2021	11/2020	12/2020	10/2020	03/2009	05/2008	04/2009
DILWORTH, Jeff	AM-5	02/25/2008			PMD 514365	12/2020			06/2021	06/2021	07/2021	04/2020	06/2009	05/2009	04/2009
STEVENSON, Wendi	AM-5	11/03/2014	RN 9363653	04/2021	PMD 527618	12/2020			10/2020	08/2020	08/2020	10/2020	03/2013	11/2014	01/2016
ADKINS, Keland	AM-5	04/13/2015			PMD 522290	12/2020			04/2021	04/2021	10/2021	12/2020		02/2015	01/2016
KRESGE, Dan	AM-5	05/10/1992	RN 2835822	04/2021	PMD 19693	12/2020			05/2021		10/2020	09/2021	01/2001	06/2000	09/2007
McMAHON, Patrick	AM-5	9/11/2017			PMD 531508	12/2020			07/2019	12/2019	02/2020	5/2021		03/2015	04/2018

UPDATED: 10/3/2019

	EXPIRED
YELLOW:	DUE THIS MONTH
	CERTIFICATION EXPIRING IN NEXT 4 MONTHS
BOLD:	INSTRUCTOR CREDENTIALS

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**PARAMEDIC
ADVANCED CERTIFICATIONS**

A E R O M E D

CREW NAME	HIRE DATE	BASE	Licensure	Advanced Cert	Issue date	Expires	Advanced Cert	Issue date	Expires	Advanced Cert	Expires
ADAMS, Mark	4/19/2004	AM-2	Paramedic	FP-C	1/14/2016						
ADKINS, Keland	4/13/2016	AM-5	Paramedic	FP-C	5/4/2016	05/31/20	CCP-C	5/3/2016	05/31/20		
BRYSON, Thomas	9/26/2017	Pool	Paramedic	FP-C	9/23/2019	09/23/23					
CONNELL, Noah	6/4/2009	AM-2	Paramedic	FP-C	1/19/2016						
CURREN, Kelly	8/18/2008	AM-4	Paramedic	FP-C	1/12/2016						
DILWORTH, Jeff	2/26/2006	AM-5	Paramedic	FP-C	11/2/2015						
KENSINGER, Ryan	7/10/2017	AM-2	Paramedic	FP-C	8/30/2016	08/31/20					
LANCASTER, Ted	8/20/2001	AM-4	Paramedic	FP-C	2/23/2016	02/23/20					
MASLONKA, Justin	6/14/2016	Pool	Paramedic	FP-C	7/21/2014	07/31/22					
McMAHON, Patrick	9/11/2017	AM-5	Paramedic	FP-C	10/27/2016	10/31/20					
MILLER, Kyle	1/19/2016	Pool	Paramedic	FP-C	8/4/2016	08/04/20					
MONK, Robert	8/18/2008	AM-4	Paramedic	FP-C	9/25/2015	09/30/23					
NELSON, Chuck	4/19/1999	AM-1	Paramedic	FP-C	9/4/2015	08/20/23					
PENNINGTON, Joe	11/3/2008	AM-2	Paramedic	FP-C	11/24/2015						
TURGEON, Cedric	8/18/2006	AM-4	Paramedic	FP-C	1/13/2016						

Updated : 10/03/2019

RN
ADVANCED CERTIFICATIONS

CREW NAME	Hire Date	RN Degree	Degree Issue Date	Advanced Cert	Expires	Advanced Cert	Expires	Advanced Cert	Expires	Advanced Cert	Expires
BITNER, John	5/1/2010	BSN	05/2006	CCRN	6/30/2021	CEN	12/19/2020				
BURNETT, Alisha	11/19/2016	BSN	05/2009	CCRN	5/31/2021	CFRN	3/10/2020				
BURNETT, Matt	11/28/2012	BSN	06/2018	CCRN	03/31/22	CFRN	04/02/22				
COLLINS, Heather	3/31/1980	BSN	05/1975	CFRN	08/07/22						
TAVAKOLI, Renee	7/25/2011	ASN	05/2009	CCRN	03/31/20						
DUPPENTHALER, Laurie	8/18/2008	BSN	12/2015	CFRN	04/30/20						
FREAS, Robert	12/1/2008	ASN	04/1993	CFRN	01/31/22	CEN	01/31/22				
GAMBONE, Janice	5/9/1994	BSN	07/2014	CEN	07/20/20						
HAMILTON, Trish	12/8/2014	BSN	05/2019	CFRN		CTRN	03/01/20				
HESS, Sarah	8/1/2006	BSN	05/2005	CEN	07/15/23						
HOLT, James	2/1/2002	BSN	09/2018	CEN	05/01/21	CFRN	09/30/23				
HUGHES, Chadd	10/21/2002	BSN	06/2018	CEN	10/05/23						
KEFFELER, Jotham	7/8/2002	BSN	12/1999	CFRN	08/24/23						
KELLEMS, Robyn	9/22/1984	BSN	04/1990	CFRN		CEN	12/30/21				
KOCH, Kathleen	9/21/1994	BSN	08/1987	CMTE	12/31/20	CFRN	08/24/23				
KRESGE, Dan	5/10/1992	ADN	05/1993	CFRN	07/27/20						
MEFFORD, Jennifer	12/12/2011	BSN	05/1993	CEN	04/30/20	CCRN	02/28/21				
MILLER, Aurelia	8/15/2016	ASN	07/2005	CEN	07/22/20						
MILLER, Scott	6/6/1994	BSN	05/2014	CPEN	12/27/22	CEN	05/2/23				
RICHARDSON, Donald	6/4/2001	BSN	06/2017	CEN	11/29/20						
SANDERSON, Tracy	3/14/2001	BSN	06/2018	CEN	10/31/23						
STEVENSON, Wendi	10/3/2014	BSN	05/2006	CFRN	01/22/21	CTRN	01/27/21				
TARVER, Heidi	8/18/2008	BSN	06/2004	CEN	04/30/21						

UPDATED: 10/10/2019