



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: Baycare Health System - St. Joseph's Children's Hospital Net
HOURS OF OPERATION: 24-HOUR
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: Christopher Sorrell, Manager
PHONE NUMBER & E-MAIL: 813-356-7188, Christopher.Sorrell@baycare.org

AFTER HOURS POINT-OF-CONTACT: Christopher Sorrell, Manager
PHONE NUMBER & E-MAIL: 813-356-7188, Christopher.Sorrell@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: [Handwritten Signature] DATE: 11/3/2023

STATE OF FLORIDA
COUNTY OF Hillsborough
Subscribed and sworn to (or affirmed) before me this 11/3/23 by Christopher Sorrell, who is/are personally known to me or has/have produced Drivers as identification.

(SEAL) [Handwritten Signature]
Notary Public - State of Florida
Commission # HH 25976
My Comm. Expires Jul 30, 2024
Bonded through National Notary Assn.
(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: 11/3/2023

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>CRS</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>CRS</u>
8.1	Audio dispatch records shall be kept for a minimum of six (6) months.	<u>CRS</u>
8.1	Written or electronic dispatch shall be kept for a minimum of three (3) years.	<u>CRS</u>
8.1	Dispatch audio & written/electronic records shall be available for inspection.	<u>CRS</u>



GROUND VEHICLE ROSTER

Name of Service: BayCare Health System - St. Joseph's Children's Hospital Date: 11/3/2023 Page: 1 of 1

Provide unit number/vehicle model/year, Florida tag and VIN numbers, radio ID, and base location 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.

Unit Number/Model/Year	FL Tag Number	Vehicle Identification Number (VIN)	Radio ID	Base Location
1 Type 3 Chevy 4500 2017	U2855B	1HA6GUCG8HN004992		St. Joseph's Women's Hospital
2 Type 1 Freightliner 2018	MIN08V	1FVACWFC2JHJP2439		St. Joseph's Women's Hospital
3				
4				
5				
6				
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8				
9				
10				
11				
12				
13				



HELICOPTER/AIRCRAFT ROSTER

Name of Service: BayCare Health System - St. Joseph's Children's Hospital Date: 11/3/2023 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
1 EC135	Utilize Air Life's Aircraft			St. Joseph's Hospital
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

PERSONNEL ROSTER

Name (Last First)	License/Certification	Expiration Date
Sorrell, Christopher	RN 9339943	4/25
Craven, Jennifer	RN 9362215	4/25
Neveu, Jonathan	RN 9321356	7/24
Piazza, Evonne	RN 9268083	4/25
Praznik, Amy	RN 9458802	7/24
Wright, Anthony	RN 9413807	4/25
Yarbrough, Hope	RN 9258711	7/24
Zieba, Tawny	RN 9287221	7/24
Ceo, Melody	RT 13700	5/25
Disanto, Tiffany	RT 14561	5/25
Hazard, Ashley	RT 23722	5/25
Hutton, James	RT 23470	5/25
Lynch, Christina	RT 11947	5/25
Nunemaker, Courtney	RT 15807	5/25
Rincon, Katherine	RT 10829	5/25
Boyd, Meghann	PM 515830	12/24
Biasotti, Anthony	PM 524361	12/24
Blackwelder, Joseph	PM 521695	12/24
Bragg, Joshua	PM 517009	12/24
Brittain, Justin	PM 529803	12/24
Smith, Ryan	PM 522933	12/24
Sox, Matthew	PM 519304	12/24

FLORIDA AUTOMOBILE LIABILITY
IDENTIFICATION CARD

BayCare Health System

Certificate #: 4647 Effective Date: 01/01/2023

Name Insured: St. Joseph's Woman's Hospital
2985 Drew Street
Clearwater, FL 33759

Make: Freightliner

Year: 2018

VIN #: 1FVACWFC2JHJP2439



Signature of Certificate Holder

NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE

**THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON
DEMAND**

IN CASE OF ACCIDENT: Report all Accidents to BayCare Risk and Insurance Services as soon as possible. Obtain the following information:

- 1. Name and address and phone number of each driver, passenger and witness.**
- 2. Name of Insurance Company and policy number for each vehicle involved.**

**MISREPRESENTATION OF INSURANCE IS
A FIRST DEGREE MISDEMEANOR.**

FLORIDA AUTOMOBILE LIABILITY
IDENTIFICATION CARD

BayCare Health System

Certificate #: 4647 Effective Date: 01/01/2023

Name Insured: St. Joseph's Woman's Hospital
2985 Drew Street
Clearwater, FL 33759

Make: Chevy

Year: 2017

VIN #: 1HA6GUCC8HN004992



Signature of Certificate Holder

NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE

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