INITIAL/RENEWAL APPLICATION FOR
CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY
POLK COUNTY, FLORIDA

This application is for a Certificate of Public Convenience and Necessity ("COPCN") to provide emergency medical care and/or transportation or nonemergency transportation within Polk County, Florida. Polk County, Florida reserves the right to request additional information from the applicant once this application is submitted. Please submit the application fee of $300.00. Applicant will also be sent an invoice in the amount of the charge for publishing the newspaper notice required by the Ordinance. The application process will not proceed until payment of the invoice.

Application Type: Initial Renewal X

1. Name of business AdventHealth EMS

2. Address 601 East Rollins Street, MB #161
Street

Orlando | Florida | 32803
City | State | Zip Code

P O Box | State | Zip Code

3. Phone number (s) (Include area codes) 407-303-5645
Business Office

407-772-4244
Pager Number | Cell Phone Number

4. List names, business addresses, and day time phone numbers of (all) owner, partners, operator and/or board of directors of corporation.

Timothy Clark, CEO, Heart of Florida; Alan Justin Hengersbach, CFO

Royce Brown, CEO, Lake Wales; Alan Justin Hengersbach, CFO

5. State the experience of each person listed in Paragraph 4.

Timothy Clark - 20 years administrative experience; Alan Justin Hengersbach - 25 years administrative experience; Royce Brown, 20 years administrative experience

6. Indicate the level applicant wishes to provide: (Please see Polk County Ordinance 12-029 (Section 4) as amended for complete definition of level of service)

_____ Type B – Basic Life Support Non-Transport (BLS Non-Transport)
_____ Type C – Basic Life Support Transport (BLS Transport)
_____ Type D – Advanced Life Support Non-Transport (ALS Non-Transport)
_____ Type E - Advanced Life Support Transport (ALS Transport)
_____ Type F – Prehospital Air Ambulance Service
X Type G – ALS Interfacility Transport Service
_____ Type H – BLS Interfacility Transport Service

7. List the geographical area in which you wish to provide the service being applied for herein (complete county or portion thereof):

Polk County - Heart of Florida, Lake Wales Medical Center, and Winter Haven, ED.

8. State the facts showing the demand or the need for the level of service in the geographical area being applied for:

The scope is to provide interfacility transports from the areas above to SNF, private residences, and other healthcare facilities when services are not available.

9. Give a detailed description of the equipment the applicant will utilize in the service (attach separate sheet if needed). ***Attach a completed vehicle roster.***

ALS, BLS and critical care ambulances (see attached).

10. Number of personnel to staff each unit? 2-3 ***Attach personnel roster listing name, status as paramedic or EMT, and license number.***

11. Proof applicant is in compliance with all applicable federal, state and local requirements. (Attach copies of certificates) including ALS and / or BLS Ambulance provider license by the Florida Department of Health, Bureau of EMS)

12. State the address and description of each of the locations from which the applicant will operate and the hours of operation, staffing, and phone number for that location

Location Address	Description	Hours of operation	Staffing	Phone number

Heart of Florida	Hospital	24	EMT/medic/RN	407-303-5662
Lake Wales	Hospital	24	EMT/medic/RN	407-303-5662
Winter Haven	ED	24	EMT/medic/RN	407-303-5662

13. Does the service have "back-up" availability in case a unit breaks down or multiple calls?
YES NO ***If Yes, explain procedure***:

Back up support provided from local providers with established business agreements.

Also, additional support available from our Orange and Osceola county facilities.

14. Will your service transport patients out of county? Yes

15. Will your service pick up from other counties? Yes then return to Polk County? Yes

16. Type of service which will be provided (check appropriate blank):

Land X Water_____ Air_____

17. If this application for a COPCN is to replace an existing COPCN, evidence must be provided showing the reason(s) for the replacement of the existing COPCN Pursuant to Polk County Ordinance Number 12-029 and/or Florida Statutes.

18. A fee of $300 must accompany the application.

19. Rate schedule – Provide a listing of all rates/charges for your service to provide the level applied for.

20. If a COPCN is issued to applicant, applicant agrees to the following:
    a. To indemnify Polk County for any claims or losses arising out of applicant's operations;
    b. Applicant will comply with all state and county laws and regulations;
    c. Provide continuous and uninterrupted service to the extent and for the area authorized by the COPCN;
    d. Provide service to adjacent areas or routes within Polk County, when requested to do by public safety agencies, in an emergency situation or in accordance with established agreements;
    e. Keep posted at all the principal business locations in Polk County a copy of the COPCN and any rate or fee schedule;
    f. Provide proof of insurance in amounts required by the Board of County

Commissioner through the Risk Management Department;

g. Name **Polk County, a political subdivision of the State of Florida** as an additional insured for Automobile Liability with a waive of subrogation for the policies noted on the certificate.
h. File a verified statement of ownership with Polk County Fire Rescue Division prior to commencing its operations under the COPCN and will immediately notify Polk County Fire Rescue Division of any change of ownership;
i. Keep such records as may be required by Polk County Fire Rescue Division or Polk County Board of County Commissioners, pursuant to the rules and regulations to be adopted pursuant to Polk County Ordinance 12-029 and
j. Operate in conformance with state law, Polk County Ordinance-12-029 and all rules and regulation hereunder.

To the best of my knowledge, all statements on this application are true and correct and the applicant agrees to the terms contained herein.

K. Wall
Signature of Applicant

Director, EMS & Flight | 08/29/24
Title Date

STATE OF FLORIDA
COUNTY OF ORANGE

This foregoing instrument was acknowledged before me this 29th day of AUGUST, 2024, by KEVIN WALL as DIRECTOR (title) for ADVENTHEALTH EMS & FLIGHT
(Company Name)

Notary Public State of Florida
Chandra Lekha Sukhoo
My Commission HH 481628
Expires 1/26/2028

Chandra Sukhoo
Notary Signature

NOTARY SEAL/STAMP

Personally Known ✓ OR Produced Identification _____

Type of Identification produced: _____

Emergency Medical Services
License Application Profile Report

PROVIDER DATA

Name: ADVENTHEALTH EMS

Manager Name: Ira Bostic, Senior Manager

Mailing Address: 601 East Rollins Street Suite 161

ORLANDO, FL 32803

Physical Address: 627 Winyah Drive

ORLANDO, FL 32803

ID NUMBER: 4905

COUNTY: ORANGE

Service Type

Private
Hospital Based
Non-Profit

Phone: 407-303-5645

Fax: 407-303-1975

Email: Ira.Bostic@AdventHealth.com; Chandra.Sukhoo@AdventHealth

LICENSE DATA

Certification Number: 5164

Status: CLEAR

Service Type: ALS

Date Issued: 08/06/2024

Amount Required: $3,475.00

Expires: 08/29/2026

Amount paid: $3,475.00

PRIMARY MEDICAL DIRECTOR DATA

Name: TANIS, JAMES FRANCIS JR

Phone: (407) 303-5645

Address: 601 East Rollins Street Mailbox #161

ORLANDO FL 32803

License Number: ME 137079

DEA Reg. #: FT8058491

Contract End Date: 12/31/2024

License Expires: 01/31/2026

DEA Reg. Expires: 11/30/2024

SECONDARY MEDICAL DIRECTOR DATA

Name:

Phone:

Address:

License Number:

DEA Reg. #:

Contract End Date:

License Expires:

DEA Reg. Expires:

Report Date & Time: 8/6/2024 11:48:40AM

INSURANCE DATA

Insurance Company	Type of Insurance	Insurance Expiration Date
State National Company	Vehicle Liability	07/01/2025

SERVICE AREA DATA

County of Service	Date Certificate of Public Convenience and Necessity Expires
Orange	01/01/2025
Osceola	03/31/2026
Seminole	06/30/2026
Polk	01/21/2025
Flagler	11/30/2025

VEHICLE DATA

Permit #	Type	Sub-Type	Make	Model	Year	License Status	Issue Date	Vehicle Identifier	Permit Fee
19283	ALS	T	Ford	E350	2015	Clear	07/21/2015	1FDWE3FS9FDA32772	25.00
19642	ALS	T	FORD	E450	2015	Clear	12/07/2015	1FDXE4FS8FDA32773	25.00
19713	ALS	T	FORD	E-350	2015	Clear	01/21/2016	1FDWE3FS9FDA32771	25.00
20014	ALS	T	FORD	TRANSIT	2016	Clear	07/21/2016	1FDYR2CG9GKA68658	25.00
20414	ALS	T	FORD	TRANSIT 250	2016	Clear	02/06/2017	1FDYR2CG9GKA26880	25.00
20415	ALS	T	FORD	TRANSIT 250	2016	Clear	02/07/2017	1FDYR2CG1G1KA68654	25.00
21118	ALS	T	FORD	E450	2018	Clear	11/22/2017	1FDXE4FS1HDC65137	25.00
21474	ALS	T	FORD	E350	2018	Clear	05/16/2018	1FDWE3F54JDC00357	25.00
21477	ALS	N	FORD	INTERCEPTOR	2017	Clear	05/16/2018	1FM5K8AR3JGA72858	25.00
21528	ALS	T	FORD	E450	2018	Clear	07/02/2018	1FDXE4FSXJDC14788	25.00
21530	ALS	T	FORD	E350	2018	Clear	07/02/2018	1FDWE3FS6JDC21582	25.00
21696	ALS	T	FORD	E250	2018	Clear	08/02/2018	1FDYR2CM9JKA69631	25.00
21815	ALS	T	FORD	E-350	2018	Clear	10/03/2018	1FDWE3FS2JDC34961	25.00
21998	ALS	T	FORD	E450	2018	Clear	01/16/2019	1FDXE4FS1JDC14789	25.00
22227	ALS	T	FORD	E450	2019	Clear	06/03/2019	1FDXE4FS0JDC39988	25.00
22371	ALS	T	FORD	E350	2019	Clear	07/29/2019	1FDWE3FS8KDC41429	25.00
22372	ALS	T	FORD	E350	2019	Clear	07/29/2019	1FDWE3FS8KDC41433	25.00
22373	ALS	T	FORD	E350	2019	Clear	07/29/2019	1FDWE3FS8KDC41432	25.00
22822	ALS	T	FORD	E350	2019	Clear	02/26/2020	1FDWE3FS3KDC58722	25.00
22824	ALS	T	FORD	E350	2019	Clear	02/26/2020	1FDWE3FS2KDC62969	25.00
22900	ALS	T	FORD	E450	2019	Clear	04/20/2020	1FDXE4FS9KDC62994	25.00
22901	ALS	T	FORD	E350	2019	Clear	04/20/2020	1FDWE3FS9KDC66386	25.00
22902	ALS	T	FORD	E-350	2019	Clear	04/20/2020	1FDWE3FS5KDC66370	25.00
22904	ALS	T	FORD	TRANSIT	2019	Clear	04/20/2020	1FDYR2CM7KKB86593	25.00
22905	ALS	T	FORD	TRANSIT	2019	Clear	04/20/2020	1FDYR2CMXKKB86636	25.00
23858	ALS	T	FORD	TRANSIT	2020	Clear	07/29/2021	1FDBR1CG8LKB02406	25.00
24139	ALS	T	FORD	E350	2021	Clear	12/28/2021	1FDWE3FNOMDC38604	25.00
24200	ALS	T	FORD	E450	2021	Clear	02/22/2022	1FDXE4FN2NDC35814	25.00
24201	ALS	T	FORD	E450	2014	Clear	02/22/2022	FDXE4FS6KDC72849-NNT	25.00
24434	ALS	T	FORD	TRANSIT	2021	Clear	07/18/2022	1FDBR1CG5MKB02574	25.00
24435	ALS	T	FORD	TRANSIT	2021	Clear	07/18/2022	1FDBR1CG2MKB02578	25.00
24654	ALS	T	FORD	E350	2022	Clear	10/12/2022	1FDWE3FN1NDC22056	25.00
24655	ALS	T	FORD	E350	2022	Clear	10/12/2022	1FDWE3FN0NDC22002	25.00
24656	ALS	T	FORD	E350	2022	Clear	10/12/2022	1FDWE3FN1NDC22039	25.00
24906	ALS	T	FORD	E450	2023	Clear	02/06/2023	1FDXE4FN3PDD32166	25.00
25222	ALS	T	FORD	E450	2023	Clear	07/27/2023	1FDXE4FNXPDD32441	25.00
25223	ALS	T	FORD	E450	2023	Clear	07/27/2023	1FDXE4FN1PDD32442	25.00
25224	ALS	T	FORD	TRANSIT CONNECT	2023	Clear	07/27/2023	1FDBR1CG6PKA23953	25.00
25225	ALS	T	FORD	E450	2024	Clear	07/27/2023	1FDXE4FN8RDD17441	25.00
25226	ALS	T	FORD	E350	2024	Clear	07/27/2023	1FDWE3FN2RDD07008	25.00
25227	ALS	T	FORD	F550	2023	Clear	07/27/2023	1FDUF5GN9PED37614	25.00
25228	ALS	T	FORD	E350	2024	Clear	07/27/2023	1FDWE3FN0RDD07007	25.00
25575	ALS	N	FORD	F-150	2023	Clear	10/31/2023	1FTEW1CP6PKF41247	25.00
25710	ALS	T	FORD	E-350	2023	Clear	01/03/2024	1FDWE3FN5PDD37987	25.00
25711	ALS	T	FORD	E-350	2023	Clear	01/03/2024	1FDWE3FN7PDD37988	25.00
25712	ALS	T	FORD	E-350	2024	Clear	01/03/2024	1FDWE3FN5RDD24904	25.00

25713	ALS	T	FORD	E-350	2024	Clear	01/03/2024	1FDWE3FN4RDD25753	25.00
25929	ALS	T	FORD	LIGHTNING	2023	Clear	04/10/2024	1FTVW1ELXPWG54086	25.00
25930	ALS	T	FORD	BRONCO	2024	Clear	04/10/2024	3FMCR9B64RRE20474	25.00
26135	ALS	T	FORD	E-350	2023	Clear	07/17/2024	1FDWE3FN9RDD45299	25.00
26136	ALS	T	FORD	E-450	2024	Clear	07/17/2024	1FDXE4FN7RDD46154	25.00
5395	BLS	T	FORD	TRANSIT	2016	Clear	11/22/2017	1FDYR2CG9GKA68658	25.00
5396	BLS	T	FORD	TRANSIT	2016	Clear	11/22/2017	1FDYR2CG9GKA26880	25.00
5397	BLS	T	FORD	TRANSIT	2016	Clear	11/22/2017	1FDYR2CG1GKA68654	25.00
5534	BLS	T	FORD	E350	2015	Clear	05/16/2018	1FDWE3FS9FDA32772	25.00
5535	BLS	T	FORD	E-350	2015	Clear	05/16/2018	1FDWE3FS7FDA32771	25.00
5536	BLS	T	FORD	E350	2018	Clear	05/16/2018	1FDWE3F54JDC00357	25.00
5547	BLS	T	FORD	E350	2018	Clear	07/02/2018	1FDWE3FS6JDC21582	25.00
5591	BLS	T	FORD	250	2018	Clear	08/22/2018	1FDYR2CM9JKA69631	25.00
5614	BLS	T	FORD	E-350	2018	Clear	10/04/2018	1FDWE3FS2JDC34961	25.00
5870	BLS	T	FORD	E350	2019	Clear	07/29/2019	1FDWE3FS8KDC41429	25.00
5872	BLS	T	FORD	E350	2019	Clear	07/29/2019	1FDWE3FS8KDC41433	25.00
5874	BLS	T	FORD	E350	2019	Clear	07/29/2019	1FDWE3FS8KDC41432	25.00
6071	BLS	T	FORD	E350	2019	Clear	04/20/2020	1FDWE3FS9KDC66386	25.00
6072	BLS	T	FORD	E-350	2019	Clear	04/20/2020	1FDWE3FS5KDC66370	25.00
6074	BLS	T	FORD	TRANSIT	2019	Clear	04/20/2020	1FDYR2CM7KKB86593	25.00
6075	BLS	T	FORD	TRANSIT	2019	Clear	04/20/2020	1FDYR2CMXKKB86636	25.00
6195	BLS	T	FORD	E350	2019	Clear	11/09/2020	1FDWE3FS3KDC58722	25.00
6196	BLS	T	FORD	E350	2019	Clear	11/09/2020	1FDWE3FS2KDC62969	25.00
6409	BLS	T	FORD	TRANSIT	2020	Clear	07/29/2021	1FDBR1CG8LKB02406	25.00
6584	BLS	T	FORD	E350	2021	Clear	12/08/2021	1FDWE3FNOMDC38604	25.00
6778	BLS	T	FORD	TRANSIT	2021	Clear	09/08/2022	1FDBR1CGXMKB02571	25.00
6779	BLS	T	FORD	TRANSIT	2021	Clear	09/08/2022	1FDBR1CG5MKB02574	25.00
6780	BLS	T	FORD	TRANSIT	2021	Clear	09/08/2022	1FDBR1CG2MKB02578	25.00
6836	BLS	T	FORD	E350	2022	Clear	10/12/2022	1FDWE3FN1NDC22056	25.00
6837	BLS	T	FORD	E350	2022	Clear	10/12/2022	1FDWE3FN0NDC22002	25.00
6838	BLS	T	FORD	E350	2022	Clear	10/12/2022	1FDWE3FN1NDC22039	25.00
7032	BLS	T	FORD	TRANSIT CONNECT	2023	Clear	08/15/2023	1FDBR1CG6PKA23953	25.00
7033	BLS	T	FORD	E350	2024	Clear	08/15/2023	1FDWE3FN2RDD07008	25.00
7034	BLS	T	FORD	E350	2024	Clear	08/15/2023	1FDWE3FN0RDD07007	25.00
7254	BLS	T	FORD	E-350	2023	Clear	01/03/2024	1FDWE3FN5PDD37987	25.00
7255	BLS	T	FORD	E-350	2023	Clear	01/03/2024	1FDWE3FN7PDD37988	25.00
7256	BLS	T	FORD	E-350	2024	Clear	01/03/2024	1FDWE3FN5RDD24904	25.00
7257	BLS	T	FORD	E-350	2024	Clear	01/03/2024	1FDWE3FN4RDD25753	25.00

Count of vehicles with status of "Issued"

Total	BLS	ALS (Transport)	ALS (Non-Transport)	AIR
84	33	49	2	0

First Name	Last Name	List(s)
Steve	Abraham	CCRN, Flight RN
Kevin	Ackerson	EMT, EMT/Perdiem & PT
Les	Acosta	EMT
David	Acuna Alvarez	EMT/Perdiem & PT
Ethan	Aguilera	EMT
Jean	Alexandre	EMT/Perdiem & PT
Noor	Alhawamdeh	EMT/Perdiem & PT
Katherine	Allemand	CCRN
Nathanael	Aloisantoni-Mercado	CCRN
Jessica	Alvarez-Atan	Supervisor, Paramedic, CCRN
Victor	Anaya	Paramedic
Shalizia	Anderson	EMT
Ron	Andrews	EMT, EMT/Perdiem & PT
Danny	Angustia	EMT/Perdiem & PT
Kari	Antalek	CCRN, Flight RN
Yasmin	Antunez-Gutierrez	Paramedic, CCEMTP
Donald	Atkinson	Paramedic/Perdiem
Desthiny	AtkinsonRosich	Paramedic
Jenice	Aviles	EMT
Thomas	Awalt	Paramedic
Sara	Backhaus	CCRN, CCRN/Perdiem & PT
Preston	Bailey	CCRN
Trey	Barker	EMT
Joshua	Baron	Paramedic
Skyler	Baron Collins	EMT
Gary	Bartholomew	CCRN
Sean	Bashore	Paramedic
Martin	Batista	EMT
Scott	Beaulieu	Supervisor
Diana	Bell	CCEMTP, CCEMTP/Perdiem & PT, Flight RT
Micah	Bellamy	Paramedic/Perdiem
Scott	Benjamin	EMT
Yeimy	Bermudez-Fields	Paramedic
Mikala	Blake	Paramedic
David	Blanco	Paramedic/Perdiem
Julian	Blandon	Paramedic/Perdiem
Alexis	Blumberg	EMT
Preston	Boardway	Supervisor, Paramedic
Ira	Bostic	Paramedic, CCEMTP, CCEMTP/Perdiem & PT
Jaclyn	Bowman	CCRN
Quintin	Branch	CCEMTP, CCEMTP/Perdiem & PT, Training Coordinator
Samuel	Bravo Arevalo	Paramedic
Mark	Brescia	EMT
Aadia	Brinkley	EMT
Dylan	Brown	EMT/Perdiem & PT
Kendrick	Brown	EMT
Ryan	Brown	Paramedic
Brandon	Bulaclac	CCRN
Aislinn	Burke	EMT/Perdiem & PT
Rafael	Calderon-Rodriguez	EMT
Ruth	Camille	EMT/Perdiem & PT
Tim	Caporal	Supervisor, Paramedic, CCEMTP

Stephanie	Carter	CCRN, CCRN/Perdiem & PT
Raniel	Castilloveitia	EMT
Sylvia	Chamberlin	EMT/Perdiem & PT
Nicole	Chavarria	Paramedic
Murrah	Cherry	Paramedic/Perdiem
Josette	Christopher	EMT
Brandon	Cintron	Paramedic
Laura	Clarisse	EMT/Perdiem & PT
Dominique	Clark	EMT
Christopher	Clemmons	Paramedic/Perdiem
Erin	Cogan	EMT
Todd	Collette	Flight RT
Madison	Collins	EMT
Tameka	Corrales	EMS Ground Dispatcher , Call Taker
Evan	Cotroneo	Paramedic/Perdiem
Ryan	Cournoyer	EMT
Dario	Cuadros	EMT
Mark	Dakel	Supervisor, Paramedic, EMT, Paramedic
Ryan	Dale	CCRN, Flight RN
Christopher	Daniels	Flight Dispatcher, EMS Ground Dispatcher , Call Taker
Austin	Dargan	EMT/Perdiem & PT
Jason	Daviduke	Supervisor, Paramedic, CCEMTP, CCEMTP/Perdiem & PT
Dale	Davis	Paramedic
Laura	De Los Santos	EMT
Taylor	De Marchis	Paramedic/Perdiem
Yolimar	De Martino	EMT/Perdiem & PT
Dr. Jermaine	Deacon	Associate Medical Director
Emily	Dean	Supervisor, Paramedic
Christa	Deeks McMurray	EMT
Jesus	Delacruz	EMT/Perdiem & PT
Sasha	DeLeon	EMT
Miguel	Delgado	Paramedic, CCEMTP, Educator, Training Coordinator
Hunter	Deloach	EMT
Brian	Dennis	Paramedic
Darryn	Deonarine	Paramedic
Theresa	Devine	CCRN/Perdiem & PT
Hettie	Diaz	EMT
Kenny	Diaz	EMT/Perdiem & PT
Charlie	Domenech	Paramedic
Michael	Dovhey	CCRN, Flight RN
James	Drew	Paramedic/Perdiem
Jose	Dubois	EMT
Nicholas	Dykes	Supervisor, Paramedic, Paramedic/Perdiem
John	Easterling	Paramedic
Bradley	Elliott	EMT
Nicholaus	Elrod	Paramedic/Perdiem
Teagan	Emerson	Paramedic, Paramedic/Perdiem
Kurt	Estinoso	EMT
Jonathan	Estrella	EMT/Perdiem & PT
Sebastian	Estrella	Paramedic/Perdiem
Ethan	Falk	Paramedic
Khristian	Fannin	EMT
Samir	Figueroa	EMT

Brian	Finger	Paramedic
John	Forehand	Paramedic/Perdiem
Rose	Frederiksen-Kelly	EMT
Daniel	Genes	EMT
Theresa	Gernand	Supervisor, Paramedic
K'yan	Gibbs	EMT, EMT/Perdiem & PT
Joshua	Gibson	Paramedic
Matthew	Gillis	EMT
Candace	Glass	CCRN
Victoria	Gomez Gil	EMT
Alissa	Gomez-Allemant	EMT
Contessa	Graebert	CCRN, Flight RN
Ryan	Grant	Paramedic, EMT, Paramedic/Perdiem, EMT/Perdiem & PT
Direk	Griffin	EMT/Perdiem & PT
Thomas	Hair Sr	Paramedic
Lanza	Hanse	Paramedic
Sarah	Hardin	EMT
Lucas	Hardison	CCRN, CCRN/Perdiem & PT
Patricia	Harper	EMT
Dwayne	Harris	EMT
Teresa	Harris	Paramedic
Kandra	Hayes	EMT
Kyle	Hearst	EMT
Anthony	Herman	Paramedic, CCRN
Dariel	Hernandez	EMT
Diana	Hernandez	EMT/Perdiem & PT
Juan "Roly"	Hernandez	Paramedic/Perdiem
Keah	Hiatt	Paramedic
Robert	Hickman	EMT, EMT/Perdiem & PT
Hannah	Hill	EMT
Josh	Holloway	EMT/Perdiem & PT
"Tay" Shontavia	House	Paramedic
Raffi	Hovsepian	Paramedic, CCEMTP, CCEMTP/Perdiem & PT
Christopher	Howard	Paramedic, CCEMTP
Cory	Hughes	EMT/Perdiem & PT
Jon	Inkrott	CCEMTP, CCEMTP/Perdiem & PT, Flight RT
Marshall	Isbell	Paramedic
John	Jackson	EMS Ground Dispatcher , Call Taker
Destiny	James	Paramedic
Joseph	James	EMT, EMT/Perdiem & PT
Ocasio-Rivera	Jennifer	EMT
Madison	Jennings	EMT/Perdiem & PT
Berlanda	Joachim	EMT
Mark	Johnson	Supervisor, CCRN
Aaron	Jolly	EMS Ground Dispatcher , Call Taker
Lordhija	Joseph	EMT
Scott	Kalseth	CCEMTP, Flight RT
Shane	Kluge	Supervisor, Paramedic, CCEMTP
Jeralle	Knox	EMT
Derek	Koenigsberg	Paramedic/Perdiem
Michael	Kriger	Paramedic/Perdiem
Steve	Kurthy	CCRN
Tyler	Lanagan	EMT/Perdiem & PT

Felix	Lauke	EMT
Austin	Lawrence	EMT
Devin	Lebron	EMT
Leon	Legot	EMT
Jamie	Lo	EMT
Terry	Long	CCRN, CCRN/Perdiem & PT
Jorge	Lopez	Supervisor, CCEMTP
Yesenia	Lorenzo	EMT/Perdiem & PT
Michael	Lucas	EMT
Olivia	Lucero	EMT/Perdiem & PT
Bryan	Lujan	Paramedic/Perdiem
Robert	Luna	EMT
Rand	Lynch	CCRN
Lucca	Machado	EMT
Dante	Marroquin	EMT
Michael	Marshall	Paramedic, CCEMTP
Jonathan	Martin	EMT/Perdiem & PT
Philip	Masters	CCRN
Ashley	McCormack	Paramedic
Verne	Mccue	CCRN
Melissa	McGraw	Supervisor, Paramedic, CCEMTP
Dennis	Melvin	EMT
Jesus	Milan - Bermudez	Paramedic, Paramedic/Perdiem
Mark	Mingo	Paramedic
Jesus	Moncaleano	EMT
Eileen	Montoya	CCRN
Edwin	Morales	EMT
Curtis	Muschamp	EMT
Wilson	Nanan	EMT/Perdiem & PT
Frank	Napoleoni	EMT
Mary	Narsico	EMT
Melissa	Nelson	EMT
Dan	Nguyen	CCEMTP, CCEMTP/Perdiem & PT
Ana	Olivo	EMT/Perdiem & PT
Jane	Ortega	EMT/Perdiem & PT
Brittany	Pacheco	EMT/Perdiem & PT
Nicole	Pacheco	Paramedic
Emily	Padilla	EMT
Veronica	Paraon	EMT
Maranda	Parliment	Paramedic/Perdiem
Eric	Paul	CCRN
Richard	Percey	Paramedic/Perdiem
Neil	Perez	EMT, EMT/Perdiem & PT
Cyndy	Peters	Paramedic
Michael	Pieper	EMT
Brian	Pierce	Paramedic
Cody	Pike	Paramedic, EMT, Paramedic/Perdiem
Nicolas	Pino	Paramedic, CCEMTP
Louis	Plank	CCEMTP, CCEMTP/Perdiem & PT, Flight RT
Winston	Porras-Lied	Paramedic/Perdiem
Brandon	Pratersch	EMT
Nickesh	Premdass	Paramedic
Wendy	Pugliese	EMT

Julian	Quinones	Paramedic
Sabra	Raymer	Paramedic
Katherine	Revels	Paramedic, CCEMTP
Derrick	Rice	EMT
Carisma	Rivera	EMT
Carlos	Rivera	EMT
Doel	Rivera	EMT/Perdiem & PT
Matthew	Rivera	EMT
Melissa	Roberts	Paramedic
Emily	Rochford	Paramedic
Felix	Rodriguez	Paramedic
Freddy	Rodriguez	Paramedic
Jonathan	Rodriguez	EMT
Xenia	Rodriguez	EMT
Joshua	Roman	EMT
Miguel	Roman-Vidal	Paramedic, CCEMTP
Erica	Root	EMT/Perdiem & PT
Leanna	Rosa	Paramedic
Demi	Sabogal	EMT
Gavin	Sams	EMT
Amanda	Sanchez Bravo	EMT, EMT/Perdiem & PT
Leishly	Santiago	CCEMTP/Perdiem & PT, Flight RT
Marilyn "Lola"	Santiago	EMT/Perdiem & PT
Jonathan	Sayers	EMT
Jacob	Serna	EMT/Perdiem & PT
Elizabeth	Sewell	Supervisor, Paramedic, CCEMTP
Ethan	Shepherd	EMT, EMT/Perdiem & PT
Scott	Shock	Paramedic
Christopher	Smothers	EMT
Jacqueline	Solano	EMT
Wedja	Souza	Paramedic
Timothy	St. Pierre	Flight RN
Christopher	Steele	Supervisor, Paramedic, CCEMTP
Mitchell	Stevens	EMT/Perdiem & PT
Robert	Stumpf	EMT
Chandra	Sukhoo	Admin
Julius	Surgick	EMT
Daniel	Szymanski	EMT
James	Tanis	Medical Director
James P.	Tanis	EMT
Sarah	Tareen	EMT
Kira	Taylor	Paramedic
Ronald	Taylor	EMT
Grant	Thomas	CCRN
Terry	Thompson	EMT
Reilly	Thorell	EMT
Eric	Torres	EMT/Perdiem & PT
Nina	Torres	EMT
Christine	Townsend	CCRN
Paul	Vallas	CCRN
Laura	Vasquez	EMT, EMT/Perdiem & PT
Jared	Vega	EMT
Yasemily	Velazquez-Gonzalez	EMT

Margot	Ververis	Admin
Aaron	Vonmutius	Supervisor, Paramedic, CCEMTP
Skye	Vriesenga	CCRN, CCRN/Perdiem & PT
Chance	Wagner	EMT
Kevin	Wall	Admin
Donald	Walton	Paramedic, CCEMTP, Training Coordinator
Justin	Watkins	EMT
Amanda	Watson	Paramedic
Kaley	Webster	CCRN, Flight RN
Jacob	White	EMT
Jason	White	CCEMTP, Flight RT
Allison	Whitmer	EMT
Thomas	Wilhelm	Paramedic, CCEMTP
Herbert	Williams	Paramedic/Perdiem
Faithia	Wilson	Paramedic
David	Wirth	Paramedic, Paramedic/Perdiem
Eu-Joe	Wu	EMT
Jason	Young	CCRN, CCRN/Perdiem & PT
Melanie	Young	Paramedic/Perdiem, CCEMTP/Perdiem & PT
Leigh	Zeedyk	CCEMTP, Flight RT
Brian	Zinther	Paramedic

STATE OF FLORIDA
DEPARTMENT OF HEALTH · EMERGENCY MEDICAL SERVICES
BASIC LIFE SUPPORT VEHICLE INSPECTION REPORT (SECTION 401.31, F.S.)

Service Name: _____ Inspection Date: _____/_____/_____ Phone: (___)___-_____

County: _____ Type of Inspection: ☐Initial ☐ Reinspection ☐ Random ☐ Complaint ☐Announced ☐ Unannounced

Vehicle Information: ☐Transport ☐Non-Transport Unit#_____ Year/Make _____ Permit Type _____ Permit# _____

VIN_____ Tag#_____

Inspection Codes:
1 = Item meets inspection criteria.
1a = Item corrected during inspection to meet criteria.
2 = Items not in compliance with inspection criteria.

Rating Categories:
1 = Lifesaving equipment, medical supplies, drugs, records or procedures
2 = Intermediate support equipment, medical supplies, drugs, records or procedures
3 = Minimal support equipment, medical supplies, records or procedures

Name	EMT/PARA/DRIVER	CERTIFICATE NUMBER
1.		
2.		
3.		

Crew credentials: Section 401.27(1) And 401.281, F.S.

Minimum = One EMT and One Driver

I. VEHICLE REQUIREMENTS (Sections 316 and 401, F.S., Chapter 64J-1, F.A.C. and KKK-A-1822	
1. Exhaust System	
2. Exterior Lights:	
A. Head lights (high and low beam)	
B. Turn signals	
C. Brake Lights	
D. Tail Lights	
E. Back-up lights and audible warning device	
3. Horn	
4. Windshield wipers	
5. Tires	
6. Vehicle free of rust and dents	
7. Two-way radio communication – radio test	
A. Hospital (cab and patient compartment)	
B. Dispatch Center	
C. Other EMS units	
8. Emergency Lights	
9. Siren	
10. Two ABC fire extinguishers fully charged and inspected in brackets. Minimum 5 lbs each.	
11. Doors open properly, close securely.	
12. Rear and side view mirrors.	
13. Windows and windshield	
II. TRANSPORT VEHICLE REQUIREMENTS (Section 401, F.S., and Chapter 64J-1, F.A.C. and KKK-A-1822).	
1. Primary stretcher and three straps.	
2. Auxiliary stretcher and two straps.	
3. Two ceiling mounted IV holders.	
4. Two no-smoking signs.	
5. Overhead grab rail.	
6. Squad bench and three sets of seat belts.	
7. Interior lights.	
8. Exterior floodlights.	
9. Loading lights.	
10. Heat and air conditioning with fan.	
11. Word-"Ambulance" – sides, back and mirror image front.	
III. MEDICAL EQUIPMENT FOR TESTING (Chapter 64J-1, F.A.C., and KKK-A-1822	
1. Installed suction. (Transport only)	
. Items 4, 14, 17, 18 and 26 in section II must be tested.	
IV. MEDICAL SUPPLIES AND EQUIPMENT (Chapter 64J-1, F.A.C., GSA KKK-A-1822	
1. Bandaging, dressing and taping supplies:	
a. Rolls adhesive, silk or plastic tape.	
b. Sterile gauze pads, any size	
c. Triangular bandages	
d. Roller gauze	
e. ABD (minimum 5x9 inch) pads	
2. One pair of Bandage Shears	
3. One set each, patient restraints – wrist and ankle	
4. One each blood pressure cuffs: infant, pediatric, and adult.	
5. One stethoscope: pediatric and adult	
6. Blankets	
7. Sheets. (not required on non-transport vehicles)	
8. Pillows with waterproof covers and pillowcases or disposable single use pillows. (Not required on non-transport vehicles.)	
9. One disposable blanket or patient rain cover.	
10. One long spine board and three straps or equivalent.	
11. One short spine board and two straps or equivalent.	
12. One each adult and pediatric cervical immobilization device (CID), approved by the medical director of the service. This approval must be in writing and made available by the provider for the department to review.	
13. Set of padding for lateral lower spine immobilization of pediatric patients or equivalent.	
14. Two portable oxygen tanks, "D" or "E" cylinders, with one regulator and gauge. Each tank must have a minimum pressure of 1000 psi.	
15. Each transparent oxygen masks; adult, child and infant sizes, with tubing	
16. Set of pediatric and adult nasal cannulae with tubing.	
17. One each hand operated bag-valve mask resuscitators, adult and pediatric accumulator, including adult, child and infant transparent masks capable of use with supplemental oxygen.	
18. One portable suction, electric or gas powered, with wide bore tubing and tips, which meet the minimum standards as published by the GSA in KKK-A-1822 specifications.	
19. Assorted sizes of extremity immobilization devices.	
20. One lower extremity traction splint. (Pediatric and Adult)	
21. One sterile obstetrical kit to include, at minimum, bulb syringe, sterile scissors or scalpel and cord clamps or cord-ties.	
22. Burn sheets.	
23. One flashlight with batteries.	
24. Occlusive dressings.	
25. Assorted sizes of oropharyngeal airways. Pediatric and Adult	
26. One installed oxygen with regulator gauge and wrench, minimum "M" size cylinder. (Other installed oxygen delivery systems, such as liquid oxygen, as allowed by medical director. This approval must be in writing and available to the department for review.)	
27. Sufficient quantity of gloves – suitable to provide barrier protection from biohazards for all crew members.	
28. Sufficient quantity of each for all crewmembers – Face Masks – both surgical and respiratory protective.	
29. Assorted pediatric and adult sizes rigid cervical collars as approved in writing by the medical director and available for review by the department.	
30. Nasopharyngeal airways, French or mm equivalents (infant , pediatric , and adult	
31. One approved biohazardous waste plastic bag or impervious container per Chapter 64J-1, F.A.C.	
31a. Pediatric length based measurement device for equipment selection and drug dosage	
32. One per crewmember, safety goggles or equivalent meeting A.N.S.I.Z87.1 standard.	
33. One bulb syringe separate from obstetrical kit.	
34. One thermal absorbent reflective blanket.	
35. Two multi-trauma dressings.	
GENERAL SANITATION (Section 401.26(2)(e), F.S.	
I. Vehicle and Contents ☐ Satisfactory ☐ Unsatisfactory	

Comments:

I, the undersigned representative of the above service, acknowledge receipt of a copy of this inspection narrative, applicable supplemental inspection reports and corrective action statement (if applicable). In addition, I am aware of the deficiencies listed (if any) and understand that failure to correct the deficiencies within the established time frames will subject the service and its authorized representatives to administrative action and penalties as outlined in Section 401, F.S., and Chapter 64J-1, F.A.C. Copy of Inspection report and Corrective Action Statement Received by:

Person in Charge: _____ Date: _____

Inspected By: _____ Date: _____

STATE OF FLORIDA
DEPARTMENT OF HEALTH · EMERGENCY MEDICAL SERVICES
ADVANCED LIFE SUPPORT VEHICLE INSPECTION REPORT (SECTION 401.31, F.S.)

Service Name: _____ **Inspection Date:** _____/_____/_____ **Unit No.** _____

Inspection Codes:
1 = Item meets inspection criteria.
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Rating Categories:
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3 = Minimal support equipment, medical supplies, records or procedures

LS EQUIPMENT AND MEDICATIONS
(Reference Chapter 64J-1, F.A.C.)

MEDICATIONS	WT/VOL	QTY	
1. Atropine Sulfate			
2. Dextrose, 50 percent	25 gm/50ml		
3. Epinephrine HCL	1:1,000 1 mg/ml		
4. Epinephrine HCL	1: 10,000 1 mg/10cc		
5. Ventricular dysrhythmic			
7. Naloxone (Narcan)	1 mg/ml 2 mg amp.		
8. Nitroglycerin	0.4 mg spray pump		
9. Diazepam	5 mg/ml		
10. Inhalant, Beta Adrenergic agent with nebulizer apparatus, approved by medical director	In nebulizer apparatus		

IV SOLUTIONS MINIMUM QTY	MINIMUM AMMOUNTS		
1. Lactated Ringers or Normal Saline		In any combination	

Medical Equipment		
a. Laryngoscope handle with batteries		
b. Laryngoscope blades, adult, child and infant sizes		
c. Pediatric IV arm board or splint appropriate for IV stabilization		
d. Disposable endotracheal tubes; adult, child and infant sizes (Two each within the ranges 2.5mm – 5.0mm shall be uncuffed; range 5. mm – 7.0mm; 7.5mm – 9.0mm)		
e. Pediatric and adult endotracheal tube stylets.		
f. Pediatric and adult Magill forceps.		
g. Device for intratracheal meconium suctioning in newborns		
h. Tourniquets		
i. IV cannulae between 14 and 24 gauge		
j. Micro drip sets		
k. Macro drip sets		
l. IV pressure infuser		
m. Needles between 18 and 25 gauge		

MEDICAL EQUIPMENT (Cont.)		
n. Intraosseous needles 15 or 16 gauge and three way stop-cocks. As allowed by medical director.		
o. Syringes from 1 ml. To 20 ml.		
p. DC battery powered portable monitor defibrillator capable of delivering energy below 25 watts/sec with adult and pediatric paddles (or pediatric paddle adapters) and EKG printout and spare battery.		
q. Adult and pediatric monitoring electrodes.		
r. Pacing electrodes, if monitor or defibrillator requires.		
.		
s .Electronic waveform capnography capable of real-time Monitoring and printing record of the intubated patient		
t. Method of blood glucose monitoring approved by medical director.		
u. Pediatric length based measurement tape for equipment selection and drug dosage.		
v. Approved sharps container per Chapter 64J-1, F.A.C.		
w. Flexible suction catheters size 6-8, 10-12, and 14, French	One each	

Other ALS Requirements

1. Standing orders – authorized by current medical director within last 24 months
2. Controlled substances stored in a locked drug compartment.
3. Controlled substance written vehicle log:
   - A. Inventory conducted at beginning and end of shift.
   - B. Log consecutively, permanently numbered pages.
   - C. Log on each vehicle specifies:
     1. Vehicle unit or number;
     2. Name of employee conducting inventory;
     3. Date and time of inventory;
     4. Name, weight, volume or quantity and expiration date of each controlled substance;
     5. Run report no. (if administered);
     6. Each amount administered or disposed;
     7. Printed name and signature of administering Paramedic or other authorized licensed professional.
     8. Printed name and signature of person witnessing the disposal of each unused portion.

Comments:

I, the undersigned representative of the above service, acknowledge receipt of a copy of this inspection narrative, applicable supplemental inspection reports and corrective action statement (if applicable). In addition, I am aware of the deficiencies listed (if any) and understand that failure to correct the deficiencies within the established time frames will subject the service and its authorized representatives to administrative action and penalties as outlined in Section 401, F.S., and Chapter 64J-1, F.A.C. Copy of Inspection report and Corrective Action Statement Received by:

Person in Charge: _____ **Date:** _____

Inspected By: _____ **Date:** _____

The provider's medical director may determine quantities. Quantities must be sufficient to meet the services protocols.

STATE OF FLORIDA
DEPARTMENT OF HEALTH
BUREAU OF EMERGENCY MEDICAL OVERSIGHT

ADVANCED LIFE SUPPORT SERVICE LICENSE

This is to certify that: **ADVENTHEALTH EMS** **Provider Number #: 4905**
Name of Provider

627 WINYAH DRIVE, ORLANDO, FLORIDA 32803
Address

has complied with Chapter 401, Florida Statutes, and Chapter 64J-1, Florida Administrative Code, and is authorized to operate as an Advanced Life Support Service subject to any and all limitations specified in the applicable Certificate(s) of Public Convenience and Necessity and/or Mutual Aid Agreements for the County(s) listed below:

FLAGLER, ORANGE, OSCEOLA, POLK, SEMINOLE
County(s)

Michael Hall, Section Administrator
Emergency Medical Services
Florida Department of Health

THIS CERTIFICATE EXPIRES ON: 08/29/2026

This certificate shall be posted in the above mentioned establishment

HCPC	Description	Charges
A0425	Ground Mileage	$33.00
A0426	ALS Non Emergency	$2,652.00
A0427	ALS Emergency Base Rate	$3,085.00
A0428	BLS Non Emergency	$2,308.00
A0429	BLS Emergency	$2,467.00
A0433	ALS 2 Base Rate	$3,672.00
A0434	SCT Base Rate	$4,697.00
A0431	Rotor Wing Base Rate	$41,139.00
A0436	Rotor Wing Mileage	$295.00

CERTIFICATE OF COVERAGE

AdventHealth
Risk Management
900 Hope Way
Altamonte Springs, FL 32714 (407) 357-2290

Named Participant:

Adventist Health Systems/Sunbelt, Inc.
d/b/a AdventHealth Orlando
601 E. Rollins Street
Orlando, FL 32803

Issue Date: 10/25/2024

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 AH Liability Trust or any insurance policies listed below.

COMPANIES AFFORDING COVERAGE

Company Letter A: AH Liability Trust
Company Letter F: Safety National Casualty Corporation
Company Letter G: AH Workers Compensation Liability Trust

Coverages

This is to certify that the coverage below has been issued to the Named Participant listed above for the time 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.

Co. Ltr	Type of Insurance			Policy Number	Policy Effective	Policy Expiration	Limits	
A	X	Hospital Professional/Comprehensive General Liability & MCO E&O		8528-2024	04/01/2024	04/01/2025	Each Occurrence Annual Aggregate	$1,000,000 $3,000,000
A		X	Claims Made (HPL & Managed Care Errors)					
A		X	Occurrence (CGL Only)					
F	X	Automobile Liability- All Vehicles		CA6675747	07/01/2024	07/01/2025	Combined Single Limit (Bodily Injury & Property Damage)	$5,000,000
G	X	Worker's Compensation	CO, FL, GA, IL, KS, KY, NC, TN	AHWC24	08/01/2024	08/01/2025		$1,000,000

Description of Operations/Locations/Vehicles/Special Items:

All operations subject to the terms and conditions of the Trust or insurance policies listed above but only with respect to the liability arising out of AdventHealth Orlando's agreement with Orange County, FL. Orange County, FL is an additional participant with regard to general liability as their interest may appear and where required by written contract. Coverage provided is a per occurrence aggregate and is not increased by the number of named participants or claimants involved.

Certificate Holder

Polk County, a political subdivision of the State of Florida
330 W Church St, Rm 150
Bartow, Florida 33830

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail written notice to the Certificate Holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives or employees.

Authorized Representative: Stacy W. Pinner

Date: 10/25/2024

NOTICE

YOU ARE HEREBY NOTICED pursuant to Polk County Ordinance 12-029, that **AdventHealth EMS**, a licensed for-profit pre-hospital ambulance provider by the State of Florida, Department of Health has submitted an renewal application of their Type G Certificate of Public Convenience and Necessity (COPCN) to operate a Advance Life Support Inter-facility Transport Service within the geographical bounds of Polk County, including all incorporated areas. This level of service encompasses ambulance transport of medically necessary patients to and from medical facilities. This does not include any 911 prehospital responses. In accordance with Polk County Ordinance 12-029 further information on the application is available at the Polk County Fire Rescue Administrative Offices; 1295 Brice Blvd. Bartow, Florida 33830. Any interested person who may be substantially affected by the proposed operation may, within thirty (30) days, file a written objection to the application, specifying the reason therefore, to Polk County Fire Rescue; 1295 Brice Blvd., Bartow, Florida 33830; Attn: Office of Medical Director.

November 20, 2024 171327

YOU ARE HEREBY NOTICED pursuant to Polk County Ordinance 12-029, that AdventHealth EMS, a licensed for-profit pre-hospital ambulance provider by the State of Florida, Department of Health has submitted an renewal application of their Type G Certificate of Public Convenience and Necessity (COPCN) to operate a Advance Life Support Inter-facility Transport Service within the geographical bounds of Polk County, including all incorporated areas. This level of service encompasses ambulance transport of medically necessary patients to and from medical facilities. This does not include any 911 prehospital responses. In accordance with Polk County Ordinance 12-029 further information on the application is available at the Polk County Fire Rescue Administrative Offices; 1295 Brice Blvd. Bartow, Florida 33830. Any interested person who may be substantially affected by the proposed operation may, within thirty (30) days, file a written objection to the application, specifying the reason therefore, to Polk County Fire Rescue; 1295 Brice Blvd., Bartow, Florida 33830; Attn: Office of Medical Director.

AFFIDAVIT OF PUBLICATION

Polk Sun

Published Weekly

Winter Haven, Polk County, Florida

Case No. AdventHealth EMS

STATE OF FLORIDA
COUNTY OF POLK

Before the undersigned authority, Anita Swain, personally appeared who on oath says that she is the Classified Advertising Legal Clerk of Polk Sun, a newspaper published at Winter Haven in Polk County, Florida; that the attached copy or reprint of the advertisement, to the right, being a Public Notice, was published in said newspaper by print in the issues of or by publication on the newspaper's website, if authorized, on:

November 20, 2024

Affiant further says that the Polk Sun newspaper complies with all legal requirements for publication in chapter 50, Florida Statutes.

Anita Swain

Anita Swain

Sworn to and subscribed before me this 20th day of November 2024 by Anita Swain, who is personally known

Karen Fisher, Clerk, Notary Number: #HH349179
Notary expires: January 11, 2027

00023520 00171327 863-519-

Polk County Fire Rescue
1295 Brice Blvd
Bartow, FL 33830

Notary Public State of Florida
Karen Fisher
My Commission HH 349179
Expires 1/11/2027

NOTICE

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November 20, 2024 171327

Advertising Receipt

Winter Haven Sun
DR Media and Investments
Department 27770
PO Box 160507
Altamonte Springs, FL 32716-0507
Phone: 863-533-4183

Polk County Fire Rescue
1295 Brice Blvd
Bartow, FL 33830

Acct #: 00023522
Phone: (863)519-7402
Date: 11/19/2024
Ad #: 00171327
Salesperson: 802 Ad Taker: 802

Class: 0138
Sort Line: AdventHealth EMS

Ad Notes: SheilaCox@polk-county.net
linsey.wright@polk-county.net

Description	Start	Stop	Ins.	Cost/Day	Amount
420 Polk Sun	11/20/2024	11/20/2024	1	44.00	44.00
AFFI Affidavit Charge For Legals					2.00

Sheila's P-card

Ad Text:

NOTICE
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Payment Reference:

Credit Card #XXXX1537 $-46.00

Total:	46.00
Tax:	0.00
Net:	46.00
Prepaid:	-46.00
Total Due	**0.00**

Cox, Sheila

From: Hicks, Breezi
Sent: Wednesday, November 6, 2024 2:09 PM
To: Cox, Sheila
Subject: Fw: Denied COPCN

Good afternoon,

After getting verification from Mitch, the application can be approved.

This email will serve as approval.

Get Outlook for iOS

From: Hicks, Breezi <BreeziHicks@polk-county.net>
Sent: Wednesday, November 6, 2024 2:06 PM
To: St. Jean, Mitch <mitchstjean@polk-county.net>
Subject: Re: Denied COPCN

Thank you!!

Get Outlook for iOS

From: St. Jean, Mitch <mitchstjean@polk-county.net>
Sent: Wednesday, November 6, 2024 1:55:51 PM
To: Hicks, Breezi <BreeziHicks@polk-county.net>
Subject: RE: Denied COPCN

Breezi,

I reviewed this with Mark, and we agree it appears Advent Health is self-insured for GL and Workers' Comp by AH Liability Trust. While an ACCORD form is preferred, we have no objections to accepting this format.

Thanks,

Mitch St. Jean, CWCL
Claims Manager

POLK COUNTY

Polk County Board of County Commissioners
Risk Management Division
P. O. Box 9005, Drawer AS06
Bartow, FL 33831

Ph: 863-534-5268
Fax: 863-519-4726
mitchstjean@polk-county.net

From: Hicks, Breezi <BreeziHicks@polk-county.net>
Sent: Wednesday, November 6, 2024 12:48 PM
To: St. Jean, Mitch <mitchstjean@polk-county.net>
Subject: Fw: Denied COPCN

Good morning,

When you get a moment can you tell me if the insurance certificate from 2020 is acceptable?

I rejected their renewal for COPCN application because of the certificate. It looks like someone created it on Word; I understand it Advent, but I would think they used ACCORD. I asked for ACCORD certificate and the reply was they don't use it

Get Outlook for iOS

From: Cox, Sheila <SheilaCox@polk-county.net>
Sent: Wednesday, November 6, 2024 11:35 AM
To: Hicks, Breezi <BreeziHicks@polk-county.net>
Subject: Denied COPCN

Good morning,

I contacted AdventHealth EMS on the reasons that the renewal was denied.(see attachment)
The result to that email is below:

Hi Sheila,

AdventHealth does not use the ACORD form. The certificate of coverage form that was previously provided has all the necessary information.
The submitted blank Basic Life Support Vehicle inspection report is in response to #9. It provides a detailed description of the equipment to be utilized in the service.

Ira Bostic MSITM, CCEMTP

I know the "a" that's circled on insurance needs to be fixed.
I've attached all information from 2020 when they first got a COPCN and 2024 is the renewal paperwork.

REQUEST FOR LEGAL SERVICES

To: County Attorney's Office
Attention: Breezi Hicks

From: Sheila Cox OMD, Drawer No. _____

Dept: Polk County Fire Rescue Ext. FR01

Date: 10/31/2024

Request (in detail): COPCN renewal request

AdvantHealth EMS renewal

Approved thru e-mail on 11-6-24 from Breezi and Mitch 7 see copy

11/1/24 - Denied 7

1. Submitted a blank Basic life Support Vehicle Inspection Report

2. The insurance ~~certificate~~ certificate is unacceptable. They need to submit ACORD certificate

Please indicate any time limits involved and attach all necessary documentation.

County Attorney
NOV 01 2024

For County Attorney office use only:
Assign to: BREEZI Date: _____

County Attorney Project No.: 2024-193
Logged out: 11-4-24