

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.

Initial

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

-
-
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
☒ 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):

Nemours serves a wide geographical area ranging from but not limited to our home base in Orange County to Hillsborough and Polk County, up to Volusia County and down to Port St. Lucie County in order to reach children in need of tertiary and quaternary pediatric care.

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

Nemours' goal is to serve the 4.2 million children in Florida by providing access to world-class tertiary and quaternary pediatric services. Having the capability to provide transport services under our own license will allow Nemours the ability to reach children in a more effective, efficient, and sustainable manner.

Research shows that pediatric critical care transport teams achieve better outcomes and fewer adverse events because they are trained to care for children and have all the equipment on board to bring the capabilities of an intensive care unit to the patient while in route to the hospital.

Referring community hospitals are not expertly or physically equipped to handle critically ill children thus requiring swift action from Nemours specially trained critical care transport team.

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.**

See attachment

10. Number of personnel to staff each unit? 3 (RN, RT, EMT) **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
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6535 Nemours Pkwy.
Orlando, FL 32827

Nemours Children's Hospital

24/7/365

2 teams 24/7
1 RN, 1 RT,
1 EMT each team

855-543-2364

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

2 team on 24/7 with 4 total vehicles. Contract for backup ambulance provided from

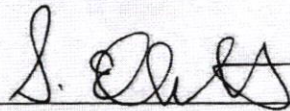
American Ambulance.

14. Will your service transport patients out of county? Yes
15. Will your service pick up from other counties? Yes, possible then return to Polk County? Yes, possible
16. Type of service which will be provided (check appropriate blank):
Land ☒ 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.
N/A

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:
- To indemnify Polk County for any claims or losses arising out of applicant's operations;
 - Applicant will comply with all state and county laws and regulations;
 - Provide continuous and uninterrupted service to the extent and for the area authorized by the COPCN;
 - 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;
 - Keep posted at all the principal business locations in Polk County a copy of the COPCN and any rate or fee schedule;
 - 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 waiver 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.



Signature of Applicant

AVP, PERIOD + TRANSPORT

Title

1/23/2025

Date

STATE OF FLORIDA

COUNTY OF ORANGE

This foregoing instrument was acknowledged before me

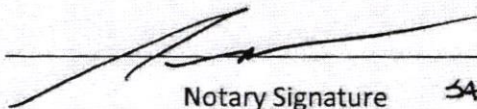
this 23rd day of JANUARY, 20 25, by

STACY ELLIOTT

as AVP, PERIOD TRANSPORT (title)

for NEWBORN CHILDREN'S HEALTH

(Company Name)


Notary Signature SANDRA M. MIVILLE



Sandra M. Miville
Notary Public
State of Florida
Comm# HH149030
Expires 7/31/2025

NOTARY SEAL/STAMP

Personally Known ☒ OR Produced Identification ☐

Type of Identification produced: _____



2025 - Officers of The Nemours Foundation

Chair, Board of Directors	James Hunt
President & Chief Executive Officer	R. Lawrence Moss, MD
Executive Vice President, Chief Operating Officer	Mark Mumford
Executive Vice President, Chief Financial and Business Services Officer*	Rodney McKendree
Executive Vice President, General Counsel and Corporate Secretary	Laura Kowal, Esquire
Assistant Corporate Secretary	Jennifer Bayne
Senior Vice President, Finance and Treasurer**	William W. Higginbotham
Assistant Treasurer	Cameron Morrow

* Until retirement on February 7, 2025

** On February 7, will serve in the function of interim Chief Financial Officer (CFO) until a CFO is appointed.

Nemours Children's Hospital Vehicle Roster

Vehicle #	Make	Model	VIN
1	Ambulance (Heavy)	2016 Freightliner M2 Ambulance Plate: MIM31E	1FVACWCZ2GHGY8093
2	Ambulance (Heavy)	2020 Freightliner Ambulance Plate: MIS26Z	1FVACWCFC8LHMD5595
3	Ambulance (Heavy)	2017 Ford F550 Ambulance Plate: JR747Z	1FDUF5HT1HED53837
4	Ambulance (Heavy)	2023 International Ambulance Plate: JR393L	1HTKSSWK3PH138606

Nemours will have a minimum of two ambulances (Type 3) operational at all times. Both of these ambulances are capable of advanced life support and will be stationed at Nemours Children's Hospital (6535 Nemours Parkway, Orlando, FL 32827 Orange County) when not in use. Nemours will employ all clinical staff needed to run the ambulance service, including state certified EMTs, RNs, RRTs, and Transfer Center employees. Nemours will also employ all overhead staff including Fleet Supervisor, Transport Manager and a Transport Director. Staffing coverage provided for two teams 24/7/365.

Nemours Children's Hospital Employee Roster

Name	Certification Level	Certification #
Pablo Rivera	RN	RN9473841
Elizabeth Adkins	RN	RN9232525
Tatiana Chevere	RN	RN9319750
Paige Hamlett	RN	RN9384276
Maddilyn Genova	RN, CPN, CNPT	RN9369657
Tanya Jackson	RN, CPN	RN9235975
Timothy McCormick	RN, CCRN	RN9243692
Abby Summerson	RN, CPEN	RN9425527
Ashlee Wells	RN	RN9477962
Jessica Wyatt	RN	RN9332423
Erin Williams	RN	RN9399145
Erin Taylor	RN, EMT-P	RN9408744
Colleen Maceyak	RRT, NPS	RT12583
Dana Pash	RRT	RT11096
Steven Sanchez	RRT	RT9581
Simon Taylor	RRT, NPS	RT15463
Sherrie Jones	RRT, NPS, CNPT	RT11449
Jacques Vincent	RRT, NPS	RT11552
Emily Johnston	RRT, NPS	RT105342
Chetan Adjodha	RRT, NPS	RT13971
Jaryd Semrad	RRT	RT20468
Isoniel Melendez	EMT-B	EMT577460
Tavis Brinson	EMT-B	EMT541578
Le Dinh	EMT-B	EMT578654
Thomas Beasley	EMT-B	EMT577785
Robert Spence	EMT-B	EMT554293
Kaitlyn Brausam	EMT-B	EMT585961
Shakora Forbs	EMT-B	EMT575619
Alldon Gray	EMT-B	EMT584582
Kage Gardner	EMT-B	EMT580480
Edwin Rodriguez	EMT-B	EMT570181



**STATE OF FLORIDA
DEPARTMENT OF HEALTH
BUREAU OF EMERGENCY MEDICAL OVERSIGHT**

ADVANCED LIFE SUPPORT SERVICE LICENSE

This is to certify that: NEMOURS CHILDREN'S HOSPITAL Provider Number # 10090
Name of Provider

6535 NEMOURS PARKWAY ORLANDO, FL 32827
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:

ORANGE
County (s)

A handwritten signature in black ink, reading "Steve A. McCoy".

Steve McCoy, Bureau Chief
Bureau of Emergency Medical Oversight
Florida Department of Health

THIS CERTIFICATE EXPIRES ON: 01/08/2027

This certificate shall be posted in the above mentioned establishment

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/17/2025

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Marsh & McLennan Agency LLC 1500 Mahan Drive Suite 111 Tallahassee, FL 32308	CONTACT NAME: Nicole S Gerteisen	
	PHONE (A/C, No, Ext): -	FAX (A/C, No):
	E-MAIL ADDRESS: Nicole.Gerteisen@MarshMMA.com	
INSURED The Nemours Foundation Attn: Cameron Morrow 10140 Centurion Parkway North Jacksonville, FL 32256-0532	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Hartford Fire Insurance Co.	NAIC # 19682
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
INSURER F:		

COVERAGES

CERTIFICATE NUMBER:

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.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR 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 \$ \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY		21ABS24402	02/17/2025	02/17/2026	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 <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	21WNS24400 Deductible: \$500,000	12/31/2024	12/31/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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


CERTIFICATE HOLDER

CANCELLATION

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, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



YOU ARE HEREBY NOTICED pursuant to Polk County Ordinance 12-029, that **Nemours Children's Hospital**, a licensed for-profit pre-hospital ambulance provider by the State of Florida, Department of Health has submitted an initial application of their Type G Certificate of Public Convenience and Necessity (COPCN) to operate an 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

Lakeland Sun

Published Weekly

Winter Haven, Polk County, Florida

Case No. Nemours Children's Hospital

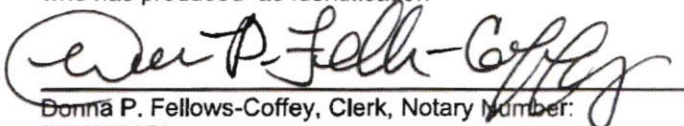
STATE OF FLORIDA
COUNTY OF POLK

Before the undersigned authority personally appeared Anita Swain, who on oath says that she is the Legal Clerk of Lakeland Sun, a newspaper published at Winter Haven in Polk County, Florida, and that the attached copy of advertisement, being a Public Notice, was published in a newspaper by print in the issues of Polk Sun on:

April 02, 2025

Affiant further says that the newspaper complies with the legal requirements for publication in Chapter 50, Florida Statutes.

Sworn to and subscribed before me this 2nd day of April 2025 by Anita Swain, who is personally known to me or who has produced as identification

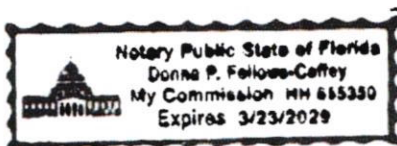


Donna P. Fellows-Coffey, Clerk, Notary Number:
#HH655350

Notary expires: March 23, 2029

00023520 00181435 863-519-7439

Polk County Fire Rescue
1295 Brice Blvd
Bartow, FL 33830



NOTICE

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April 2, 2025 181435

Advertising Receipt

Winter Haven Sun

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

1

Polk County Fire Rescue
1295 Brice Blvd
Bartow, FL 33830

Acct #: 00023522
Phone: (863)519-7402
Date: 04/01/2025
Ad #: 00181435
Salesperson: 802 Ad Taker: 802

Class: 0138

Sort Line: Nemours Children's Hospital

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

Description	Start	Stop	Ins.	Cost/Day	Amount
420 Lakeland Sun	04/02/2025	04/02/2025	1	47.00	47.00
AFFI Affidavit Charge For Legals					5.00

Ad Text:

NOTICE
YOU ARE HEREBY NOTICED pursuant to Polk County Ordinance 12-029, that Nemours Children's Hospital, a licensed for-profit pre-hospital ambulance provider by the State of Florida, Department of Health has submitted an initial application of their Type G Certificate of Public Convenience and Necessity (COPCN) to operate an 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

Payment Reference:

Credit Card #XXXX1537 \$-52.00

Total: 52.00
Tax: 0.00
Net: 52.00
Prepaid: -52.00

Total Due 0.00



NEMOURS
CHILDREN'S HEALTH

AP Customer Service 844-674-4682

COPY

ACCOUNTS PAYABLE RECORD

VENDOR NO.	VENDOR NAME			CHECK NO.	CHECK DATE
12892	POLK COUNTY			1503783	03/05/25
INVOICE NO.	DATE	P.O. NUMBER	BASE AMOUNT	DISCOUNT	NET AMOUNT
202401	01/23/25		\$300.00	\$0.00	\$300.00
TOTALS			\$300.00	\$0.00	\$300.00

Page 1 of 1

YOUR ENDORSEMENT CONSTITUTES A RECEIPT FOR THIS VOUCHER. IF NOT CORRECT, RETURN WITHOUT ALTERATIONS AND STATE DIFFERENCES. PLEASE DETACH BEFORE DEPOSITING CHECK.



THE FACE OF THIS CHECK HAS A SCREENED BLUE BACKGROUND. ADDITIONAL SECURITY FEATURES NOTED ON BACK OF THIS CHECK.



NEMOURS
CHILDREN'S HEALTH

10140 Centurion Parkway North
Jacksonville, FL 32256-0532

Bank of America
50 N Laura St, 24th FL
Jacksonville, FL 32202

63-568
631

Date:
03/05/2025

Check No.
1503783

PAY TO THE
ORDER OF

POLK COUNTY
FIRE RESCUE
1295 BRICE BLVD
BARTOW, FL 33830

****THREE HUNDRED DOLLARS AND 00 CENTS****

Pay Amount: \$300.00*****

W. W. Higginbotham II
President and CEO

William W. Higginbotham II

⑈01503783⑈ ⑆063000047⑆ 898138701713⑈

REQUEST FOR LEGAL SERVICES

To: County Attorney's Office
Attention: BREEZI HICKS

From: Sheila Cox, Drawer No. F03

Dept: FIRE RESCUE Ext.

Date: 3/17/2025

Request (in detail): Nemours Children's hospital COPCN Application

3/20/25 - good to go!

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

For County Attorney office use only:

Assign to: BREEZI

County Attorney

Date: MAR 18 2025

County Attorney Project No.: 2025-234

Logged out: 3-20-25