

**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 X Renewal
1. Name of business__Med-Trans Corporation DBA AirStar 1_____
2. Address _3405 Flightline Drive_____
- Street
- ____Lakeland_____FL_____33811_____
- City State Zip Code
- _____
P O Box State Zip Code
3. Phone number (s) 813-929-5838_____
- (Include area codes) Business Office
- _____
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.

Med-Trans Corporation 2200 WestCourt Dr, Denton TX 76207

Kim Montgomery, President. 940-591-5800

David Bowman, VP Business Operations 865-227-8122

Gary Boullion Regional Business Director 770-377-9048

AdventHealth 30000 County Line Rd., Wesley Chapel, FL 33543

Jeff Bogue Director EMS Critical Care Transport 813-929-5646

John Schreadley Flight Program Manager 813-929-5838

5. State the experience of each person listed in Paragraph
Each person listed has over 25 years experience in air and/or ground emergency medical transport experience 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): Complete county

8. State the facts showing the demand or the need for the level of service in the geographical area being applied for:
AdventHealth, in partnership with Med-Trans, has determined that a need exists within the EMS department for rapid specialty transports of some of the inpatients. With the growth and increased acuity of AdventHealth facilities and patients in both Polk County and the AdventHealth West Florida Division, we have determined that the interfacility need is clear. We have chosen Lakeland Linder Airport because of its central location within our division, enabling us to rapidly move to both the northern and southern most parts of our division in a timely manner. This has led us to a private public partnership with Lakeland Linder and we are excited to move forward. With placing such an EMS asset in a community, we believe the benefits are many. As such our primary mission is aeromedical ALS and SCT interfacility transport, our secondary mission is to support the local Fire and EMS community in prehospital transports when requested by local agency.

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.**
attached
1-2023 Airbus EC135 helicopter equipped with cardiac monitor, ventilator, IV pumps, ultrasound, IABP, impella, blood warmer

10. Number of personnel to staff each unit? The helicopter will have one pilot, one critical care nurse and one critical care paramedic on board. Full base roster attached. **Attach personnel roster listing name, status as paramedic or EMT, and license number.**
Attached

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)
EMS license is in process with State but they will not complete it until COPCN is issued

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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3405 Flightline Dr.	Air base	24hrs/day 365/yr	nurse/medic	727-403-5792 Dispatch will be: 1-866-AHSTAR1 (247-8271)
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13. Does the service have "back-up" availability in case a unit breaks down or multiple calls?
YES X NO *If Yes, explain procedure:*

Med-Trans operates 8 helicopter bases in Florida at present and has EC135 spare aircraft both in state and in the region. When the aircraft goes out of service for maintenance, the closest available spare is dispatched to minimize downtime to the base. For multiple calls, our dispatch CAD system is able to see locations of all the Med-Trans aircraft in the state and can dispatch the next closest appropriate aircraft, and communicate with other air ambulance providers to dispatch their closest and most appropriate aircraft. The 3 closest Med-Trans helicopters to Polk county at present, are located in The Villages, St.Petersburg, and Brooksville.

14. Will your service transport patients out of county? __Yes when appropriate/necessary

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

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

Land _____ Water _____ Air X _____

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. *copy attached*

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

Base rate: \$40,145

Loaded mile rate: \$408

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 waive of subrogation for the policies noted on the certificate. Attached
- 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]

Signature of Applicant

Regional Business Director
Title

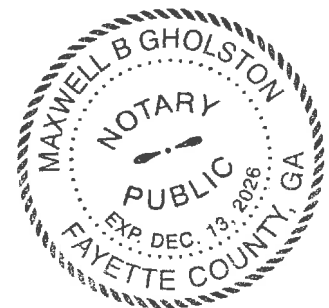
1-16-2024

Date

Georgia
STATE OF FLORIDA
Fayette
COUNTY OF

This foregoing instrument was acknowledged before me
this 16th day of January, 2024, by
Gary Bouillon
as Regional Business Director (title)
for Mettrans Corp
(Company Name)

[Signature]
Notary Signature



NOTARY SEAL/STAMP

Personally Known _____ OR Produced Identification X
Type of Identification produced: GA DL

Section 5 information

Kimberly Montgomery, President & COO, Med-Trans Corp.

Kim is President and COO of Med-Trans Corp, SevenBar Aviation and EagleMed. Since joining SevenBar Aviation in 2001, Kim has proven her ability to manage successful business operations. She was named President of SevenBar in 2008, and she led the company's air medical business unit until the company became part of Global Medical Response in 2019. Shortly afterward, Kim assumed responsibility for Med-Trans Corp and EagleMed in addition to SevenBar Aviation where she is responsible for business operations, partner relationships, safety, aviation and maintenance operations, clinical services, and communications centers. The companies she leads operate over 150 rotor and fixed wing aircraft at approximately 130 air medical base locations across the country in partnership with major health care systems.

Kim earned a Bachelor of Science in Business Administration degree at Trinity University and a Master of Business Administration degree at Southern Methodist University. She is a Board Member of the Association of Air Medical Services, Board Member and past Chairman of the Air Medical Operators Association, a former Board Member of the Commission on Accreditation of Medical Transport Systems and a former Board Member of MedEvac Foundation International. She is a member of the Maverick Chapter of Young Presidents Organization.

David J. Bowman, Vice President of Business Operations, Med-Trans Corp.

David serves Med-Trans and Seven Bar Aviation as the Vice President of Business Operations. In this role, David is responsible for all hybrid and traditional model partnerships. David leads a national team of Regional Business Directors responsible for the daily business operations oversight of rotor wing and fixed wing medical aircraft bases. Business Operations duties also include contact negotiations, vendor relationships, strategic planning and partnership coordination. David has been in the healthcare industry since 1989 and held various clinical and leadership roles to include EMT-Paramedic, Registered Nurse, ER Nurse, Flight Nurse, Chief Flight Nurse, Program Director, Regional Business Manager and Regional Business Director. David came to Med-Trans in 2018 as a Regional Business Director until his recent transition to VP of Business Operations. David attended Northwest Community College and The University of Alabama at Birmingham earning A.S. Degrees in Registered Nursing and Emergency Medical Services. David maintains active licensure as a Registered Nurse and Nationally Registered EMT-Paramedic and is a Certified Medical Transport Executive.

Gary Boullion – Regional Business Director, Med-Trans Corp.

Mr. Boullion joined the Med-Trans team in 2018 and has worked in the Air Medical Transport industry for over 25 years. Mr. Boullion is responsible for business operations and hospital partner relationships in the Southeast and has served in many roles over his career including Regional Vice President, Regional Operations Director, Regional Maintenance Director, Program Director, Maintenance Manager and Line Mechanic. Mr. Boullion holds a Bachelor of Science in Technical Management, a Master of Business Administration and is a 2006 graduate of the Medical Transport Leadership Institute and is a Certified Medical Transport Executive.

Jeffrey A Bogue, Director of Emergency Medical Services, AdventHealth West Florida Division

In his role Jeff Bogue is responsible for AdventHealth EMS interfacility transport strategies, growth, and operations in the West Florida Division. Over the past 35 years Jeff has experience as a Firefighter Paramedic, Flight Paramedic, Paramedic educator, and EMS administrator. AdventHealth EMS in the West Florida Division was operationalized in 2017 by Bogue. In the years since under the leadership of Jeff Bogue AdventHealth EMS has grown the Interfacility service line from 1200 transports and 1 ambulance to a volume of 22,000 transports and a fleet of 21 ambulances, including bariatric specific units, Critical Care units, ALS units and an EMS helicopter. The recent partnership with MedTrans has enabled the addition of our first EMS helicopter. The AdventHealth service area has grown as an interfacility service from Pasco County to now servicing facilities in Marion, Pasco, Polk, Hillsborough, Pinellas, Hardee, and Highlands Counties. Jeff has multiple collegiate degrees supporting the EMS and Healthcare industries. This service line was developed to support AdventHealth and their interfacility transfer of patients. While emergency 911 service line is not a primary service focus, AdventHealth will never turn its back on our local communities and remains available to assist local Fire Departments and EMS agencies in time of need and when requested.

John Schreadley, Flight Program Manager, AirStar, AdventHealth West Florida Division

John Schreadley serves as AirStar's program manager. With forty years in EMS, Schreadley oversees all aspects of the flight program. He is the primary liaison between AdventHealth and their aircraft vendor, Med-Trans Corp. He supervises all aspects of operations including staffing, budget, community relations, clinical excellence and risk management.

Staff	Paramedic	Expiration Date	Registered Nurse	Expiration Date
Adams, Mark	507417	December 1 2024		
Austin, Michael	205835	December 1 2024		
Baxley, William	526844	December 1 2024	9528632	April 30 2025
Dunn, Jessica	260331	December 1 2024	9505602	July 31 2024
Kaul, Kenneth	290229	December 1 2024		
Maguire, John	532098	December 1 2024		
McMahon, Patrick	531508	December 1 2024		
Salvini, Tonda			9619493	July 31 2024
Sanders, Brendon	537034	December 1 2024	9505603	July 31 2024
Springer, Christopher	532057	December 1 2024		
Virgilio, Victor	524212	December 1 2024		

1- Sharps Container 1. -
Manual BP Cuff: Adult 1-
Manual BP Cuff: Peds 2 -
Extension Sets 3 -
Syringes: 1mL 3 -
Syringes: 3mL 3 -
Syringes: 5mL 3 -
Syringes: 10mL 8 -
Needles: #24 2, #22 2, #20 2, #18 2 -
2x2's 8 -
Alcohol Pads 10-
Tegaderm Type Dressings 2 -
Assorted Tape Rolls 2 -
Tourniquets 5 -
Arm Board: Pediatric 2 -
Medication Labels 5 - Clear Ziploc Bag 4 -
Saline Flushes: 10mL 1 -
NTG tablets 1 ACLS Meds 1-
NRB: Adult 1 -
NC: Adult 1-
NC: Adult 1-
Hepa Filter 1-
Orange In-Line EICO2 1-
NRB: Child 1-
NC: Child 1-
NC: infant 1
Yellow In-Line EtCO2 1-
Nebulizer Kit 1-
Quantum blood and fluid warmer tubing

2 Fluid Warmer 1-

NS: 500m1-

N5: 1000m1 1-

LR: 1000m1 1-

NS: 250mL -

DsW: 250m1 1-

BVM: Adult 1 -

BVM: Child 1

Infant Size Mask 1 -

Set of Adult Hearing Protection 8 -

Pair Gloves 2 -

Pairs of Gloves: S 2 -

Pairs of Gloves: M 2 -

Pairs of Gloves: L 2 -

Pairs of Gloves: XL 6 -

IV Catheters 5 -

NGT/OGT 1 -

Toomey Syringe 2 -

KY Jelly 1-

Bag of EKG Leads 1-

Suction Canister: Green 1-

Suction Tubing 1-

DuCanto Suction Catheter 1 -

set of Restraints 6 -

Flex Suction Catheters 1 -

Anti-Reflux Valve 2 -

Pressure Bags 1-

Zoll Paper Spare Zoll Batteries: AC1 2 -

Blood Set Tubing 2 -

Macro Drip Set Tubing 2 -

Bio Hoop Bag 4 -

Alcohol Wipes 2 -

Tourniquets 2 -

Tegaderm 1-

Extension Set IV Catheters 1-

Survival (kit 2 -

Balloon Pump Straps 2 -

Impella Straps with 4 floor anchors 1-

Headset 1 -

set of Pediatric Hearing Protection 1 -

set of Neonate Hearing Protection 1-

NC: Adult 1- NC: Child 2 -

Decompression Needles (peds): 14g 1-

Scalpel: S10 2 -

Decompression Needles (Adult): 10g 2 -

Decompression Needles (peds); 14t 1-

small Curved Hemostat 4 -

4x4's 4 - Vaseline Occlusive Dressings I. -

Sterile Gloves 3

N95 Face Masks 2 -

Safety Goggles 3 -

Convenience Bags 1 -

Trauma Shears 3 -

Safety Vests 2-Red Bio Bags 2 -

Sterile Gauze 1-

Kerlix Bandage Roll: 3" 1- Kerlix Bandage Roll: 4" 3 - 4x4 Sponge Gauze 2 -

ABD Pads 1 -

Triangle Bandage

Zoll X Battery

Charging base for Zoll X- Yellow In-Line EICO2 1-

Orange In-Line EICO2 1-

Zoll Esophageal/ Rectal Probe 1-

NC: Adult 1 -

Sets of Defib Pads: Adult 2 -

Set of Defib Pads: child 2 -

A-Line Cable: Oval 1 -

Zoll Temp Cable 1 -

V Lead EKG Cable 1-

Pulse Oximeter: Infant 1-

Pulse Oximeter: Adult 1-

Pulse Oximeter: Pediatric 1 -

Bag of ECG Dots 1 -

Towels 1-

Medicine Bag 1-

Pedi Immobilizer 1-

Hamilton T1 vent Circuit 2-

Hamilton T1 Pediatric Vent Circuit 2-

Flashlight 5 -

Briefing Cards 2-

Glucometer 1 -

Cocoon: Adult 1-

BP Cuff Automatic Zoll: Adult 2-

BP Cuff Automatic Zoll: Pediatric 2-

BP Cuff Automatic Zoll: Infant 2-

C-Collar: Pediatric L -

C-Collar: Adult 1-

Pedi-Mate 1-

Oxygen D Cylinder L -
Burn Sheet 1 -
Large Trauma Dressing 1 -
Suction Tubing 1-
Portable Suction inut with tubing-
Baxter IV Pumps 8 -
Pump IV Tubing 10. -
Yellow Gowns 2 -
Level 3 Mask with Shield 6 -
Bags 3 -
Patient Belonging Bags 1 -
Cricothyrotomy Kit: New 1-
DuCanto Suction Catheter 1-
Bio Hoop Bag 1-
Spare Battery 1. -
Video Laryngoscope Video unit with Battery 1-
Macintosh Elades: f3 1-
Macintosh Blades: #4 1-
Miller Blade: fl1 2 -
KY Jelly 4-
DI Laryngoscope Handle Adult 1-
DI Laryngoscope Handle Ped 1-
Level 3 mask with faceshield
Adult Airway Tag s 1'ETT Holder: Adult 1 -
Stylet: Adult 1-
Syringe: 10mL 1-
Bougie: Adult 1 -
ETT - Size 8.5 1 -
ETT size 8.0 1-

ETT - Size 7.5 1-

ETT - Size 7.0 1 -

ETT - Size 6.5-

Pediatric Airway Tag f 1 -

ETT Holder: Peds 1

Yellow In-Line EICO2 1-

Stylet: Peds 1 -

Syringe: 10 ml 1-

Bougie: Pediatric 1 -

ETT - Size 6.0 1 -

ETT - Size 5.5 1 -

ETT - Size 5.0 1 -

ETT Size 4.5 1 -

ETT - Size 4.0 1 -

ETT Size 3.5 1 -

ETT - Size 1.0 1-

ETT - Size 2.5

NPA/OPA 12 AND 15Fr 1-

20 Fr 1-

26 Fr 7-

8Fr 6 -

Different Sizes 1 Roll of Cloth Tape 1 -

Magill Forceps: Adult 1-

Magill Forceps: Child 1-

Scalpel: S 10 2 -

Decomp Needles (Adult): 10g 2 -

Decomp Needles (Peds): 149 1-

Mac1 1-

Mac2 1-

Mac3 1-

Mac4 1 -

Miller 0 1-

Miller 1 1-

Miller 2 1 -

Miller 3 1 -

Miller 4 1-

Pediatric Rescue Airway Pouch 1-

King Tube: SO 1-

King Tube: #1 1 -

King Tube: \$2 1-

King Tube: \$2.5 1 -

King Tube: f3 1-

King Tube: B4 1 -

King Tube: fls 2 -

Yellow isolation Gowns 1-

Adult Pelvic Binder l. -

Pediatric Pelvic Binder 1-

EZ-IO Driver 2 -

45mm Needles: Yellow 2

25mm Needles: Blue 1- 15mm

Needle: pink 1-

EZ-IO Stabilizer 1-

Cardiac Lidocaine 2% 1-

Saline Flush: 10mL 1 - BP Cuff: XL Adult 1 -

BP Cuff: Adult 1 -

BP Cuff: Small Adult 1-

BP Cuff: Child 1. -

BP Cuff: Infant 1 -

set of Soft Restraints 1 -

Extension set 6 -

IV Catheters all sizes 2- Tegaderm 1-

Tourniquet 1-

Alcohol Pad 1-

Saline Flush: 10mL Scene Bag Left Pouch 1-

Saline 3% for infusion 4 -

CAT Tourniquets 4 -

QuikClot Gauze 1 -

SWAT-T Tourniquet 2 -

Chest Seals 2 -

Sureprep Pads 1 -

A-Line Cable: Oval 1 -

A Line Cable: Square 1-

CPAP Mask Small 1 -

CPAP Mask Medium 1-

CPAP Mask large 2 -

Syringes: 30mL 1 '02 High Pressure Adapter 2 -

IsO-Gard HEPA Filter 2 -

CPAP Mask Elbow Interfacility Bag Bottom pouch 1-

OB (it 1- Porta-Warm Mattress 1- Solar Blanket 1 -

Bulb Syringe 1 -

Meconium Aspirator

Interfacility Bag Right pouch 1-

Pulse Oximeter: Adult 1-

Pulse Oximeter: peds 1 -

CO Finter Cover L -

Multi-Tool 1 -

Dial-A-Flow Set 1 -

Micron Filter Set 1-

Omni-Flex Connector 1-

High Flow NC (Small) 1

High Flow NC (Medium) 1-

High flow NC (Large) 1 -

Bag of Vent Adaptors

Interfacility Bag Left Pouch

N5 Bag: 250m1

Arterial-Line Kit 1-

Pressure Infuser 1 -

Syringe Tip Cap: 60mL 1 -

3-way Stopcock 8 -

ECG Electrodes: Peds 1 -

Micro (gtt) Ser Tubing l -

Advent Health: Medical equipment carried on board helicopter

IABP

Lucas

Point of Care US

Doppler Ultrasound

Zoll X series monitor

Hamilton T1 VENT

Baxter Pumps (7)

Quantum Blood Warmer



Staff Paramedic Expiration Date Registered Nurse Expiration Date Training received within the past year January 2023 - December 2023

Adams, Mark 507417 December 1 2024 FPC, ACLS, PALS, NPR, TPATC AMCCC

Austin, Michael 205835 December 1 2024 LP 15 operation, Hamilton T1/ Vent Mgt , QM, Invasive Line Mgt, Advanced Airway, Thoracostomy, restraints, NIH, Child Restraint, EPOC, Hand Hygiene, CEU Accountability, Pre/ Post cardiac cath care, stretcher operation. In addition monthly protocol quizzes LVAD. FPC, ACLS, PALS, NPR, TPATC AMCCC

Baxley, William 526844 December 1 2024 9528632 April 30 2025 LP 15 operation, Hamilton T1/ Vent Mgt , QM, Invasive Line Mgt, Advanced Airway, Thoracostomy, restraints, NIH, Child Restraint, EPOC, Hand Hygiene, CEU Accountability, Pre/ Post cardiac cath care, stretcher operation. In addition monthly protocol quizzes. LVAD. CFRN, ACLS, PALS, NPR, TPATC AMCCC

Dunn, Jessica 260331 December 1 2024 9505602 July 31 2024 LP 15 operation, Zoll X, Hamilton T1/ Vent Mgt , QM, Invasive Line Mgt, Advanced Airway, Thoracostomy, restraints, NIH, Child Restraint, EPOC, Hand Hygiene, CEU Accountability, Pre/ Post cardiac cath care, stretcher operation. In addition monthly protocol quizzes. LVAD. CFRN, ACLS, PALS, NPR, TPATC AMCCC

Kaul, Kenneth 290229 December 1 2024 LP 15 operation, Hamilton T1/ Vent Mgt , QM, Invasive Line Mgt, Advanced Airway, Thoracostomy, restraints, NIH, Child Restraint, EPOC, Hand Hygiene, CEU Accountability, Pre/ Post cardiac cath care, stretcher operation. In addition monthly protocol quizzes. LVAD. FPC, ACLS, PALS, NPR, TPATC, AMCCC

Maguire, John 532098 December 1 2024 FPC, ACLS, PALS, NPR, TPATC AMCCC

McMahon, Patrick 531508 December 1 2024 LP 15 operation, Hamilton T1/ Vent Mgt , QM, Invasive Line Mgt, Advanced Airway, Thoracostomy, restraints, NIH, Child Restraint, EPOC, Hand Hygiene, CEU Accountability, Pre/ Post cardiac cath care, stretcher operation. In addition monthly protocol quizzes. LVAD. FPC , ACLS, PALS, NPR, TPATC AMCCC

Salvini, Tonda 9619493 July 31 2024 CFRN, ACLS, PALS, NPR, TPATC AMCCC

Sanders, Brendon 537034 December 1 2024 9505603 July 31 2024 LP 15 operation, Zoll X, Hamilton T1/ Vent Mgt , QM, Invasive Line Mgt, Advanced Airway, Thoracostomy, restraints, NIH, Child Restraint, EPOC, Hand Hygiene, CEU Accountability, Pre/ Post cardiac cath care, stretcher operation. In addition monthly protocol quizzes. LVAD. CFRN, ACLS, PALS, NPR, TPATC AMCCC

Springer, Christopher 532057 December 1 2024 LP 15 operation, Hamilton T1/ Vent Mgt , QM, Invasive Line Mgt, Advanced Airway, Thoracostomy, restraints, NIH, Child Restraint, EPOC, Hand Hygiene, CEU Accountability, Pre/ Post cardiac cath care, stretcher operation. In addition monthly protocol quizzes. LVAD. FPC, ACLS, PALS, NPR, PHTLS AMCCC

Virgilio, Victor 524212 December 1 2024 LP 15 operation, Hamilton T1/ Vent Mgt , QM, Invasive Line Mgt, Advanced Airway, Thoracostomy, restraints, NIH, Child Restraint, EPOC, Hand Hygiene, CEU Accountability, Pre/ Post cardiac cath care, stretcher operation. In addition monthly protocol quizzes. LVAD. FPC, ACLS, PALS, NPR, PHTLS AMCCC

William Johnson 531394 December 1 2024 9354356 July 31 2024

Ultrasound Guided IV access, FAST & RUSH exam, Mass Transfusion (Level 1 & Belmont

Rapid Infuser), Invasive Hemodynamic Monitoring (CVP, ABP), Intracranial Pressure

Monitoring (Ventriculostomy), LVAD. CFRN, ACLS, PALS, NPR, TPATC AMCCC



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
01/18/2024

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 Central, Inc. Philadelphia PA Office 100 North 18th Street 15th Floor Philadelphia PA 19103 USA	CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105 E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: ACE American Insurance Company 22667 INSURER B: ACE Fire Underwriters Insurance Co. 20702 INSURER C: Indemnity Insurance Co of North America 43575 INSURER D: INSURER E: INSURER F:
INSURED Med Trans Corporation 6501 S. Fiddlers Green Circle Suite 100 Greenwood Village CO 80111 USA	NAIC #

COVERAGES		CERTIFICATE NUMBER: 570103652924		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.							
Limits shown are as requested							
INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURED	SUBROGATION	POLICY NUMBER	POLICY EFFECT DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			XSLG72962722 SIR applies per policy terms & conditions	03/31/2023	03/31/2024	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$1,000,000 PRODUCTS - COMP/OP AGG \$1,000,000 SIR \$250,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			ISA H25578193	03/31/2023	03/31/2024	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION						EACH OCCURRENCE AGGREGATE
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER (Mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WLRC70317370 AOS WLRC70317333 CA, MA	03/31/2023	03/31/2024	<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 of the State of Florida
330 W. Church St.
Bartow FL 33830 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

Aon Insurance Managers (USA), Inc.

Holder Identifier :

Certificate No : 570103652924



ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY Aon Risk Services Central, Inc.		NAMED INSURED Med Trans Corporation	
POLICY NUMBER See Certificate Number: 570103652924			
CARRIER See Certificate Number: 570103652924	NAIC CODE		
		EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER	
INSURER	
INSURER	
INSURER	

ADDITIONAL POLICIES

If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

[illegible]

MED-TRANS

PAYEE: POLK COUNTY (FL)			CHECK NUMBER: 4341624757	CHECK DATE: 09-JAN-2024	
INVOICE NUMBER	INVOICE DATE	DESCRIPTION	NET AMOUNT	DISCOUNT	EXTENDED AMOUNT
1004290122923	29-DEC-2023	SH	300.00	.00	300.00
COPY					

DOCUMENT HAS A COLORED BACKGROUND. A WATERMARK IS VISIBLE WITHIN THE PAPER.

MED-TRANS
6501 S Fiddlers Green Circle
Ste 100
GREENWOOD VILLAGE, CO 80111
888-339-0911

Bank of America.

90-4182
1211 GL

CHECK DATE

09-JAN-2024

CHECK NUMBER

4341624757

PAY: Three Hundred Dollars And Zero Cents*****

CHECK AMOUNT

*** \$300.00

TO THE
ORDER
OFPOLK COUNTY (FL)
1295 BRICE BLVD
BARTOW, FL 33830
United States

VOID AFTER 90 DAYS

⑈4341624757⑈ ⑆121141822⑆ 007313126434⑈

YOU ARE HEREBY NOTICED pursuant to Polk County Ordinance 12-029, that *Med-Trans Corporation dba Air Star 1 Type F, Rapid Response Medical Transportation LLC. dba Rapid Response EMS Type G & Type H*, a licensed for-profit pre-hospital ambulance provider by the State of Florida, Department of Health has submitted an Initial application of their Type H and Type G Certificate of Public Convenience and Necessity (COPCN) to operate a Basic 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: Deputy Chief of Medical Services.

NOTICE

YOU ARE HEREBY NOTICED pursuant to Polk County Ordinance 12-029, that **Med-Trans Corporation dba Air Star 1 Type F, Rapid Response Medical Transportation LLC. dba Rapid Response EMS Type G & Type H**, a licensed for-profit pre-hospital ambulance provider by the State of Florida, Department of Health has submitted an Initial application of their Type H and Type G Certificate of Public Convenience and Necessity (COPCN) to operate a Basic 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: Deputy Chief of Medical Services.
February 14, 2024 149143

AFFIDAVIT OF PUBLICATION

Polk News Sun

Published Weekly

Winter Haven, Polk County, Florida

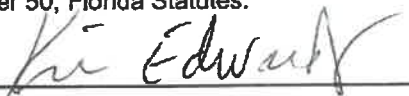
Case No. AIR STAR 1

STATE OF FLORIDA
COUNTY OF POLK


Before the undersigned authority, Kim Edwards, personally appeared who on oath says that she is the Classified Advertising Legal Clerk of Polk News 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:

February 14, 2024

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


Kim Edwards

Sworn to and subscribed before me this 14th day of February 2024 by Kim Edwards, who is personally known


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

00023520 00149143 863-519-

Polk County Fire Rescue
1295 Brice Blvd
Bartow, FL 33830



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February 14, 2024 149143

REQUEST FOR LEGAL SERVICES

To: County Attorney's Office
Attention: Breezi Hicks

From: Sheila Cox, Drawer No. FR01

Dept: Fire Rescue Ext.

Date: 1/22/2024

Request (in detail): Initial Air Transport for COPCN

1/31/24 good to go!
2/8/24 Sent out notices
2/8/24 Requested News paper Ad
2/14/24 Ad in newspaper
3-19-24 Agenda

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

County Attorney

For County Attorney office use only:

Assign to: Breezi

Date: JAN 24 2024

County Attorney Project No.: 2024-54

Logged out: 1-31-24