



**Submit Proposals To:**  
**City of Hollywood**  
**2600 Hollywood Boulevard**  
**Hollywood, Florida 33020**  
**Office of City Clerk, Room 221**

**CITY OF HOLLYWOOD, FLORIDA**

**REQUEST FOR PROPOSALS**

**PROPOSER ACKNOWLEDGMENT**

RFP Title: Medical Director Services

RFP No.: RFP-4402-14-JE

Service Required:

A Cone of Silence is in effect with respect to this RFP. The Cone of Silence prohibits certain communications between potential vendors and the City. For further information, please refer to Section 30.15(F) of the City's Code of Ordinances.

Proposals must be received prior to Thursday, February 27, 2014 and may not be withdrawn within 90 calendar days after such date and time. Proposals received by the date and time specified will be opened in Room 303. All Proposals received after the specified date and time will be returned unopened.

Procurement Services Contacts: Janice English or Joel Wasserman, or his designee

Telephone No.: (954) 921-3345 or (954) 921-3290

### PROPOSER ACKNOWLEDGMENT

THIS FORM MUST BE COMPLETED AND SUBMITTED ALONG WITH THE COMPLETE PROPOSAL PRIOR TO THE DATE AND THE TIME OF PROPOSAL OPENING. THE PROPOSAL SUMMARY SHEET PAGES ON WHICH THE PROPOSER ACTUALLY SUBMITS A PROPOSAL AND ANY PAGES UPON WHICH INFORMATION IS REQUIRED MUST BE COMPLETED AND ATTACHED WITH ALL PAGES OF THE PROPOSAL DOCUMENT.

Proposer's Name: <u>RANDY S. KATZ</u>	Fed. ID No. or SS Number <u>267-61-2676</u>
Complete Mailing Address: <u>3227 NE 212 ST</u> <u>AVENTURA, FL. 33180</u>	Telephone No.: <u>786-325-4860</u>
Do You Have a Permanent Office Located in the City of Hollywood? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Fax No.:
E-Mail Address: <u>RKATZ @ MHS.NET</u>	
Indicate type of organization below: Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Other	

**ATTENTION: FAILURE TO SIGN (PREFERABLY IN BLUE INK) OR COMPLETE ALL RFP SUBMITTAL FORMS AND FAILURE TO SUBMIT ALL PAGES OF THE RFP DOCUMENT AND ANY ADDENDUMS ISSUED MAY RENDER YOUR RFP NON-RESPONSIVE.**

THE PROPOSER CERTIFIES THAT THIS PROPOSAL IS BASED UPON ALL CONDITIONS AS LISTED IN THE PROPOSAL DOCUMENTS AND THAT HE HAS MADE NO CHANGES IN THE PROPOSAL DOCUMENT AS RECEIVED. HE FURTHER PROPOSES AND AGREES, IF HIS PROPOSAL IS ACCEPTED, HE/SHE WILL EXECUTE AN APPROPRIATE AGREEMENT FOR THE PURPOSE OF ESTABLISHING A FORMAL CONTRACTUAL RELATIONSHIP BETWEEN HIM AND THE CITY OF HOLLYWOOD, FLORIDA, FOR THE PERFORMANCE OF ALL REQUIREMENTS TO WHICH THIS PROPOSAL PERTAINS. FURTHER, BY CHECKING THE AGREE BOX LISTED BELOW AND BY SIGNING BELOW IN BLUE INK (IF SUBMITTING RFP VIA MAIL) ALL RFP PAGES ARE ACKNOWLEDGED AND ACCEPTED AS WELL AS ANY SPECIAL INSTRUCTION SHEET(S) IF APPLICABLE. I AM AUTHORIZED TO BIND PERFORMANCE OF THIS RFP FOR THE ABOVE PROPOSER.

Authorized Name and Signature

Title

Date

RANDY KATZ

D.O.

2/14/14

ORIGINAL COPY

Proposal for:

Medical Director Services for the City of  
Hollywood Fire/Rescue Department

On behalf of:

Dr. Randy S. Katz, D.O., P.L.

3501 Johnson Street

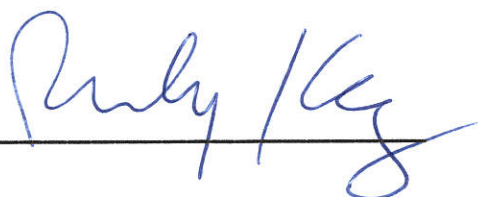
Hollywood, Florida 33021

954-265-6307

Contact person: Dr. Randy Katz

February 13, 2014

Signature: \_\_\_\_\_

A handwritten signature in blue ink, appearing to read "Randy Katz", is written over a horizontal line.

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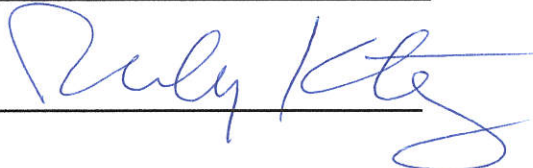
RFP CHECKLIST

Please check each line item after the completion of the appropriate item.

- ☒ I verify that the signature on page number one (1) is the signature of the person authorized to bind the agreement. (Preferably in blue ink)
- ☒ I acknowledge reading and signing the Hold Harmless Statement.
- ☒ I have included all information, certificates, licenses and additional documentation as required by the City in this RFP document.
- ☒ I have checked for any addendums to this RFP, and will continue to check for any addendums up to the due date and time of this RFP.
- ☒ I have submitted one (1) original and eight (8) copies and one (1) electronic copy (CD) of the entire proposal with addendums.
- ☒ I have verified that the outside address label of my RFP package is clearly marked to include my company's name, address, RFP number and date of RFP opening.
- ☒ I have read and completed (if applicable) the "Disclosure of Conflict of Interest".
- ☒ I am aware that a Notice of Intent to award this bid shall be posted on the City's website at [www.hollywoodfl.org](http://www.hollywoodfl.org) and on the Procurement Services bulletin board in room 303 at City Hall, and that it is my responsibility to check for this posting. Also, I have provided my email address, as the City, at its discretion, may provide me information by such means regarding this procurement process.
- ☒ I have submitted all supporting documentation for local preference eligibility, which must be received with the bid package prior to the bid opening date and time (if applicable).

NAME OF COMPANY: RANDY S. KATZ, D.O., PL

PROPOSER'S NAME: RANDY S. KATZ

PROPOSER'S AUTHORIZED SIGNATURE: 

DATE: 2/14/14



## Letter of Transmittal

I, Dr. Randy S. Katz, have a clear understanding of role of Medical Director for the city of Hollywood Fire Rescue. I have successfully served as the interim Medical Director for the past six months and recognize the responsibilities required for the position. As the Medical Director I will continue to provide supervision of educational programs, develop protocols, attend county EMS meetings and serve as liaison between Hollywood Fire Rescue and all of our receiving facilities. I am confident that with my continued oversight the city of Hollywood Fire Rescue will continue to be one of the highest quality EMS providers in the country.

## Profile

I, Dr. Randy S. Katz, have been practicing emergency medicine at Memorial Regional Hospital in Hollywood, Florida for approximately ten years. I am board certified in Emergency Medicine and have served as the Chairman of Emergency Medicine at Memorial Regional Hospital for the past 6 years. As the Medical Director of Emergency Services for one of the largest emergency departments in the State of Florida I have gained extensive experience in integrated emergency management.

In addition to my role at Memorial Regional Hospital I also have experience in providing Medical Direction for multiple pre-hospital providers. I have been the Medical Director for AMR/Medics ambulance (Maggie House) for six years and for the past six months I have served as the interim Medical Director for the City of Hollywood Fire Rescue (Joel Medina). Through these roles I have developed a broad based understanding of the duties and responsibilities required for high quality medical direction. I have fulfilled all of these roles successfully without incurring a litigation case.

Maggie House (AMR/Medics Ambulance)

305-218-1257

Maryellen.house@amr.net

Joel Medina (Hollywood Fire Rescue)

954-850-8338

Jamedina@hollywoodfl.org

## Summary of Fee

Fee: \$60,000 annually for Medical Director Services paid monthly at \$5000/month.



AC#4860697

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
03/20/2012	OS 9149	39451

The OSTEOPATHIC PHYSICIAN  
named below has met all requirements of  
the laws and rules of the state of Florida.  
Expiration Date: **MARCH 31, 2014**

**RANDY SCOTT KATZ**  
ATTN: DR. RANDY S. KATZ  
3501 JOHNSON STREET  
HOLLYWOOD, FL 33021

STATE OF FLORIDA	AC# 4860697	LICENSE NO.	CONTROL NO.
DEPARTMENT OF HEALTH		OS 9149	39451
DIVISION OF MEDICAL QUALITY ASSURANCE			
DATE	03/20/2012		

The OSTEOPATHIC PHYSICIAN  
named below has met all requirements of  
the laws and rules of the state of Florida.  
Expiration Date: **MARCH 31, 2014**

RANDY SCOTT KATZ



Rick Scott  
GOVERNOR



Steven L. Harris, M.D., M.Sc.  
INTERIM STATE SURGEON GENERAL

DISPLAY IF REQUIRED BY LAW

EXPIRATION DATE: **MARCH 31, 2014**

Your license number is **OS 9149**. please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the department in writing of the licensee's current mailing address and practice location address. If you have not received your renewal notice 90 days prior to the expiration date shown on this license, please call (850) 488-0595.

Use this section to report name change. Name changes require legal documentation showing the name change. Please make sure that a photocopy of one of the following accompanies this form: a marriage license, a divorce decree or a court order. **A driver's license or social security card is not considered legal documentation.**

Medical Quality Assurance offers you the convenience of several online services. These services give you the ability to renew your license, update your mailing and practice location addresses and update your profile information.

1. Go to [www.flhealthsource.com](http://www.flhealthsource.com)
2. Click on Licensee/Provider
3. Click on Practitioner Login
4. Select your profession
5. Enter the account ID and password that was provided to you on your initial license and click on "Login".
6. If you do not know your account ID and password, click on "Get Login Help" or call our Customer Contact Center at (850) 488-0595 for assistance.

MAIL TO: DEPARTMENT OF HEALTH  
DIVISION OF MEDICAL QUALITY ASSURANCE  
LICENSING AND AUDITING SERVICES UNIT  
P.O. BOX 6320  
TALLAHASSEE, FLORIDA 32314-6320

☐ NAME CHANGE (ATTACH LEGAL DOCUMENTATION)

FROM: \_\_\_\_\_  
LAST FIRST MIDDLE  
TO: \_\_\_\_\_  
LAST FIRST MIDDLE  
DH 2103, 5/98

6

3227 NE 212 STREET · AVENTURA, FL 33180  
PHONE: 786-325-4860 · EMAIL: RSKATZ11@ME.COM

## RANDY S. KATZ, D.O., FACEP

### CURRENT POSITIONS

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2007 – 2014	Memorial Regional Hospital, Hollywood, FL Chairman -Department of Emergency Medicine
2004 – 2014	Memorial Regional Hospital, Hollywood, FL Attending Physician - Department of Emergency Medicine
2005 – 2014	Nova Southeastern University, Davie, FL College of Osteopathic Medicine - Associate Professor
2008 – 2014	Barry University, Miami, FL Physician Assistant Program - Clinical Professor
2010 – 2014	Florida International University, Miami, FL College of Medicine - Associate Professor
2013 – 2014	Florida Atlantic University, Boca Raton, FL College of Medicine - Associate Professor
2007 – 2014	Medics Ambulance Service, Fort Lauderdale, FL Medical Director
2013 – 2014	City of Hollywood Fire Rescue and Beach Safety, Hollywood, FL Medical Director

### POSTGRADUATE TRAINING

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2000 – 2004	St. Barnabas Hospital, Bronx, NY Resident – Department of Internal Medicine
2000 – 2004	St. Barnabas Hospital, Bronx, NY Resident – Department of Emergency Medicine
1999 – 2000	Maimonides Medical Center, Brooklyn, NY Intern – Department of Internal Medicine

## EDUCATION

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1995 – 1999	Nova Southeastern University College of Medicine, Fort Lauderdale, FL Doctor of Osteopathic Medicine
1991 – 1995	University of Florida, College of Liberal Arts and Science, Gainesville, FL Bachelor of Science - Psychology

## COMMITTEES AND AWARDS

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2008 – 2013	Medical Issues Committee, Broward County EMS Council
2008 – 2013	Florida Association of EMS Medical Directors, Associate Member
2008 – 2013	PCI Steering Committee, Chairman, Memorial Regional Hospital
2008 – 2013	Stroke Steering Committee, Memorial Regional Hospital
2007 – 2013	Medical Executive Committee, Memorial Regional Hospital
2003 – 2004	Chief Resident - Internal Medicine St. Barnabas Hospital – Department of Internal Medicine
2003 – 2004	Chief Resident - Emergency Medicine St. Barnabas Hospital – Department of Emergency Medicine
1999	Matthew Terry, D.O. Memorial Award
1995	Phi Beta Kappa, University of Florida

## LICENSURE & CERTIFICATIONS

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2007	Board Certification, Emergency Medicine, AOBEM
2004	Medical License, Florida
2003	ATLS Certification, Advanced Trauma Life Support
2003	DEA License, Florida
2002	ACLS Certification, Advance Cardiac Life Support
2002	Medical License, New York

## PROFESSIONAL ORGANIZATIONS

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American College of Emergency Medicine  
American Osteopathic Association  
American College of Osteopathic Emergency Medicine  
Florida Chapter of Emergency Physicians  
Broward County Medical Association  
Florida Association of EMS Medical Directors  
Greater Broward County EMS Medical Directors Association



## LECTURES AND PUBLICATIONS

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**Emergency Management of the Difficult Airway**, Trauma Grand Rounds,  
Memorial Regional Hospital

**Therapeutic Hypothermia, Past, Present and Future**, Hallandale Beach Fire Rescue  
Lecture Series

**Alcohol Related Injuries**, ENA Injury Prevention Symposium,  
Nova Southeastern University

**Health Alert, Recognizing the Symptoms of a Heart Attack**,  
Channel 4 News

**Emergencies in Toxicology**, Respiratory Symposium, Memorial Healthcare System

**Creating an Effective Patient Flow Committee**, 2013 Patient Flow Congress,  
Orlando, Florida

## PERSONAL

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Born in Miami, Florida

Married with three children

Fluent in medical spanish

KATZ, RANDY  
3501 JOHNSON STREET  
HOLLYWOOD, FL 33021-0000-000



DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BK8545494	12-31-2015	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5,	PRACTITIONER	11-28-2012
KATZ, RANDY 3501 JOHNSON STREET HOLLYWOOD, FL 33021-0000		

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE  
UNITED STATES DEPARTMENT OF JUSTICE  
DRUG ENFORCEMENT ADMINISTRATION  
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (4/07)

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE  
UNITED STATES DEPARTMENT OF JUSTICE  
DRUG ENFORCEMENT ADMINISTRATION  
WASHINGTON D.C. 20537

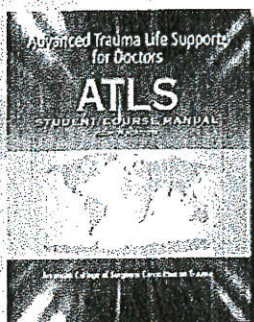
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## Randy Katz

is recognized as having successfully completed the ATLS® Course for Doctors according to the standards established by the ACS Committee on Trauma.

*Karen Brasel*  
Karen Brasel, MD, FACS

Chairperson,  
ATLS Subcommittee

*Karanbir S. Gill*  
Karanbir S. Gill, MD,  
FACS

ACS Chairperson,  
State/Provincial  
Committee on Trauma

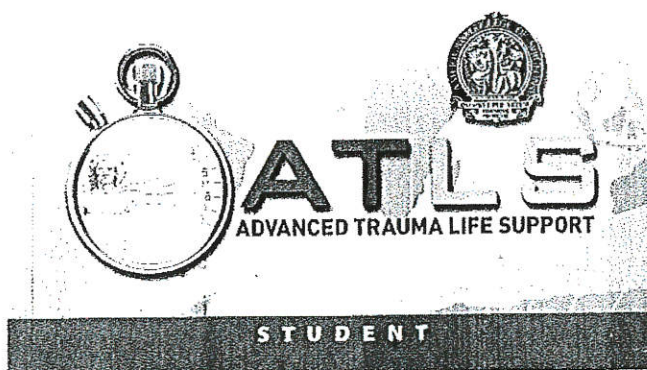
*Osavill*  
ATLS Course Director

Date of Issue: 02/08/2012

Date of Expiration: 02/08/2016



### COMMITTEE ON TRAUMA



#### Randy Katz

is recognized as having successfully completed the ATLS® Course for Doctors according to the standards established by the ACS Committee on Trauma.

Issue Date: 02/08/2012

Expiration Date: 02/08/2016

*Karen Brasel*

Chairperson,  
ATLS Subcommittee

*Karanbir S. Gill*

ACS Chairperson,  
State/Provincial  
Committee on Trauma

*Osavill*  
ATLS Course Director

CS: 39008-SR

ATLS ID: 300441

Replacement ATLS cards are available for a \$10 USD fee.

ACLS  
Provider

RANDY KATZ

This card certifies that the above individual has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association Advanced Cardiovascular Life Support (ACLS) Program.

05/2013

05/2015

Issue Date

Recommended Renewal Date

 Training  
Center Name EEI, INC.

 TC ID #  
FL4404

 TC  
Info CORAL SPRINGS, FL 33065 (954) 753-6869

 Course  
Location ROMANO'S WAY (954) 472-7662

 Instructor  
Name CAROL S. ROMANO Inst. ID # 12102195048

 Holder's  
Signature

© 2011 American Heart Association Tampering with this card will alter its appearance. 90-1805

 →  
PEEL  
HERE  
→

 Peel the wallet card off the  
sheet and fold it over.

This card contains unique security features to protect against forgery.  
This card can be inserted into either a number 10 window or regular envelope.  
If using a number 10 regular envelope, peel off the address label and apply it to the outside of the envelope.

90-1805 3/11

Healthcare  
Provider

RANDY KATZ

This card certifies that the above individual has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association BLS for Healthcare Providers (CPR and AED) Program.

05/2013

05/2015

Issue Date

Recommended Renewal Date

 Training  
Center Name EEI, INC.

 TC ID #  
FL4404

 TC  
Info CORAL SPRINGS, FL 33065 (954) 753-6869

 Course  
Location ROMANO'S WAY (954) 472-7662

 Instructor  
Name CAROL S. ROMANO Inst. ID # 12102195048

 Holder's  
Signature

© 2011 American Heart Association Tampering with this card will alter its appearance. 90-1802

 →  
PEEL  
HERE  
→

 Peel the wallet card off the  
sheet and fold it over.

This card contains unique security features to protect against forgery.  
This card can be inserted into either a number 10 window or regular envelope.  
If using a number 10 regular envelope, peel off the address label and apply it to the outside of the envelope.

12

90-1802 3/11





Property and  
Casualty Services, Inc.

8201 North Hayden Road, Scottsdale AZ 85258

Phone: 480-947-3556 • Fax: 480-947-6699

[www.emsmdinsurance.com](http://www.emsmdinsurance.com)

[www.nfpcc.com](http://www.nfpcc.com)

**EMERGENCY MEDICAL SERVICES MEDICAL DIRECTOR  
PROFESSIONAL LIABILITY INSURANCE QUOTATION**

We are pleased to provide the following quotation on the following captioned Applicant. This quotation is valid until 60 days after the date this quotation is issued or policy expiration whichever comes first, at which time it is automatically withdrawn without notice.

Date Quotation Issued: December 20, 2013

Applicant Name: Randy S Katz, DO

Coverage Provided: Emergency Medical Services Medical Director Professional Liability  
Errors and Omissions Claims Made and Reported Insurance

Issuing Insurance: \*Nautilus Insurance Company (Non-Admitted; AM Best Rating: A+ IX)  
Forms and Endorsements: Please refer to policy specimen for actual policy language.

Limits of Liability: \$1,000,000 Per Claim  
\$3,000,000 Aggregate

Proposed Effective Date: 01/01/14  
Retroactive Date: Inception Date of Policy

Conditions: If unable to bind within 30 days, Company will require statement of no loss

**Annual Premium: \$3,500.00**  
**Taxes: \$227.50**  
**Broker Fee: \$350.00**  
**TOTAL AMOUNT DUE: \$4,077.50**

In order to bind coverage, we will need the signature of the applicant on the completed application, any subjectives required by the carrier and verification of receipt of paid premium and taxes.

Sincerely Yours,  
Stephnie Logan & Tom James

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**NFP P&C Services Inc.**

8201 N. Hayden Rd.  
Scottsdale, AZ 85258  
Phone : 480-947-3556 Fax : 480-947-6699

Randy S Katz, DO  
3501 Johnson St  
Hollywood, FL 33021

<b>INVOICE # 112290</b>		<b>Page 1</b>
ACCOUNT NO. <b>KATRA-1</b>	OP <b>R5</b>	DATE <b>12/20/13</b>
PRODUCER <b>Thomas James Agency Inc</b>		
BALANCE DUE ON <b>01/01/14</b>		
AMOUNT PAID		AMOUNT DUE <b>\$ 4,077.50</b>

Itm #	Due Date	Trn	Type	Description	Amount
INVOICE #	112290				
99LW14	01/01/14	MEM	CPEO	14-15 EMS Med Director E&O	\$ 3,500.00
99LW15	01/01/14	MEM	CPEO	Taxes	\$ 227.50
99LW16	01/01/14	MEM	CPEO	Broker Fee	\$ 350.00
Invoice Balance:					\$ 4,077.50

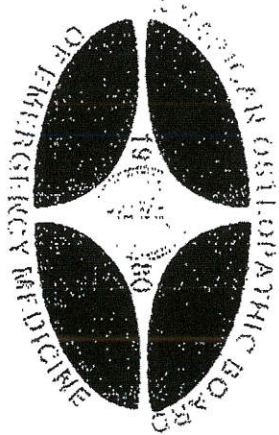
DATE & TIME RECEIVED BY AUTHORITY & SIGNATURE

upon recommendation  
of the

RECEIVED  
FEB 20 2008

15

# American Osteopathic Board of Emergency Medicine



certifies that

**Randy Katz, D.O.**

has met the requirements of this Board and is hereby  
certified in

**Emergency Medicine**

May 22, 2007

American Osteopathic Association  
*John B. Craig*  
Executive Director

Certificate No. 17999

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American Osteopathic Board of Emergency Medicine  
*John B. Craig*  
Chairman  
*Bryan J. Kelly*  
Secretary

Expirations: November 31 2017