



City of Hollywood, Florida
Occupational Health Services
Solicitation RFP-4453-15-RD

Submitted by: W. Gregg Pond III

Solantic/South Florida, LLC. dba CareSpot®
407 415 5962

April 14, 2015

March 20, 2015

City of Hollywood, Florida
Solicitation # 4453-15-RD**ACKNOWLEDGMENT AND SIGNATURE PAGE**

This form must be completed and submitted by the date and the time of bid opening.

Solantic/South Florida, LLC dba CareSpot Express Healthcare
Legal Company Name (include d/b/a if applicable): _____ Federal Tax Identification Number: 27-0081366If Corporation - Date Incorporated/Organized: Jan/ 2001State Incorporated/Organized: FloridaCompany Operating Address: 9035 Pines Blvd.Pembroke Pines
City _____ State FL Zip Code 33024Remittance Address (if different from ordering address): PO Box 404978City Atlanta State Ga Zip Code 30384-4979Company Contact Person: W. Gregg Pond III Email Address: gregg.pond@carespot.comPhone Number (include area code): 4074155962 Fax Number (include area code): 4075819673Company's Internet Web Address: www.carespot.com

IT IS HEREBY CERTIFIED AND AFFIRMED THAT THE BIDDER/PROPOSER CERTIFIES ACCEPTANCE OF THE TERMS, CONDITIONS, SPECIFICATIONS, ATTACHMENTS AND ANY ADDENDA. THE BIDDER/PROPOSER SHALL ACCEPT ANY AWARDS MADE AS A RESULT OF THIS SOLICITATION. BIDDER/PROPOSER FURTHER AGREES THAT PRICES QUOTED WILL REMAIN FIXED FOR THE PERIOD OF TIME STATED IN THE SOLICITATION.


Bidder/Proposer's Authorized Representative's Signature:4/14/2015

Date

Type or Print Name: W. Gregg Pond, III

THE EXECUTION OF THIS FORM CONSTITUTES THE UNEQUIVOCAL OFFER OF BIDDER/PROPOSER TO BE BOUND BY THE TERMS OF ITS PROPOSAL. FAILURE TO SIGN THIS SOLICITATION WHERE INDICATED BY AN AUTHORIZED REPRESENTATIVE SHALL RENDER THE BID/PROPOSAL NON-RESPONSIVE. THE CITY MAY, HOWEVER, IN ITS SOLE DISCRETION, ACCEPT ANY BID/PROPOSAL THAT INCLUDES AN EXECUTED DOCUMENT WHICH UNEQUIVOCALLY BINDS THE BIDDER/PROPOSER TO THE TERMS OF ITS OFFER.

ANY EXCEPTION, CHANGES OR ALTERATIONS TO THE GENERAL TERMS AND CONDITIONS, HOLDHARMLESS/INDEMNITY DOCUMENT OR OTHER REQUIRED FORMS MAY RESULT IN THE BID/PROPOSAL BE DEEMED NON-RESPONSIVE AND DISQUALIFIED FROM THE AWARD PROCESS.

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March 20, 2015City of Hollywood, Florida
Solicitation # 4453-15-RD**RFP CHECKLIST**

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

 X 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)

 X I acknowledge reading and signing the Hold Harmless Statement.

 X I have included all information, certificates, licenses and additional documentation as required by the City in this RFP document.

 X 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.

 X I have submitted one (1) original and eight (8) copies of the entire proposal with addendums.

 X 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.

 X I have read and completed (if applicable) the "Disclosure of Conflict of Interest".

 X I am aware that a Notice of Intent to award this RFP shall be posted on the City's website at 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.

 X I have submitted all supporting documentation for local preference eligibility, which must be received with the RFP package prior to the RFP opening date and time (if applicable).

NAME OF COMPANY: Solantic of South Florida, LLC. dba CareSpot Express
Healthcare

PROPOSER'S NAME: W. Gregg Pond, III

PROPOSER'S AUTHORIZED SIGNATURE: 

DATE: April 14, 2015

Letter of Transmittal

April 14, 2015

The City of Hollywood, Florida
City Hall/ Procurement Services Division
2600 Hollywood Boulevard, Room 303
Hollywood, FL 33020
ATTN: Ralph Dierks

Dear Ralph:

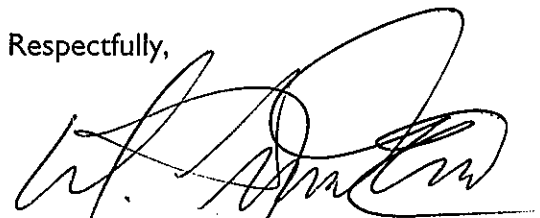
It is with great interest that CareSpot is responding to ***The City of Hollywood, Florida, RFP-4453-15-RD, Occupational Health Services***. We are pleased to present our proposal that will not only meet the bid requirements as outlined, but will also provide additional services which will greatly enhance the resources and overall management of the program.

The core of our occupational health program is the network of our thirty Express Healthcare Clinics located throughout the State of Florida. CareSpot takes running express healthcare centers to the next level by offering consistent staffing from center-to-center.

CareSpot has had a long-term commitment to occupational medicine and has been in the State of Florida for 14 years serving employers. The true strength of our program is in our staff. We have assembled a core group of occupational health experts that have a wealth of experience in their respective areas. In our bid response, we have been able to pool all of these resources to customize a program that will fit the current needs of ***The City of Hollywood, Floirda*** yet have flexibility for the future.

Thank you very much for consideration of our proposal and I look forward to discussing our partnership in further detail.

Respectfully,



W. Gregg Pond III
Regional Sales Manager
CareSpot®
7751 Kingspointe Pkwy., Suite 114
Orlando, FL 32819

Profile of Proposer

Solantic/South Florida, LLC dba CareSpot Express Healthcare has been in operation since 2001. Solantic/South Florida, LLC. d/b/a CareSpot Express Healthcare, is a Delaware limited liability company qualified to conduct business in Florida and is wholly-owned by Solantic Corporation. Solantic Corporation is majority owned by Welsh, Carson, Anderson and Stowe, which is a private equity firm specializing in healthcare service companies.

All of our facilities in South Florida have more than adequate resources to provide services for The City of Hollywood, Florida, including adequate parking for large vehicles. CareSpot has been working with municipalities statewide for many years. The services that we provide range from Drug Screen programs, DOT/ DOE, FDLE, NFPA 1582 and Workers' Compensation. Some of those customers are Seminole County Public Schools, Orange County Public Schools, Orlando Utilities Commission, Lynx, Duval County Public School and several law enforcement entities just to name a few.

All physicians and health professionals are licensed and in good standing in the State of Florida. Please find the documentation of all Board Certified personnel that are in good standing with the State of Florida found in this section. Also, every provider employed by CareSpot has been approved by the DOT National Registry.

Name of Company:

Solantic/South Florida, LLC dba CareSpot Express Healthcare
PO Box 404994
Atlanta, GA 30384-4994

Describe the company's business that best identifies the type of work performed on a daily basis:

CareSpot Express Healthcare is based in Brentwood, Tennessee. CareSpot operates blended-model walk-in urgent care clinics specializing in episodic care and Occupational Medicine.

Corporate Headquarters:

CareSpot Express Healthcare
115 East park Drive, Suite 115
Brentwood, TN 37027
615 600 4110
www.carespot.com

Primary Contact:

W. Gregg Pond III, Area Sales Manager
407-415-5962
gregg.pond@carespot.com

Office Locations:

See Attached

Number of Employees:

769

Years in Business:

CareSpot Express Healthcare has been providing service for 14 years.

Geographical coverage:

Currently CareSpot has 3 regions within the state of Florida; they are North (13 clinics), Central (11 clinics), and South Florida (8 clinics). There are 32 total clinics in the 3 regions of Florida. CareSpot also operates clinics in Tennessee, Missouri and Kansas. We have a total of 52 clinics. See Attached.

Dunn and Bradstreet (D&B) rating or available industry rating as they relate to financial strength and performance:

CareSpot is a privately held company there is no available rating.

A copy of your audited financial statements (balance sheet, income statement, and statement of cash flows):

See Attached

Litigation

No providers are or have been involved in litigation within the last five (5) years arising out of performance.

Facility Name	Hours M-F	Hours S-S	Address	City	State	Zip	Phone	Fax	Center Manager	Email	Medical Director	Tax ID No	NPI	Contract Name	Billing Address
57	North Florida		13400 Beach Blvd, Unit 1	Jacksonville	Florida	32224	904-856-1170	904-223510	Kim McCallin	kim.mccallin@christus.com	Dennis Nutter	20-2013359	1407802100	Scientific of Jacksonville, LLC	PO Box 40369, Atlanta, Georgia 30384-4350
58	Beaches & Islands	8A-6P	401 Atlantic Blvd	Nagregue Beach	Florida	32266	904-241-0117	904-241-0030	Nagregue Brian	brian.nagregue@christus.com	Dennis Nutter	20-2013359	1407802100	Scientific of Jacksonville, LLC	PO Box 40369, Atlanta, Georgia 30384-4350
59	Altamonte	8A-6P	2401 International Rd.	Jacksonville	Florida	32226	904-645-0337	904-645-0036	Robyn Babin	robyn.babin@christus.com	Dennis Nutter	20-2013359	1407802100	Scientific of Jacksonville, LLC	PO Box 40369, Atlanta, Georgia 30384-4350
60	Altamonte	8A-6P	13825 San Jose Ave	Jacksonville	Florida	32218	904-288-0777	904-288-0114	Jennifer Huxar	jennifer.huxar@christus.com	Dennis Nutter	20-2013359	1407802100	Scientific of Jacksonville, LLC	PO Box 40369, Atlanta, Georgia 30384-4350
61	Northside	8A-6P	2032 Dunn Way Blvd	Jacksonville	Florida	32218	904-757-2039	904-758-0114	Michael Tapp	michael.tapp@christus.com	Dennis Nutter	20-2013359	1407802100	Scientific of Jacksonville, LLC	PO Box 40369, Atlanta, Georgia 30384-4350
62	Southside	7A-6P	8705 21st Avenue Pk Blvd	Jacksonville	Florida	32218	904-248-3910	904-248-3910	Jim McCallin	jim.mccallin@christus.com	Dennis Nutter	20-2013359	1407802100	Scientific of Jacksonville, LLC	PO Box 40369, Atlanta, Georgia 30384-4350
63	St. Augustine	8A-6P	2005 US Highway 1 S	Jacksonville	Florida	32211	904-428-0001	904-428-0001	Wendy Taylor	wendy.taylor@christus.com	Dennis Nutter	20-2013359	1407802100	Scientific of Jacksonville, LLC	PO Box 40369, Atlanta, Georgia 30384-4350
64	Altamonte	8A-6P	1001 Century Blvd	Jacksonville	Florida	32207	904-645-1466	904-645-1466	Asley Patterson	asley.patterson@christus.com	Dennis Nutter	20-2013359	1407802100	Scientific of Jacksonville, LLC	PO Box 40369, Atlanta, Georgia 30384-4350
65	Altamonte	8A-6P	4408 Highway Ave.	Jacksonville	Florida	32207	904-645-1000	904-645-1000	Ann Butler	ann.butler@christus.com	Dennis Nutter	20-2013359	1407802100	Scientific of Jacksonville, LLC	PO Box 40369, Atlanta, Georgia 30384-4350
66	Orange Park	7A-6P	2140 Pongosa Rd	Orange Park	Florida	32225	904-319-0112	904-319-0112	Dawn Stale	dawn.stale@christus.com	Dennis Nutter	20-2013359	1407802100	Scientific of Jacksonville, LLC	PO Box 40369, Atlanta, Georgia 30384-4350
67	Orange Park	7A-6P	9400 Normandy Blvd	Jacksonville	Florida	32209	904-402-8240	904-402-8240	Michael Taylor	michael.taylor@christus.com	Dennis Nutter	20-2013359	1407802100	Scientific of Jacksonville, LLC	PO Box 40369, Atlanta, Georgia 30384-4350
68	Midland	8A-6P	4300 1st State Road 200	Valencia	Florida	32087	904-672-1659	904-672-1659	Richard Grant	richard.grant@christus.com	Dennis Nutter	20-2013359	1407802100	Scientific of Jacksonville, LLC	PO Box 40369, Atlanta, Georgia 30384-4350
11	Central Florida		720 SW 2nd Ave, Suite 100A	Gainesville	Florida	32601	352-240-8000	352-240-8000	Paul Erickson	paul.erickson@christus.com	Jack Sanderson	20-2123338	1558902223	Shred Scientific, Inc	Shred Scientific, Inc
69	Gainesville	8A-6P	3215 NW 2nd Street	Gainesville	Florida	32601	352-371-1177	352-371-1177	Christina Williams	christina.williams@christus.com	Jack Sanderson	20-1002031	1518013400	Scientific of Orlando, LLC	PO Box 40369, Atlanta, Georgia 30384-4350
70	Gainesville	8A-6P	2025 NW College Blvd	Gainesville	Florida	32604	352-371-1177	352-371-1177	Christina Williams	christina.williams@christus.com	Jack Sanderson	20-1002031	1518013400	Scientific of Orlando, LLC	PO Box 40369, Atlanta, Georgia 30384-4350
71	Orlando	8A-6P	3414 E. Fair Lane Road 430, Ste 1000	Orlando	Florida	32703	407-321-3535	407-321-3535	Jeffery Pans	jeffery.pans@christus.com	Robert Lopez	20-1002031	1518013400	Scientific of Orlando, LLC	PO Box 40369, Atlanta, Georgia 30384-4350
72	Orlando	8A-6P	7840 E. Fair Lane Road 430, Ste 1114	Orlando	Florida	32703	407-321-3535	407-321-3535	Christina Williams	christina.williams@christus.com	Robert Lopez	20-1002031	1518013400	Scientific of Orlando, LLC	PO Box 40369, Atlanta, Georgia 30384-4350
73	Altamonte	7A-6P	1717 Magnolia Parkway, Ste. 114	Orlando	Florida	32810	407-381-4072	407-381-4072	Jim Robinson	jim.robinson@christus.com	Robert Lopez	20-1002031	1518013400	Scientific of Orlando, LLC	PO Box 40369, Atlanta, Georgia 30384-4350
74	Altamonte	8A-6P	321 Pearl Almond Drive Suite 102	Altamonte Springs	Florida	32701	321-319-0212	321-319-0212	James DeLuca	james.deluca@christus.com	Robert Lopez	20-1002031	1518013400	Scientific of Orlando, LLC	PO Box 40369, Atlanta, Georgia 30384-4350
75	Altamonte	8A-6P	132 Palmetto Lane Suite	Altamonte Springs	Florida	32701	407-393-2000	407-393-2000	Malcolm Pans	malcolm.pans@christus.com	Jack Sanderson	20-1002031	1518013400	Scientific of Orlando, LLC	PO Box 40369, Atlanta, Georgia 30384-4350
76	Altamonte	8A-6P	2555 S. Kirkman Rd	Orlando	Florida	32811	407-875-5000	407-875-5000	Malcolm Pans	malcolm.pans@christus.com	Jack Sanderson	20-1002031	1518013400	Scientific of Orlando, LLC	PO Box 40369, Atlanta, Georgia 30384-4350
77	Altamonte	8A-6P	4144 E. Concord Pkwy	Kissimmee	Florida	32809	407-418-9999	407-418-9999	Malcolm Pans	malcolm.pans@christus.com	Robert Lopez	20-1002031	1518013400	Scientific of Orlando, LLC	PO Box 40369, Atlanta, Georgia 30384-4350
78	Altamonte	8A-6P	2233 South Bay Avenue	Orlando	Florida	32809	407-418-9999	407-418-9999	Malcolm Pans	malcolm.pans@christus.com	Robert Lopez	20-1002031	1518013400	Scientific of Orlando, LLC	PO Box 40369, Atlanta, Georgia 30384-4350
79	Altamonte	8A-6P	5335 Red Bay Lane Road	Winter Springs	Florida	32788	321-304-3300	321-304-3300	James DeLuca	james.deluca@christus.com	Robert Lopez	20-1002031	1518013400	Scientific of Orlando, LLC	PO Box 40369, Atlanta, Georgia 30384-4350
5	Austin		4450 Shaw Rd. 7	Concord Creek	Florida	33073	954-633-1432	954-633-1433	Rich Walsh	rich.walsh@christus.com	Matthew Kichard	21-0081360	1851343178	Scientific of South Florida, LLC	PO Box 40378, Atlanta, Georgia 30384-4378
6	Austin		8033 Pines Blvd.	Panama City	Florida	33042	954-390-4201	954-390-4202	Matthew Kichard	matthew.kichard@christus.com	Matthew Kichard	21-0081360	1851343178	Scientific of South Florida, LLC	PO Box 40378, Atlanta, Georgia 30384-4378
7	Austin		1611 South Federal Highway	Panama City	Florida	33042	954-390-4201	954-390-4202	Matthew Kichard	matthew.kichard@christus.com	Matthew Kichard	21-0081360	1851343178	Scientific of South Florida, LLC	PO Box 40378, Atlanta, Georgia 30384-4378
8	Austin		1023 West Commercial Blvd	Tamiami	Florida	33321	954-490-4100	954-490-4101	Matthew Kichard	matthew.kichard@christus.com	Matthew Kichard	21-0081360	1851343178	Scientific of South Florida, LLC	PO Box 40378, Atlanta, Georgia 30384-4378
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12	Austin		1120 S.W. Avenue Unit 110	Vero Beach	Florida	33586	772-537-3300	772-537-3300	Matthew Kichard	matthew.kichard@christus.com	Matthew Kichard	21-0081360	1851343178	Scientific of South Florida, LLC	PO Box 40378, Atlanta, Georgia 30384-4378
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41	Austin		1320 North University Drive	Tamiami	Florida	33321	954-490-4100	954-490-4101	Matthew Kichard	matthew.kichard@christus.com	Matthew Kichard	21-0081360	1851343178	Scientific of South Florida, LLC	PO Box 40378, Atlanta, Georgia 30384-4378
42	Austin		15203 Pines Blvd	Concord Creek	Florida	33073	954-633-1432	954-633-1433	Rich Walsh	rich.walsh@christus.com	Matthew Kichard	21-0081360	1851343178	Scientific of South Florida, LLC	PO Box 40378, Atlanta, Georgia 30384-4378
43	Austin		784 SE Pines Valley Boulevard	Fl. St. Lande	Florida	33492	912-870-2211	912-870-2211	Matthew Kichard	matthew.kichard@christus.com	Matthew Kichard	21-0081360	1851343178	Scientific of South Florida, LLC	PO Box 40378, Atlanta, Georgia 30384-4

57	Facility Name	Hours M-F	Hours S-S	Address	City	State	Zip	Phone	Fax	Center Manager	Email	Medical Director	TaxID No.	NPI	Contract Name	Billing Address
2	Memphis															
CareSpot	Corbore	BA-AP	BA-AP	1649 North Germantown Parkway	Corbore	Tennessee	38016	901-881-3459	901-423-4342	Shirleye Shiloh	shirleye.shiloh@carespot.com	Daniel Collins	44-59284	NA	CareSpot Professional Services of West Tennessee, PLLC	P.O. Box 742795, Atlanta, GA 30374-2795
CareSpot	Burkitt	BA-AP	BA-AP	3005 Relye Mahan Road, Suite 415	Burkitt	Tennessee	38134	901-502-5003	901-200-4001	Shirleye Shiloh	shirleye.shiloh@carespot.com	Daniel Collins	44-59284	NA	CareSpot Professional Services of West Tennessee, PLLC	P.O. Box 742795, Atlanta, GA 30374-2795
CareSpot	Overland Park South	BA-APN	BA-APN	7703 W. 131st Street	Overland Park	Kansas	66223	913-514-5178	913-514-5178	Charles Rogers	charlie.rogers@carespot.com	Christine Deeth	36-475584	NA	CareSpot Professional Services, LLC (Kansas)	P.O. Box 742795, Atlanta, GA 30374-2795
CareSpot	Overland Park North	BA-APN	BA-APN	6327 A. Scott Ford	Overland Park	Kansas	66212	913-523-4631	913-582-6537	Michelle Steyer	Michelle.Steyer@carespot.com	Mark Palenhardt	36-475584	NA	CareSpot Professional Services, LLC (Kansas)	P.O. Box 742795, Atlanta, GA 30374-2795
CareSpot	Lansed	BA-APN	BA-APN	3500 West 59th Street	Lansed	Kansas	66208	913-502-5187	913-582-2392	Brian Abraham	Brian.Abraham@carespot.com	Mark Palenhardt	36-475584	NA	CareSpot Professional Services, LLC (Kansas)	P.O. Box 742795, Atlanta, GA 30374-2795
CareSpot	Raytown	BA-AP	BA-AP	6140 East Shaw Road, 200	Raytown	Missouri	64133	816-255-4086	816-313-8274	Vince Lyga	Brian.Abraham@carespot.com	Robert Carver	36-475584	NA	CareSpot Professional Services, LLC	P.O. Box 742795, Atlanta, GA 30374-2795
CareSpot	Warrens	BA-AP	BA-AP	604 North Chatham Ave	Warrens	Missouri	64151	816-255-2170	816-591-1090	Kristen Wilson	Kristen.Wilson@carespot.com	Mark Palenhardt	36-475584	NA	CareSpot Professional Services, LLC	P.O. Box 742795, Atlanta, GA 30374-2795
CareSpot	Lee's Summit	BA-AP	BA-AP	22411 Oldham Parkway	Lee's Summit	Missouri	64083	816-400-4075	816-551-4018	Mark Palenhardt	mark.palenhardt@carespot.com	Robert Carver	36-475584	NA	CareSpot Professional Services, LLC	P.O. Box 742795, Atlanta, GA 30374-2795
CareSpot	Blue Springs	BA-AP	BA-AP	12131 NE Commercial Drive	Blue Springs	Missouri	64014	816-602-3342	816-602-3343	Kristen Wilson	Kristen.Wilson@carespot.com	Christine Deeth	36-475584	NA	CareSpot Professional Services, LLC	P.O. Box 742795, Atlanta, GA 30374-2795
CareSpot	Kansas City South	BA-AP	BA-AP	13551 Madison Avenue	Kansas City	Missouri	64115	816-255-5095	816-642-3878	Brian Abraham	Brian.Abraham@carespot.com	Mark Palenhardt	36-475584	NA	CareSpot Professional Services, LLC	P.O. Box 742795, Atlanta, GA 30374-2795

Request for Taxpayer Identification Number and Certification

Give Form to the
 requester. Do not
 send to the IRS.

Name (as shown on your income tax return)
Solantic/South Florida, LLC dba CareSpot Express Healthcare
 (Use this name if disregarded entity name. If different from above.)

Check appropriate box for federal tax classification:
☐ Individual sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate
☐ Limited liability company. Enter the tax class (check one): ☐ C corporation ☐ S corporation ☐ Partnership ☐
☒ Other (see instructions) **Single Member LLC**

Exemptions (see instructions):
 Exempt payee code (if any):
 Exemption from FATCA reporting code (if any):

Address (number, street, and apt. or suite no.)
PO Box 404978
 City, state, and ZIP code
Atlanta, GA 30384-4978

Requester's name and address (optional):
 List account number(s) here (optional):

Part I Taxpayer Identification Number (TIN)
 Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.

Social security number
 - - - - -

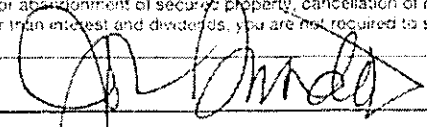
Employer identification number
 27 - 0081366

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification
 Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here Signature of U.S. person  Date **1-8-14**

General Instructions
 Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. The IRS has created a page on IRS.gov for information about Form W-9 at www.irs.gov/w9. Information about any future developments affecting Form W-9 is shown in legible notation after we release it will be posted on that page.

Purpose of Form
 A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct for you are waiting for a number to be issued;
- Certify that you are not subject to backup withholding; or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

Summary of Proposers Qualifications

Qualifications

CareSpot has been providing Occupational Medicine Services since its inception in 2001. CareSpot provides these services to over 10,000 client companies across the state of Florida. Currently CareSpot operates 32 clinics in Florida and is expanding its operations. We provide a full array of services designed to care for employees and at the same time protect the liability of the companies that we serve. We provide services such as Workers' Compensation Treatment, Drug Screen Programs, and Hearing Conservation, Respiratory Protection, Medical Monitoring, Fire, Police and Corrections Physicals, as well as X-rays and lab work associated with any kind of Occupational Exposure.

CareSpot provides services to small companies, large corporations, Theme Parks and Municipalities, always with an emphasis on tailoring services to each entity and their individual needs. Our focus is providing a customer experience that is team oriented with agreed upon defined deliverables.

CareSpot are experts in the field of Occupational Health which includes Workers' Compensation Treatment, DOT Physicals, Drug Screen Programs, Hearing Conservation, Respiratory Protection, Medical Monitoring, Fire, Police and Corrections Physicals, as well as X-rays and lab work associated with any kind of Occupational Exposure.

CareSpot's model consists of a stand-alone facility that is a minimum of 3,800 square feet. The lay-out is race track style. The front of the facility is open and inviting. Reception is also open. In the back of the facility is the nurses' station, all patient rooms, lab and x-ray are located on the periphery. Going forward, in new locations, the waiting areas in each facility will be divided, with one side catering to Urgent Care patients and the other providing a dedicated waiting area for Occupational Medicine/Workers' Compensation patients.

All of our employees undergo AHCA background as well as drug screening. Each employee undergoes rigorous HIPAA, OSHA, and Bio-Hazard training. We prefer employees who have extensive experience in Occupational Medicine and Workers' Compensation service delivery. Each employee will be certified to perform drug screens and breath alcohol testing; we have our own in-house training process. This training is led by a certified trainer.

There is also a formal Workers' Compensation training program for the Physicians, ARNP's and PA's. This has an on-boarding component, a quarterly component, a service review process and an annual opportunity to learn. All designed to assist our providers to provide the very best service in the industry. We take Workers' Compensation very seriously and are committed to continually develop our process and improve where needed.

Key Personnel

Richard Walsh, Regional Director, South Florida

954-818-6400, richard.walsh@carespot.com

Rich Walsh joined CareSpot in August of 2011 as the Regional Director for South Florida. Rich currently manages 8 CareSpot locations from Vero Beach to Pembroke Pines. Rich has an undergraduate degree from the University of Miami. With nearly 25 years of experience in healthcare, Rich has worked in residential healthcare services, managed care, home healthcare, and practice management. He has a proven track record of change management, quality improvement and quality assurance, as well as healthcare operations and profitability. His experience includes running operations for a managed care company covering the entire state of Florida where he developed utilization standards for the company resulting in record profits for the organization as well as increased quality of life scores for covered lives. Rich has led his team to stabilization, increased employee satisfaction, superior customer service scores, and growth.

Monica Severn, Pembroke Pines Center Manager

954-378-0333, monica.severn@carespot.com

Monica joined CareSpot in July 2005 having been a Medical Manager of a large critical care practice in Aventura, FL for 10 years. She holds licensure as a Medical Assistant and basic x-ray technician. Her diverse background led to a promotion to Center Manager of CareSpot Pembroke Pines in May of 2013. During her 10 years with CareSpot she has provided interim center manager duties at several locations and participated in the opening of many centers. Monica's medical and managerial experience helped pave the way to her Center reaching Summit status, which is our company's highest award for excellence.

April Rodriguez, West Pines Center Manager

954-889-5823, april.rodriguez@carespot.com

April joined the CareSpot team in January 2014 as Center Manager for the West Pines location in South Florida. April has been an Urgent Care Manager for just over 7 years. As a Practice Manager, she has developed a good understanding of what it takes to maintain great customer relations with the community. April enjoys relationships and the importance of staying up-to date with the needs of her customers. Providing exceptional customer service has always been a big priority for April. April also enjoys helping her team demonstrate the CareSpot mission and always welcomes feedback to develop a cohesive working environment.

W. Gregg Pond, III, Area Sales Manager

407-415-5962, gregg.pond@carespot.com

Gregg received a Bachelor's of Science degree from the Florida State University in Rehabilitation Services 1993. Gregg has been involved in managing Workers' Compensation/ Occupational Medicine programs since 1998. Before joining CareSpot Gregg was involved in developing Provider Networks for Insurance Markets, Health and Safety Programs for Workers' Compensation customers, Workers' Compensation Product Sales, All insurance Lines Sales, and Occupational Medicine Program development and sales. Most recently Gregg has been involved in helping to shape the direction of CareSpot's current Occupational Medicine Program offerings. Currently Gregg manages some of the largest municipal customers that we have. He has been instrumental in developing programs for Seminole County Public Schools, Orange County Public Schools, Orlando Utilities Commission, Lynx, and the Florida Highway Patrol.

Gregg Pond is the Assigned Project Coordinator. All center staff is Managed by and reports directly to Richard Walsh, Regional Director, Richard is over all operations in the South Florida Market.

It is imperative that CareSpot and the City of Hollywood communicate often. I would propose we meet monthly in the beginning to make sure things are running smoothly, so that opportunities can be addressed quickly. We can always increase the time between meetings. If there is an identified issue, please give us a call immediately so that we can fix the issue. You would call or e-mail Gregg Pond and Richard Walsh.

**Healthcare Administration • Human Capital Management / Development •
Business Operations • Program Development • Business Expansion Initiatives/Marketing •
Regulatory Compliance • Network Development • Quality Assurance • Operational Metrics Analyst
HEDIS, NCQA, & Lean Six Sigma Experience • Risk Management • Utilization Management**

Health care management professional with a career path in healthcare, human resources administration, quality assurance, and business operations. Policy setting and development, project management, budget control, vendor negotiations, process improvements, program development, and business expansion. Multifaceted organizational leadership experience in directing the financial and clinical aspects of healthcare, managed care programs, and social services. Dynamic group motivator and performance coach with proven accomplishments in the areas of organizational and leadership assessment, workforce competency training, and recruitment and retention.

Professional Experience

CareSpot Express Healthcare, LLC

2011 - present

National Urgent Care and Occupational Health Chain.

REGIONAL DIRECTOR

- **Oversight and management** of several urgent care centers with net revenue of \$10 million annually, over four counties in southeast Florida.
- Direct supervision of Center Management staff as well as Physicians, Nurse Practitioners, and Physicians Assistants.
- Foster strong relationships with Joint Venture entities with area hospitals with shared ownership of one of the centers. Serve as a voting member of the JV Board of Directors. Produce financials and present to the board. Ensure profitability of centers in this Joint Venture partnership.
- **Total responsibility for profit and loss.**
- Serve as change leader during ownership change, rebranding, and **market expansion through acquisition as well as de novo development** of new centers.
- Serve as member of Senior Management team and **Medical Advisory Board**.

Sentinel Health Management Resources

2008 - present

Independently operated healthcare consulting enterprise working with venture capitalists and existing healthcare organizations in their efforts to grow and develop business in the healthcare industry.

MANAGING PARTNER / DIRECTOR OF HEALTHCARE BUSINESS AND STRATEGY

- **Successful marketing of services in the healthcare community. Achieved lead consulting** status for multiple groups of investors looking to develop new and improve upon existing business opportunities in the healthcare industry.
- Led the identification and negotiated the acquisition of commercial healthcare properties in South Florida.
- **Developed business plans for Assisted Living Facilities and Home Health Care Agencies** in order to **securely position them in a very competitive market** by creating market share through the development of a unique product rather than attempting to fight for market share in a relatively saturated market.
- **Diversified the business interests** of these investors through the identification and purchase of **complementing** businesses.
- Led multiple change of ownership applications with **AHCA. Developed comprehensive budget projections** inclusive of case-mix factors. Additionally, took lead in securing **accreditation when necessary, with CHAP and JCAHO.**
- Developed and presented reports to various boards of investors and other financially involved parties.
- Developed, advised, and marketed Medicaid Managed Care business plans to healthcare providers and investors in South Florida.

American Eldercare, Inc.

2004 - 2008

Statewide managed care and Medicare home health agency serving Florida's at-risk elderly population.

STATEWIDE DIRECTOR

Directed a professional executive management team in the oversight of operations for a licensed Medicare home health agency and managed care corporation located throughout the state of Florida with a combined **operating budget of \$81 million.**

- Directed the recruitment, selection, assignment, training, and development, of a multidisciplinary statewide executive leadership team.

- **Increased enrollment by 500%** over four years establishing the largest Long Term Care Diversion Provider in the State. Identified referral sources in the community and implemented **marketing** strategies in multiple regions to drive market growth.
- Developed **utilization management standards** which brought down costs and **increased net profits by nearly 240%**.
- Development and implementation of policies and procedures, using **Lean Six Sigma** as a model, for both divisions (Home Health and Diversion) in order to standardize practices in multiple offices throughout the state ensuring compliance with state contract rules and regulations, Medicare licensure regulations, and **JCAHO accreditation**.
- **Developed compliance and quality assurance initiatives to improving quality of care**, ensuring compliance with state regulation guidelines and comprehensive risk management controls, incorporating **HEDIS** standards.
- Chaired the payment dispute and resolutions committee to ensure true and accurate billing and payment practices in compliance with state and federal regulations.
- Created various technological application platforms to trend data, increase communication, develop workflow, track service approvals and contracting, and increase the knowledge of the workforce by providing them with a resource for research.

Centerline Homes, Inc.

2003 – 2004

Home builder and developer of high-end residential homes and commercial properties throughout the state of Florida.

QUALITY ASSURANCE DIRECTOR

- Provided oversight of inspection programs to ensure compliance with structural and aesthetic standards in new high-end residential and commercial construction projects, in the **\$400,000 - \$8.5 million range**.
- Ensured that associates met with property owners and that all specified custom options were installed.
- Directed trained investigative teams to evaluate post-sale warranty issues and make recommendations for corrective actions and report findings to the architecture and design department for potential design upgrades.
- Coordinate with subcontractors to maintain model homes, as well as ongoing proactive inspections of all construction for mold contamination as a Certified Mold Remediation Expert.

Children's Home Society, Inc.

1999 – 2003

A broad spectrum service provider located throughout Broward County including the I. Lorraine Thomas Children's Emergency Home. Residential emergency facility that provides a home to children who have been removed from their home by DCF for alleged abuse, neglect or abandonment.

PROGRAM DIRECTOR

- Directed the agency's program to provide a safe and nurturing environment to children in need, including counseling and therapy for children and their families.
- Organized and directed the recruitment, selection, assignment, training, development, and motivation of a 35 member professional multidisciplinary team.
- Met standards of several grant programs, **saving the organization in excess of \$30,000 annually** by consolidating case management services, while increasing quality and efficiency.
- **Led the program in obtaining certification from the Council on Accreditation** and restructured operations to comply with state regulations in addition to maintaining licensure from the Department of Children and Families.
- Successfully renegotiated contract with DCF **resulting in a 25% increase in funding** and secured payment for unutilized beds.
- Preparation and oversight of **budgets**, in excess of **\$1 million**, and analyzed/identified opportunities for reduction in operating costs, such as a **\$35,000 savings** by redesigning the food service program.
- **Increased revenue by \$100,000** through the development of a Medicaid funded therapeutic services program which allowed for additional services to be provided within budgetary limitations. In addition, provided direct oversight of medical billing and ensured state and federal compliance.
- **Wrote and was awarded a \$30,000 grant** enabling the program to provide needed educational services.
- Successfully achieved the first budget surplus in the ten year history of the program.

SERV Behavioral Health System

1991– 1999

SERV Behavioral Health System is a private statewide, not-for-profit behavioral healthcare organization serving adults and children working to recover from and cope with a serious mental illness or developmental disability.

REGIONAL ADMINISTRATOR

- Recruited, trained, and supervised multidisciplinary teams, in multiple **Assisted Living Facilities** throughout central New Jersey in operation 24/7 providing care and services for adults with chronic mental illnesses.

- Led the successful **expansion of the program from 7 to 12 facilities** within 3 year tenure, in addition to obtaining ownership of all facilities instead of leasing them.
- Nominated Project Leader of the "Continuous Quality Improvement Team," training other management teams statewide, in the concepts of quality improvement and risk management.
- Chaired the "Structured Outpatient Program Review Committee," that reviewed, purchased, and implemented commercially offered modules to treat mental illness. Facilitated and monitored staff training in utilization of these modules, to ensure quality and standardization. Coordinated with IT to efficiently organize a database for the outcome data generated.
- Restructured corporate training modules providing initial training to all employees. Produced an educational two day program focused on "counseling techniques" that became a required component of corporate training for all new employees.
- Obtained and ensured ongoing **accreditation from JCAHO**, as well as maintained standards compliance, resulting in a **savings of \$20,000** in consulting fees.

Education / Professional Training

University of Miami, Coral Gables ♦ Bachelor of Arts, Psychology

Florida Atlantic University, Boca Raton ♦ MBA (expected 7/2015)

♦ ALF Core Trained & Certified ♦ Member of Case Management Society of America ♦
Member of AHIMA ♦ Committee Member of the Bioethics Law Project, Palm Beach County ♦

MONICA SEVERN

9421 N.W. 3RD STREET PEMBROKE PINES, FL 33024 (954-593-2256)

OBJECTIVE

Desires a career opportunity utilizing my skills, background and enthusiasm that I have developed working in the medical profession for the past 20 plus years. Of primary importance is an opportunity that will provide a creative challenge and will contribute to the success of the company while enhancing my professional career.

SUMMARY

Throughout my professional career, I have derived considerable job satisfaction from managing challenging situations successfully, resulting in an increase in the productivity and financial growth of the company.

WORK EXPERIENCE

Center Manager CareSpot Express healthcare May 2013 to Present Pembroke Pines

Manages day to day operations in the center. Work's to grow center's business and to achieve or exceed annual financial goals while delivering on CareSpot's high standards of employee and patient safety, satisfaction, and service. Responsible for in-clinic execution of CareSpot business, clinical and marketing programs, and ensures that CareSpot operational procedures and clinical standards are met.

Tamarac – Solantic d/b/a Care Spot Express Healthcare March 2010 to April 2013

Lead MA/BMO

- Assist office manager with daily operations and supervision of staff
- Perform duties of certified medical assistant
- Licensed Basic X-ray Technician
- Ensure Compliance according to OSHA and ACHA Standards
- Certified DOT drug screen and BAT trainer
- Participate in semi-annual Health Fair for the City of Coral Springs
- Participate in offsite Drug Screening

Set up and GRAND OPENING of Pompano, Tamarac, Boynton Beach and West Palm Centers

Pembroke Pines - Solantic July 2005 Thru 2010

Lead MA/BMO

- Asked to assume and perform the duties of center manager intermittently during 2007 and 2008
- Operations, scheduling, supplies and problem solving
- Inventory and inventory control

INTERIM MANAGER SOLANTIC COCONUT CREEK 2008 Jan 2008 to July 2008

- Managed Staff
- Scheduling, Payroll
- Reorganization
- Compliance for OSHA and ACHA
- Negotiated and Serviced the account of Broward Preparatory School
- Negotiated with Carol Kossman, Risk Manager for The City of Coral Springs and contracted services for Police, Fire Department and City employees

Gary Chierico and Associates, M.D., P.A. Aventura, FL

Office Manager/ Clinical Manager December 1995 to July 2005

- Assist office administrator with all phases of daily operations
- Supervise all doctor scheduling and hospital assignments
- Received daily reports (for 4 critical care doctors)
- Assign emergency room rotations, scheduled coverage for 7 hospitals
- Coordinated doctor meetings
- Licensed Basic X-ray technician
- Certified medical assistant
- Perform pulmonary function testing
- Purchasing medical/office supplies
- Maintain office laboratory and equipment
- Monitor all accounts payable for laboratory and medical supplies
- Ensure compliance with OSHA and ACHA standards
- Supervise all office scheduling both patients and employees
- Assisted with new office build out and development
- Customer Service
- Multi Line Telephone System Management

Harold Weiner, M.D./Jeffrey Draesel, M.D. Bal Harbour, FL

Office Manager/Certified Medical Assistant February 1976 thru December 1995

- Complete Office Administration

- Payroll, Taxes, Negotiations of all insurance contracts and leases
- Hiring, Terminations, Discipline
- Purchasing
- Repairs and Maintenance
- Supplies, Inventory, Inventory Control
- Supervise and assist in the collections, patient billing and all insurance account receivables
- Certified Medical Assistant – Venipuncture, EKG,
- Sterilization and maintenance of surgical instruments
- Development of all training programs and compliance with OSHA standards

United States Air Force (Active/Reserves) Charleston Air Force Base, SC

Aeromedical Evacuation Technician 1974 thru 1984

Chief Flight Examiner Medical Technician (E-7 Rank Master Sergeant)

- Developed ground training programs
- Provided emergency aircraft configuration training to aircraft commanders, flight engineers and load masters for C-130 and C-141 aircraft
- Responsible for compliance of the standards of training, basic education and performance in accordance with USAF standards of Emergency Medical Flight Transportation
- Performed as Inflight instructor, teaching applications of safety, use of medical equipment and administration of medical care during transcontinental aeromedical evacuation flights
- Promoted to Flight examiner, responsible for administering inflight examinations of proficiency and knowledge of emergency procedures both medical and aircraft for all assigned personnel
- Developed body lift for aircraft on and offloads to minimize personal injuries to personnel
- CPR Instructor trainer American Heart Association

HONORS

- Recognized for efforts as top office manager, MIAMI MEDICINE MAGAZINE, Dade County Medical Association April 1987
- Outstanding Non-Commissioned Officer of the year 1987
- Outstanding Young Women of America Recognition 1982
- Recognition in Sergeants Magazine and The Air Reservists Magazine in October 1982
- U.S. Humanitarian Service Medal, 1979
- Outstanding Non-Commissioned Officer of the Quarter 1978
- USAF Commendation Medal for Training Programs and Service 1982
- USAF Commendation Medal for Recovery of Guyana victims 1978
- Letter of Appreciation from the Office of Congressman Leo Ryan 1978
- Letter of Recognition from President Jimmy Carter for Recovery of Guyana victims 1978
- Letter of Recognition General Bishop for First Female Flight Examiner in The Air Force 1976

EDUCATION

Attended Miami Dade Community College 1979

Baptist College of Charleston, Charleston, SC 1975
G.E.D., Charleston, South Carolina 1975

REFERENCES AVAILABLE UPON REQUEST

April Rodriguez
1288 NW 171ST TERRACE
PEMBROKE PINES, FL 33028
HOME (754) 217-4101 CELLULAR (954) 261-3690
LAJL95@GMAIL.COM

Objective-

I am looking to obtain a permanent position that will utilize my skills and experience in a manner that will challenge my potential for growth with your organization. I am seeking long-term career with a facility that appreciates experience, maturity, responsibility, dedication and loyalty.

Key Skills-

Communication- Kept in constant communication with administration for current updates and maintains an open line of communication with all staff.

Team Player- Promote excellent Customer Service and willing to help out in any area needed in the office. Maintain a positive and professional attitude through all situations.

Problem Solving- Ability to solve issues with little or no direct supervision from practice administrator.

System Knowledge- Experienced with EMR/EHR programs. Demonstrates working knowledge and troubleshooting quick repair of all office equipment. Knowledge of most software programs, ie: Microsoft programs, MAC products, practice management and payroll programs. Run error and billing reports through the EMR system. Enter time sheet information of every employee into the payroll system.

Experience-

***Center Manager- Carespot Urgentcare Pembroke Pines, FL 01/13/14**

***Office Manager/Compliance Manager- Physicians Immediate Care Port St. Lucie, FL 03/11/2008-09/27/2013**

I was working from home as a Chart Documentation Compliance Manager. With this, I reviewed over 200 charts daily for Meaningful Use compliance. Making sure the Physicians and clerical, medical staff employees have accurately documented correct information. Also, verify insurance for benefit details through an online system "Availity." Train all employees and physicians on the EMR system. Notify staff of all new updates for Meaningful Use to stay compliant with CMS guidelines.

Office Manager with an urgent care facility. Manage 12 employees and 1-4 different practitioners. Interview, hire and train a productive medical office team and conduct 90day/annual performance reviews. Ensure staff is adequately trained on EMR software and that they utilize it as required. Verify all time sheets for any inaccuracies and submit to human resources during payroll week. Handle any patient or employee complaints and assist if mediation needed. Make sure ultrasounds reports are received, scanned in and resulted by the practitioner. Handle new Employee wellness contracts for billing purposes. Handle billing issues, correct any CPT/ ICD-9 coding mistakes. Run reports through the EMR system. Obtain insurance authorization or pre-certification for MRI, CT, Pet Scan and ultrasounds when ordered by physician. Verify all HMO/PPO/PIP insurance for every patient daily. Insure office is adequately stocked with office and medical supplies. Maintain a clean and efficiently run office on

April Rodriguez
1288 NW 171ST TERRACE
PEMBROKE PINES, FL 33028
HOME (754) 217-4101 CELLULAR (772) 361-9022
LAJL95@GMAIL.COM

a daily basis. Direct communication between employer and Worker's Comp adjusters for work related injuries of patients. Reviewed every DWC-25 work status report before sent to employer and adjuster.

****ProShop Office Manager- Gold's Gym Port St. Lucie, FL 01/2004- 02/2008***

Manager of the fitness retail pro-shop. Managed several employees. Made employee's shift schedules. Kept the pro-shop fully stocked with fitness equipment and fitness attire. Ordered the latest fitness clothing and equipment. Always stayed within budget. Ran reports of sales daily. Close out process, bank deposits daily.

****Office Assistant- Jefferson at Young Circle Hollywood, FL 06/2001- 12/2003***

Answer multi-line phone. Scheduled tours for prospective renters. Attend to over 200 tenants needs and complaints. Create work orders for the tenants and see them through till resolved. Kept all common areas clean. Typed excel spreadsheets for the office manager. Maintained a running list of all current residents, knew them by name.

****Office Assistant- Seminole Tribe of FL (Legal Department) 01/1999- 06/2001***

Assistant to Jim Shore and the legal department. Transfer calls, schedule appointments for attorneys and Mr. Shore. Schedule meetings with Mr. Shore and/or the legal team.

Awards- Received "Employee of the Year" 2010
Awarded "Best Place to Work in Port St. Lucie" 2012

Education- McArthur High School Hollywood, Florida- Diploma received 1996

Certified Urine Drug Screen Technician 2010
Customer Service Management course 2012
CPR certified 2012
Continuing my education with Broward College 2013
Attended UCAOA conferences 2009-2013

Professional Referrals-

Tamera Brucken- (828) 808-4378
Memorial Hospital Patient Fin. Service Rep II, known for over 20 years.

Michelle Berger- (772) 370-0076
City Council of Port St. Lucie, known for 10 years.

Angie Martinez- (954)261-0946
Executive Administrative Assistant for the Seminole Tribe of Florida, known professionally over 14 years.

W. GREGG POND III

1581 ARDEN STREET, LONGWOOD, FLORIDA. 32750
HOME (407) 265-0578, CELLULAR (407) 415-5962

PROFESSIONAL EXPERIENCE

September 2008 – Current **CareSpot Express Healthcare, Occupational Health Sales, Orlando, Florida.**

Regional Sales Manager

- Responsible for driving new revenue to all Tennessee, South Florida and Central Florida Centers, including Ocala and the two Gainesville locations (17 total centers).
- Helped in the development of the Occupational Health Program.
- Provide support on Acquisitions Team.
- Active participant on our Occupational Health best Practices Team, Profitability Team and Customer Service Team.
- Work collaboratively with Operations to prepare annual budgets for Occupational Medicine/ Workers' Compensation Sales based on a percentage of visit growth.
- Counsel clients on regulatory compliance, Florida Drug Free Workplace, Department of Transportation, OSHA, and Workers' Compensation.
- Negotiate all contract fees and language.
- Provide support to all teammates and sales representatives in all regions.
- Assist with pricing, structure and strategy.
- Devise long-term, strategic and mutually beneficial arrangements with partners.
- Partner with Marketing to devise and develop effective Marketing Programs.
- 2009 recipient of Founders Award.
- 2010 - Grew business 42% year over year.
- 2011 - Grew business 33% year over year.
- 2012 - Grew business 28% year over year.
- 2013 - Growing business 21% year over year.

August 2005 – September 2008 **Florida Hospital, Corporate Sales and Marketing, Maitland, Florida.**

Strategic Account Manager

- Constructed occupational medicine programs that fit customer needs.
- Communicated opportunities that Centra Care offers beyond occupational medicine.
- Primarily worked with municipalities and large corporate employers.
- The majority of services sold were fire, police and corrections physicals.
- Utilized working knowledge of OSHA, NFPA, DOT, DFWP and FAA.
- Met and eclipsed all sales goals. Annual goals achieved mid-year.
- Assisted with large Marketing campaigns.
- 2007 recipient of Model of Excellence award.
- Completed Clinical Pastoral Education Unit

March 2004 – August 2005 **Florida Hospital, Corporate Sales and Marketing, Maitland, Florida.**

Business Development Consultant

- Managed Top 250 occupational medicine accounts.
- Put together occupational medicine programs for corporate partners.
- Focused on new and renewal business.
- Sold our full compliment of occupational medicine products.
- Exceeded all sales goals.
- Participated in community marketing campaigns such as our Flu Shot initiatives.
- Assisted Chaplain in providing ministry to our employees.
- Spiritual Ambassador.
- Assisted teammates when needed.

November 2001 – March 2004 **Corporate Business Solutions, Lake Mary, Florida.**

Regional Manager- Sales

- Responsible for all sales activity for our contracted EAP in the Southeastern United States.
- Networked with long-standing business partners to solidify opportunity.
- Presented product offering to many levels and types of businesses.
- Managed entire sales process including underwriting.
- Created Web-based pages for marketing efforts.
- Conducted direct sales activities for businesses in territory.
- Ensured that all brokerage agencies are aware of new product offerings.
- Web-site creator and manager.

April 2001 – November 2001 **Blackadar Insurance Agency, Inc., Commercial Sales, Longwood, Florida.**

Commercial Producer

- Continually built database of prospects for later business development.
- Performed survey of prospect insurance situations to identify opportunity.
- Established complex coverage needs and provided meaningful business solutions.
- Consistently expanded knowledge of insurance and the available product offerings.
- Ensured that all customers received exquisite service.

September 2000 – April 2001 **Managed Comp, Inc., Sales, Orlando, Florida.**

Account Executive

- Managed book of \$3.8 million in written premium within assigned territory.
- Strengthened and maintained long-term business relationships with our brokerage agencies and client companies.
- Presented Managed Comp, Inc. to our current and potential partners focusing on our strong customer service.
- Company sales leader for 2001.

June 1998 – September 2000 **Managed Comp, Inc., Health and Safety, Orlando, Florida.**
Health and Safety Consultant

- Managed book of business with 58 client companies in an area that ranged from Duval to Martin County.
- Established meaningful long-term relationships with our client companies.
- Provided Data Trend and Mod Analysis to insureds focusing on accident prevention.
- Focused on Behavior Based approach to safety.
- Focused on delivery of a total safety culture with all insureds.
- Show value in safety, by pointing out the effects poor performance has on an insureds Financial Performance.
- Presented Training Modules when analysis reveals trending.
- Engineered out exposure where possible.
- Leader of Regional Team.

EDUCATION

May 1993 Florida State University Tallahassee, Florida
Major: Rehabilitation Services
Minor: Psychology
■ Bachelor of Science

REFERENCES

AVAILABLE UPON REQUEST.

Fee Structures (Attachment 8)

a. Pre-Placement Physicals

Group IA – Police Officers (FDLE)

Complete exam	\$45
CBC	\$25
CMP	\$25
Lipid Profile	\$25
Blood Pressure check	Included
Urinalysis	Included
Chest X-Ray (2 Views)	\$65
Spirometry	\$30
Audiogram	\$35
Vision – depth perception – peripheral vision tests	\$30
Tuberculosis Screen	\$15
12-lead EKG with interpretation	\$35
8-panel HRS drug test with MRO services	\$35
Nicotine drug test	\$25
Written report of examination findings	Included
Total	\$390

Group IB– Firefighters (NFPA)

Complete exam	\$45
CBC	\$25
CMP	\$25
Lipid Profile	\$25
Blood Pressure check	Included
Urinalysis	Included
Chest X-Ray (2 Views)	\$65
Spirometry	\$30
Audiogram	\$35
Vision – depth perception – peripheral vision tests	\$30
Tuberculosis Screen	\$15
12-lead EKG with interpretation	\$35
Stress Test	\$180
8-panel HRS drug test with MRO services	\$35
Nicotine drug test	\$25
Written report of examination findings	Included
Total	\$570

b. **Group II - All heavy labor, skilled trades, lifeguards, equipment operation and grounds maintenance classifications.**

Exam	\$45
CBC	\$25
Blood Pressure check	Included
Urinalysis	Included
Vision	\$10
Hearing	\$5
Tuberculosis Screen	\$15
12-Lead EKG with interpretation	\$35
8-panel HRS drug test with MRO services	\$35
Written report of examination findings	Included
Total	\$170

- c. **Group III** – All classifications that cause moderate physical demands upon employees. Loud noises, stressful situations, noxious inhalants, drive or work around hazardous machinery i.e. lab workers, public safety telecommunication, complaint desk personnel, recreation coordinator and engineering personnel. May be required to stand, twist, squat, bend or reach, frequently or for prolonged periods.

They are not normally required to engage in strenuous activities such as running or heavy lifting (more than fifty (50) pounds) but may do considerable walking.

Exam	\$45
CBC	\$25
Blood Pressure check	Included
Urinalysis	Included
Vision	\$10
Hearing	\$5
Tuberculosis Screen	\$15
8-panel HRS drug test with MRO Services	\$35
Written report of examination findings	Included
Total	\$135

- d. **Group IV** - The classifications in this group may be described as generally indoor, sedentary, white collar, and nonstrenuous.

Exam	\$45
CBC	\$25
Blood Pressure check	Included
Urinalysis	Included
Vision	\$10
Hearing	\$5
Tuberculosis Screen	\$15
8-panel HRS drug test with MRO services	\$35
Written report of examination findings	Included
Total	\$135

b. Hazardous Materials (Haz Mat) Team Physicals

Complete exam (NFPA Standards & FDLE Standards)	\$45
CBC	\$25
CMP	\$25
Lipid Profile	\$25
Blood Pressure check	Included
Urinalysis	Included
Chest X-Ray (2 Views)	\$65
Spirometry	\$30
Audiogram	\$35
Vision – depth perception – peripheral vision tests	\$30
Tuberculosis Screen	\$15
12-lead EKG with interpretation	\$35
Stress Test	\$180
8-panel HRS drug test with MRO services	\$35
Nicotene drug test	\$25
Heavy Metals Testing	\$110

Blood Lead Level w/ ZPP	25
Written report of examination findings	Included
Total	\$705
c. Additional Services – As Needed	
RBC Cholinesterase	\$71
Blood Lead Level w/ ZPP	\$25
Colon and Rectal Cancer Screening	\$20
PSA	\$20
Stress Test	\$180
Hepatitis B Vaccination	\$60 each
Hepatitis A Vaccination	\$70 each
Tetanus	\$20

Also, see attached fee schedule for any other service that may be needed.

FEE STRUCTURE

A. PRE-PLACEMENT PHYSICALS

Note: The undersigned proposer will provide, on the specified forms, all of the specified examinations, services, and reports for the following at the stated firm unit price.

	Est. Annual Qty.	Description	Unit Cost	Est. Annual Cost
1.	45	Group I-A - Police Officers, including urine drug & nicotine screen, regular work hours Monday through Friday	<u>\$ 390</u>	<u>\$ 17,550</u>
2.	25	Group I-B - Firefighters, including urine drug & nicotine screen, regular work hours Monday through Friday	<u>\$ 570</u>	<u>\$ 14,250</u>
3.	60	Group II - Applicants, as stated herein, regular work hours, Monday through Friday	<u>\$ 170</u>	<u>\$ 10,600</u>
4.	50	Group III - Applicants, as stated herein, regular work hours, Monday through Friday	<u>\$ 135</u>	<u>\$ 6,750</u>
5.	20	Group IV - Applicants, as stated herein, regular work hours, Monday through Friday	<u>\$ 135</u>	<u>\$ 2,700</u>
6.	30	Drug Screen Only	<u>\$ 35</u>	<u>\$ 1,050</u>
TOTAL COST OF SERVICES - ITEM A				<u>\$ 52,900</u>

The City of Hollywood does not warrant or guarantee either a minimum or maximum number of pre-employment physicals that will be conducted for any Group I, II, III or IV during any twelve (12) month period.

FEE STRUCTURE

B. Hazardous Materials (Haz Mat) Team Physicals

Note: The undersigned proposer will provide, on the specified forms; all of the specified examinations, services, and reports for the following at the stated firm unit price.

	Est. Annual Qty.	Description	Unit Cost	Est. Annual Cost
1.	25	Complete HAZ Mat Physicals	\$ 705	\$ 17,625
		TOTAL COST OF SERVICES – ITEM B		\$ 17,625
		GRAND TOTAL – ITEMS A AND B		\$ 70,525

FEE STRUCTURE

ADDITIONAL SERVICES – AS NEEDED

(Prices for additional services will not be considered in the evaluation process)

	Description	Unit Cost
1.	Tetanus/Diphtheria Vaccination	\$ <u>20</u>
2.	Tuberculosis Test	\$ <u>15</u>
3.	Tuberculosis Positive Testing including follow-up x-ray	\$ <u>70</u>
4.	Hepatitis A Vaccination (scheduled)	\$ <u>70</u>
5.	Hepatitis B Vaccination	\$ <u>60</u>
6.	Hepatitis B Antigen Testing	\$ <u>25</u>
7.	Hepatitis C Test	\$ <u>25</u>
8.	HIV Testing	\$ <u>20</u>
9.	Diphtheria	\$ <u>Included in Tetanus</u>

*Includes all other ancillary services or tests that may be a part of infectious disease service.

Project Approach:

We propose utilizing the 2 locations that are noted in these documents, Pembroke Pines and West Pines. They are the closest locations to your facility. Keep in mind that all of our facilities are properly equipped to provide services for this RFP. If you choose to open it to our other locations that is great. We want to make sure that you receive the coverage that best suits your organization.

If the City has a particular request, we prefer to have all service requests go through to each location/ center distribution e-mail list, it includes all staff. These lists will be provided when necessary. Once the request is received by the center manager/ staff, it will be disseminated to the assigned employees and be processed accordingly. We will follow up with all requests on the same day. Our focus is ensuring that you receive the very best service available in the industry.

All services can be performed at the locations with exception of the Stress Tests, those will be performed at Miami International Cardiology Consultants, Dr. Bazzi, 21097 NE 27th Ct., Suite 100, Aventura, FL 33180. We believe that this will provide the very best response time to any issue that may be discovered. If there are positive findings that office will call you to get authorization if further studies are needed. CareSpot will coordinate the appointment times for the City before the scheduled physical. CareSpot will also coordinate the billing of these services with this named group. We will bill you just like we will for all other services.

Once services are performed, the information will be viewable on our e-Portal (all services with exception of drug screens), and e-Screen (drug screens only). Only the designated personnel will have access to your information. We can also dictate what each user can see, based on your direction.

Average timeline to complete an assessment of each request for services

CareSpot Express Healthcare is committed to providing the best service available, given that, we will commit to completing an assessment within 24 hours, please understand that drug screens especially presumptive positives can take an additional amount of time. Also, we may need additional information from a Primary Care Physician or a Specialty Care physician in order to clear a patient, which can take additional time. What we will commit to is reporting to a contact the next morning on the status of a Physical Exam. We will send the status immediately for Fit for Duty exams whether it is final or pending and follow up if necessary.

Hours of Service

Please keep in mind that we will be flexible. At this point, we provide all of the given preferences; the exceptions can be addressed in a case by case basis. We will stay open beyond our closing to complete any service that was started prior to that time. We will continue to support you via telephone. Our providers will always be available to help in any way that he can. CareSpot will continue to provide weekday on-site support as well as fulfilling services needs on the weekend and after-hours if needed. We will need to communicate the times and dates to provide staff to support the requests.

CareSpot Express Healthcare- Pembroke Pines (Staff)

Monica Severn	Center Manager
Ivan Lizarazo, MD	Board Certified Physician
Carlos Pardo	ARNP
Marcia Duarte	BMO (Basic Machine Operator) and MA (Medical Assistant)
Alison Clare	RT (Radiology Technician) and MA (Medical Assistant)
Julie Maldonado	Registrar and MA (Medical Assistant)
Krensy Perez	Registrar and MA (Medical Assistant)
Maivelis Rodriguez	Registrar and MA (Medical Assistant)
Cody Noll	Registrar MA (Medical Assistant)
Talia Acosta	Registrar
Erick Chiu	Registrar

CareSpot Express Healthcare- West Pines (Staff)

April Rodriguez	Center Manager
Janet Revilla	ARNP
Nancy Gulotta	ARNP
Whitney Conley	ARNP
Anisleydis Calderin	RT (Radiology Technician) and MA (Medical Assistant)
Beatriz Manco	BMO (Basic Machine Operator) and MA (Medical Assistant)
Marie Michel	RT (Radiology Technician) and MA (Medical Assistant)
Lonnie Graves	BMO (Basic Machine Operator) and MA (Medical Assistant)
Kevin Owens	BMO (Basic Machine Operator) and MA (Medical Assistant)
Brittany Casaus	Registrar MA (Medical Assistant)
Heather Armstrong	Registrar MA (Medical Assistant)

Staffing Level Expectations

Our Operations Team works very hard to provide the correct number of staff per location. Each locations needs will be different. It is based on the number of patients seen per day. If you look at the staffing levels above you can understand which centers are the busiest. It is our belief that you cannot use a cookie cutter approach to providing these kinds of services. Staff numbers will always be based on center need.

Location Information

CareSpot Express Healthcare-
Pembroke Pines
9035 Pembroke Pines Blvd.
Pembroke Pines, FL 33024
954 378 0333

**Mon through Fri 8am- 8pm,
Sat Sun 8a-5p**

CareSpot Express Healthcare-
West Pines
18203 Pines Blvd.
Pembroke Pines, FL 33073
954 889 5823

**Mon through Sun 8am- 8pm,
7 Days a week!**

IVAN LIZARAZO, M.D.
1104 Prospect Ave Apt 204 Cleveland, OH 44115
Cell :(305) 205-9237
Email: ivanlizarazo@hotmail.com

EDUCATION:

Universidad Iberoamericana (UNIBE) Santo Domingo, Dom. Rep
Doctor of Medicine November 2002
Grossmont College California
Biology Major August 1996

INTERNSHIP AND RESIDENCY:

University Hospitals Urgent Care Fellowship Beachwood, OH 2010

A one year Fellowship consisting of multiple curriculums which combines clinical rotations and didactic sessions which included lectures/training on billing and coding. Focus was on management of acute illness and injury in the urgent care setting. Emphasis was placed on Orthopedics, Radiology, Trauma Care, Occupational and Environmental Management, Adult and Pediatric Emergencies and Practice Management. Fellowship is equivalent to three years experience.

Loyola-Cook County-Provident Family Medicine Residency Chicago, IL 2007-2010

Award for Most Dependable Resident in 2010
During Residency did multiple and extra rotations in ED and Sports Medicine

The main training sites are as follows: Chicago, IL

Loyola University Medical Center
John Stroger Cook County Hospital
Provident Community Hospital
Saint Anthony's Community Hospital
Hines VA Hospital

PROFESSIONAL AFFILIATIONS:

American Medical Association, member since 2007
American Academy of Family Medicine, member since 2007
Illinois Academy of Family Physicians, member since 2007

CERTIFICATIONS AND LICENSES:

Florida Physician License 2011-Active
Illinois Permanent Physician License 2007-Active

Ohio Permanent Physician License 2010- Active
DEA License Active
Board Certified 2011
ALSO (Advance Life Support in Obstetrics)
ACLS (Advance Cardiac Life Support)
BLS (Basic Life Support)
PALS (Pediatric Advance Life Support)

MEDICAL EXPERIENCE & ACTIVITIES

Locum Urgent Care coverage at University Hospitals sites throughout the Ohio area:
2010 to present.

Urgent Care facilities with high acuity and volume. Centers are equipped with Laboratory, Microscope, CT scan and Digital X-ray. Exposure to lots of procedure which include but not limited to laceration repair, I&D, minor dislocation reduction, arthrocentesis, wart removal, nail removal and foreign body removal.

UCAOA's (Urgent Care Association of America) Spring Convention, May 10-13, 2011
in Chicago, IL at the Hyatt Regency Chicago Hotel

Prisma Primary Care, San Diego, CA
Primary Care/Cardiology 11/2006

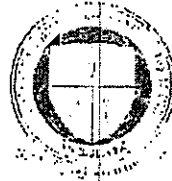
I observed and assisted Doctors while doing H&P's. I was expected to read and interpret lab data as well as to give input on patient management. I attended clinical conferences and presentations. I was required to do presentations on variety of health topics. I was also required to educate patients on any particular disease and importance of preventive care.

Belmar Clinic , Ensenada, Mexico
Primary Care 08/2005

My responsibilities in the clinic consisted of taking histories and doing physicals. I observed and assisted in Patient management and care. These duties encompassed variety of task consisting anywhere from taking care of a child with the common cold to doing wound care and laceration repairs. I also attended clinical rounds, lectures and had to present and do presentations on patients.

References available upon request

American Board of Family Medicine



Juan Eduardo Lizgarazo, M.D.

having met all its requirements

is hereby certified to be a

Diplomate

of this Board for the period

2010-2017

Craig W. Gandy
Chair



James C. Puffer
President

Nov. 16, 2011 7:05 AM Web-a-bene Care

511-9295 2.4

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

AC#

5331195

DATE	LICENSE NO.	CONTROL NO.
02/02/2013	ME 110629	420176

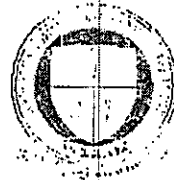
The MEDICAL DOCTOR
named below has met all requirements of
the laws and rules of the state of Florida.
Expiration Date: JANUARY 31, 2015

IVAN EDUARDO LIZARAZO

LICENSEE SIGNATURE

B:4E220650

American Board of Family Medicine



Juan Eduardo Lizarazo, M.D.

having met all its requirements
is hereby certified to be a

Diplomate

of this Board for the period

2010-2017

Craig W. Gentry
Chair



Jane C. Puffer
President

Nov. 16, 2017 7:05 PM Med. & Dent. Cert.

5:0205 2:4

Curriculum Vitae

Carlos A. Pardo, ARNP-BC
Board Certified
2225 Nova Village Dr.
Davie, FL 33317-7031 U.S.A.
(954) 475-9962 home
(561) 242-3030 office
(786) 864-8866 cellular
(954) 475-9962 Facsimile
E-mail: capas64@bellsouth.net

- * Fifteen+ years of combined wealth of knowledge and experience in the medical and surgical fields.
- * Strong communication and research skills; takes initiative; works well as a team member.
- * Demonstrated ability to maintain rapport with doctors, nurses, administrators, and other health care team professionals.
- * Excellent patient relations.
- * Adept in *fast-paced, high stress* environments.

EDUCATIONAL HISTORY AND DEGREES

FLORIDA INTERNATIONAL UNIVERSITY, Miami, FL	December 2008
MSN, Family Nurse Practitioner	
FLORIDA INTERNATIONAL UNIVERSITY, Miami, FL	December 2005
BSN, Registered Nurse	
UNIVERSIDAD DEL VALLE, Cali, Colombia	October 1991
Physician and Surgeon Degree	

PROFESSIONAL EXPERIENCE

<u>CIGNA Onsite Health</u> , West Palm Beach, Florida	03/10 - Present
Family Nurse Practitioner	

Primary-care medicine: Management of patients within a clinical setting utilized by PBSO employees and dependants. Delivery of multiple care services including pre-placement and annual physical examinations, low acuity acute care, ongoing longitudinal care of chronic conditions. Simple and complex suturing, wound care, skin biopsies. IV/IM medications onsite, Immunization ordering and administration.

<u>P&M HOME HEALTH SERVICES</u> , Sunrise, Florida	02/08 - 01/11
Administrator, Director of Nursing	

Administrator and coordinator of the home health agency's operations (to ensure compliance with all local, state, and federal regulations). Acted as Supervisor for all personnel who provide direct patient care and lead the agency in becoming accredited by The Joint Commission.

EXCELLENT HOMECARE GIVERS, Hialeah, Florida

Director of Nursing

Provided supervision for all personnel who were involved in direct patient care. Established service policies and procedures in compliance with state health statutes and administrative rules, Centers for Disease Control (CDC), and Occupational Safety Health Agency (OSHA) guidelines for safety, universal precautions, and infection control procedures. Lead the agency in becoming accredited by The Joint Commission.

NORTHWEST MEDICAL CENTER, Margate, Florida

08/06 – 08/07

Staff Nurse – Adult Emergency Room

Provided acute emergency assessment and intervention to adults with various illnesses and injuries. Served as triage nurse and was able to identify complex patient care problems and serve as a resource for co-workers.

24/7 TOTAL MEDICAL CARE, Pembroke Pines, Florida

02/02 – 08/06

Medical Assistant

COOPERATIVA MEDICA DEL VALLE, Cali – Colombia

07/98 – 09/00

Physician Generalist

Provided ambulatory medical consultation.

HOSPITAL UNIVERSITARIO DEL VALLE, Cali – Colombia

01/95 – 11/98

Physician in Operating Room

First Surgical Assistant to elective and emergency surgeries.

HOSPITAL MARIO CORREA RENJIFO, Cali – Colombia

01/92 – 07/98

Emergency Room Physician and First Surgical Assistant in OR

HOSPITAL UNIVERSITARIO DEL VALLE, Cali – Colombia

09/91 – 12/94

Emergency Room Physician

AFFILIATIONS

American Academy of Nurse Practitioners
 United States Colombian Medical Association
 Florida Association of Surgical Assistant Certified

July 2008
 February 2005
 April 2011

LICENSES AND CERTIFICATIONS

13th Annual Dermatology for Non-Dermatologist (USF)
 Current Clinical Issues in Primary Care (PRI-MED)
 Florida Dispensing Practitioner/Nurse Practitioner License
 CPR (American Heart Association)
 Dermatologic Procedures (National Procedures Institute)
 Current Clinical Issues in Primary Care (PRI-MED)
 Dermatology for Primary Care NPs (AANP)
 Current Clinical Issues in Primary Care (PRI-MED)
 Advance Registered Family Nurse Practitioner Certification

May 2012
 February 2012
 January 2012
 November 2011
 November 2011
 February 2011
 September 2010
 February 2010
 November 2009

LANGUAGES AND SKILLS

Fluent in English and Spanish
Excellent computer skills
EHR (Electronic Health Records) proficient

REFERENCES

Clinical practice and academic references upon request.

American Academy
of
Nurse Practitioners
Certification Program

acknowledges that

Carlos Alberto Pardo, NP-C

has met the requirements for national certification as a

Family Nurse Practitioner

Certification # F1009298

Granted from October 1, 2009 to September 30, 2019

Dona G. Schumann

Chairperson, Certification Commission

Richard A. Mendenhall

Chief Executive Officer, Certification

AC#6016252

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
04/25/2014	ARNP 9248458	1821130

The ADV REG NURSE PRACTITIONER
named below has met all requirements of
the laws and rules of the state of Florida.

Expiration Date: **APRIL 30, 2016**

CARLOS PARDO

ATTN: CARLOS ALBERTO PARDO

9035 PINES BLVD

PEMBROKE PINES, FL 33024

QUALIFICATION(S):
DISPENSING PRACTITIONER
NURSE PRACTITIONER

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

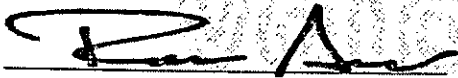
AC#

DATE

DATE	LICENSE NO.	CONTROL NO.
04/25/2014	ARNP 9248458	1821130

The ADV REG NURSE PRACTITIONER
named below has met all requirements of
the laws and rules of the state of Florida.
Expiration Date: **APRIL 30, 2016**

CARLOS PARDO



Rick Scott
GOVERNOR



John H. Armstrong, MD, FACS
STATE SURGEON GENERAL

DISPLAY IF REQUIRED BY LAW

QUALIFICATION(S):
Dispensing Practitioner
Nurse Practitioner

Your license number is **ARNP 9248458**. 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.

EXPIRATION DATE: **APRIL 30, 2016**

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.

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2. Click on "Provider Services"
3. Click on "Manage my License"
4. Select your profession
5. Enter the user ID and password that was provided to you on your initial license and click "Sign in using our secure server."
6. If you do not know your user 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
LICENSURE SUPPORT SERVICES UNIT
P.O. BOX 6320
TALLAHASSEE, FLORIDA 32314-6320

IMPORTANT ANNOUNCEMENT

THE DEPARTMENT OF HEALTH WILL NOW REVIEW
YOUR CONTINUING EDUCATION RECORDS AT
THE TIME OF LICENSE RENEWAL.

TO LEARN MORE, PLEASE VISIT WWW.CEatRENEWAL.COM

☐ NAME CHANGE (ATTACH LEGAL DOCUMENTATION)

FROM:

LAST FIRST MIDDLE

TO:

LAST FIRST MIDDLE

DH 2103, 5/98

Certificate of Completion

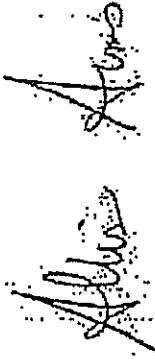
May it be known that this Certificate has been presented to

Monica Severn

for Successful Completion of

PSYCHEMEDICS SAMPLE COLLECTION TRAINING PROGRAM

Sunday, April 26, 2009



VICE PRESIDENT, CLIENT SERVICES

THIS CERTIFICATE

certifies that

Monica Severn

has completed the necessary training program which conforms to the
Collection procedures as prescribed by the


Department Of Transportation

And has passed a comprehensive written and required proficiency
examination and is therefore qualified to act as a

Breath Alcohol Technician Trainer (Lifeloc Phoenix-Classic)

Under the terms of state and federal laws/rules.

This certificate is valid through the 5th day of February, 2019.



Mandy Geissbuhler, Certified Lifeloc Master Trainer
February 5, 2014

CareSpot[®]
Express Healthcare

THIS CERTIFICATE

Certifies that

Jackie Rezende

has completed the necessary training program which conforms to the
Collection procedures as prescribed by the

Department of Transportation

And has passed a comprehensive written and required proficiency
examination and is therefore qualified to act as a

Drug Screen Collector

Under the terms of federal laws/rules.

This certificate is valid through the 18th day of December, 2018

Mandy Geissbuhler, CPCT

Mandy Geissbuhler, CPCT
December 18, 2013

Care Spot
Express Healthcare

THIS CERTIFICATE

Certifies that

Cody Noll

has completed the necessary training program which conforms to the
Collection procedures as prescribed by the

Department of Transportation

And has passed a comprehensive written and required proficiency
examination and is therefore qualified to act as a

Drug Screen Collector

Under the terms of federal laws/rules.

This certificate is valid through the 14th Day August, 2019

Mandy Geissbuhler, CPCT

Mandy Geissbuhler, CPCT

August 14, 2014

Care Spot[™]
Express Healthcare

THIS CERTIFICATE

Certifies that

Erick Chiu

has completed the necessary training program which conforms to the
Collection procedures as prescribed by the

Department of Transportation

And has passed a comprehensive written and required proficiency
examination and is therefore qualified to act as a

Drug Screen Collector

Under the terms of federal laws/rules.

This certificate is valid through the 14th Day August, 2019

Mandy Geissbuhler, CPCT

Mandy Geissbuhler, CPCT

August 14, 2014

Care Spot
Express Healthcare

THIS CERTIFICATE

Certifies that

Erick Chio

has completed the necessary training program which conforms to the
Collection procedures as prescribed by the

Department of Transportation

And has passed a comprehensive written and required proficiency
examination and is therefore qualified to act as a

Breath Alcohol Technician {Lifeloc Phoenix}

Under the terms of federal laws/rules.

This certificate is valid through the 5th day of June, 2015

Mildred Hurley CPCT

Mildred Hurley, CPCT
June 5, 2010



THIS CERTIFICATE

Certifies that

Julie Maldonado

has completed the necessary training program which conforms to the
Collection procedures as prescribed by the

Department of Transportation

And has passed a comprehensive written and required proficiency
examination and is therefore qualified to act as a

Drug Screen Collector

Under the terms of federal laws/rules.

This certificate is valid through the 18th day of December, 2018

Mandy Geissbuhler, CPCT

Mandy Geissbuhler, CPCT

December 18, 2013

Care Spot
Express Healthcare

Omega Collector Training

This is to Certify that


Julie Maldonado

Has successfully passed the written examination for the
"Hair Collection Program"

issued by

Omega Laboratories, Inc.

November 25, 2013



President -- Omega Laboratories, Inc.

This certificate recognizes that the applicant has passed the Omega Laboratories Hair Collection Certification Exam. This certificate is not part of an accreditation program and is not issued as a "certification" or a "license".
Omega Laboratories, Inc. is not the employer of holder of the certificate and does not warrant the work performed by the holder

Cert#: 8573 V1.0.0.0

THIS CERTIFICATE

certifies that

Krensy Perez

has completed the necessary training program which conforms to the
Collection procedures as prescribed by the

Department Of Transportation

And has passed a comprehensive written and required proficiency
examination and is therefore qualified to act as a

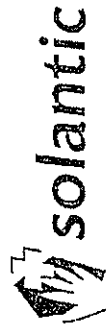
Breath Alcohol Technician (Lifeloc Phoenix)

Under the terms of state and federal laws/rules.

This certificate is valid through the 16th day of January, 2017.



Peter Wright, Certified Lifeloc Provisional Instructor
January 16, 2012



AC#6144033

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
08/01/2014	CRT 68917	147815

The CERTIFIED RADIOLOGIC TECHNOLOGIST
named below has met all requirements of
the laws and rules of the state of Florida.

Expiration Date: **SEPTEMBER 30, 2016**

JACQUELINE FERREIRA REZENDE

9035 PINES BLVD

PEMBROKE PINES, FL 33024

QUALIFICATION(S):
GENERAL RADIOGRAPHERRick Scott
GOVERNORJohn H. Armstrong, MD, FACS
STATE SURGEON GENERAL

DISPLAY IF REQUIRED BY LAW

AC#5834800

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
12/28/2013	CRT 78690	137238

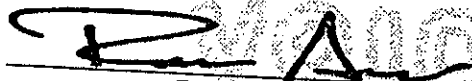
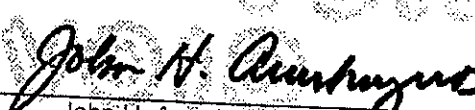
The CERTIFIED RADIOLOGIC TECHNOLOGIST
named below has met all requirements of
the laws and rules of the state of Florida.

Expiration Date: **DECEMBER 31, 2015**

ALISON MICHELLE WILLIAMS-CLARE

2310 RALEIGH ST.

HOLLYWOOD, FL 33020

QUALIFICATION(S):
GENERAL RADIOGRAPHERRick Scott
GOVERNORJohn H. Armstrong, MD, FACS
STATE SURGEON GENERAL

DISPLAY IF REQUIRED BY LAW

AC# 5521854

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
05/15/2013	BMO 62350	126326

The BASIC X-RAY MACHINE OPERATOR
named below has met all requirements of
the laws and rules of the state of Florida.

Expiration Date: **JUNE 30, 2015**

MARCIA AREOSA DUARTE
9870 W HEATHER LN
MIRAMAR, FL 33025

QUALIFICATION(S):
BASIC X-RAY MACHINE OPERATOR



Rick Scott
GOVERNOR



John H. Armstrong, MD, FACS
STATE SURGEON GENERAL

DISPLAY IF REQUIRED BY LAW

AC# 5964008

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
03/20/2014	BMO 4670	141343

The BASIC X-RAY MACHINE OPERATOR
named below has met all requirements of
the laws and rules of the state of Florida.

Expiration Date: **MARCH 31, 2016**

MONICA COWART SEVERN
9035 PINES BLVD.
PEMBROKE PINES, FL 33024

QUALIFICATION(S):
BASIC X-RAY MACHINE OPERATOR



Rick Scott
GOVERNOR



John H. Armstrong, MD, FACS
STATE SURGEON GENERAL

DISPLAY IF REQUIRED BY LAW

Janet L. Revilla MSN, ARNP, FNP-BC, CWOCCN

884 SW 172nd Terrace
Pembroke Pines, FL 33029
954-632-7960
JRev16@aol.com

EDUCATION

University of Miami, Coral Gables, FL
Master of Science in Nursing, August 2011
Specializing as Family Nurse Practitioner

Emory University, Atlanta, GA
Certification in Wound, Ostomy, and Continence Care, July 2011

University of Miami, Coral Gables, FL
Bachelor of Science in Nursing, August 2006

Broward Community College, Davie, FL
Associate of Science in Nursing, July 1993

PROFESSIONAL EXPERIENCE

Cleveland Clinic Florida, Weston, FL 8/2012-present
Nurse Practitioner -- After Hours Urgent Care Center

- Function independently in the care of patients seeking non-urgent/urgent treatment for acute conditions
- Assessment of patients within an urgent care setting
- Documentation of history and physical
- Formulate diagnosis
- Prescribing medication within standards of practice
- Perform minor outpatient procedures (laceration repair, incision & Drainage)
- Order and review diagnostic testing

Memorial Hospital Miramar, Miramar, FL 4/2005-present
Clinical Specialist Adult and Pediatric Emergency Services
Wound and Ostomy Specialist

- Function independently for consultation and management of wounds and ostomies hospital-wide
- Provide emergent care for adult and pediatric patients
- Provide education for pediatric and adult emergency department physicians and staff
- Serve as a mentor for staff
- Facilitate and maintain working relationships with physicians
- Development of educational classes and staff in-services
- Perform chart reviews, participate in Root Cause Analysis studies

Memorial Hospital West, Pembroke Pines, FL 9/1999-2/2005
Adult Emergency Department Registered Nurse

Memorial Urgent Care Center, Pembroke Pines, FL 10/1996-2/1998
Urgent Care Registered Nurse

North Shore Hospital, Miami, FL 10/1993-10/1996
Emergency Department Registered Nurse

GRADUATE CLINICAL EXPERIENCE

Total of 662.5 graduate clinical hours in the following facilities...

- Medical Specialist of Palm Beach; Boynton, Beach, FL
- Minute Clinic; Miami, Beach, FL
- Sunrise Obstetrics and Gynecology; Sunrise, FL
- 24/7 Total Medical Care (Pediatrics); Pembroke, Pines, FL
- North Miami Beach High School; North Miami Beach, FL

CERTIFICATIONS, LICENSURES & PROFESSIONAL ASSOCIATIONS

Family Nurse Practitioner Certification through American Nurses Credentialing Center
Advanced Registered Nurse Practitioner – Florida license
Certified Wound, Ostomy, and Continence Nurse
American Heart Association Basic Life Support Instructor
American Heart Association Advanced Cardiac Life Support Provider
American Heart Association Pediatric Advanced Life Support Provider

SKILLS

Microsoft Word, Excel, PowerPoint

AC#

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
04/24/2014	ARNP 9373824	1819840

The ADV REG NURSE PRACTITIONER
named below has met all requirements of
the laws and rules of the state of Florida.


Expiration Date: **APRIL 30, 2015**
WHITNEY MAE CONLEY
ATTN: CARE SPOT
18203 PINES BLVD
PEMBROKE PINES, FL 33029

QUALIFICATION(S):
NURSE PRACTITIONER
DISPENSING PRACTITIONER

STATE OF FLORIDA			AC#
DEPARTMENT OF HEALTH			
DIVISION OF MEDICAL QUALITY ASSURANCE			
DATE	LICENSE NO.	CONTROL NO.	
04/24/2014	ARNP 9373824	1819840	

The ADV REG NURSE PRACTITIONER
named below has met all requirements of
the laws and rules of the state of Florida.
Expiration Date: **APRIL 30, 2015**

WHITNEY MAE CONLEY



Rick Scott
GOVERNOR



John H. Armstrong, MD, FACS
STATE SURGEON GENERAL

DISPLAY IF REQUIRED BY LAW

QUALIFICATION(S)
Nurse Practitioner
Dispensing Practitioner

EXPIRATION DATE: **APRIL 30, 2015**

Your license number is **ARNP 9373824**. please use it in all correspondence with your board/colleague. Each licensee is solely responsible for notifying the department 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 below, please call (850) 486 6595.

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2. Click on "Provider Services"
3. Click on "Manage my license"
4. Select your profession
5. Enter the user ID and password that was provided to you on your initial license and click "Sign in using our secure server"
6. If you do not know your user ID and password, click on "Get login help?" or call our Customer Contact Center at (850) 486 6595 for assistance.

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

IMPORTANT ANNOUNCEMENT

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THE TIME OF LICENSE RENEWAL.

☐ NAME CHANGE (ATTACH LEGAL DOCUMENTATION)

TO LEARN MORE, PLEASE VISIT WWW.CEa1RENEWAL.COM

FROM: LAST FIRST MIDDLE

TO: LAST FIRST MIDDLE

OH 2103, 5/98

Whitney M. Conley, RN, BSN, MSN, FNP

16605 Howard Circle, Omaha, NE 68118

417-399-4799, xwhitneyx@hotmail.com

Summary of Qualifications

Critical thinking, research techniques, cultural perspective, and general knowledge concerning health care through work experience and academic course work. Excellent communicator. Utilized multiple health care related computer programs through experience and computer courses.

Education

Master of Science, *Nursing, Family Nurse Practitioner*

University of Missouri, Kansas City, Missouri

December 2008

Bachelor of Science and Associate of Science, *Nursing*

Saint John's School of Nursing of Southwest Baptist University, Springfield, Missouri

May 2004, December 2002

Diploma, Lutheran High Northeast High School, Norfolk, Nebraska

May 2000

Professional Experience

Urgent Care of Omaha, Omaha, Nebraska July 2013-Present

Family Nurse Practitioner in Urgent Care Clinic

Assessed, diagnosed, and treated patients in urgent care clinic.

Adult Primary Care Clinic-Martin Army, Fort Benning, Georgia January 2012-March 2013

Family Nurse Practitioner in Adult Primary Care Clinic

Assessed, diagnosed, and treated adult patients.

Family Medical Care Center, Cox Health, Springfield, Missouri, February 2009-August 5, 2011

Family Nurse Practitioner in Family Practice Clinic

Assessed, diagnosed, and treated patients from birth to geriatrics in a residency clinic.

St John's Hospital, Springfield, Missouri, March 2005-February 2009

Registered Nurse in Neuro Trauma ICU

Cared for patients in ICU setting.

Citizens Memorial Hospital, Bolivar, Missouri, December 2002-February 2009

Registered Nurse in Emergency Department

Cared for patients that needed emergency care.

Licenses and Certifications

American Academy of Nurse Practitioners Certification

APRN and RN in NE and FL

ACLS, BLS

References available upon request

License Verification

Data As Of 4/7/2015

NANCY ANN GULOTTALICENSE NUMBER: **ARNP2084322****Profession**

ADV REG NURSE PRACTITIONER

License/Activity Status

CLEAR/ACTIVE

Qualifications

Nurse Practitioner

Dispensing Practitioner

License Expiration Date

4/30/2016

License Original Issue Date

01/22/1990

Discipline on File

NO

Public Complaint

NO

Address of Record10251 WEST COMMERCIAL BLVD
C136
TAMARAC, FL 33321

The information on this page is a secure, primary source for license verification provided by The Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

NANCY GULOTTA
2250 NW 127th Avenue
Pembroke Pines, FL 33028
954-292-6158

EDUCATION

1987	Associate of Science, Biology South Suburban College, South Holland, IL
1989	Associate of Applied Science, Nursing South Suburban College, South Holland, IL
1992	Baccalaureate of Science in Nursing University of Miami, Coral Gables, FL
1994	Master of Science in Nursing Family Nurse Practitioner University of Miami, Coral Gables, FL

PROFESSIONAL EXPERIENCE

August 1994 - June 2000	Advanced Practice Nursing Associates, Inc., Miami, FL.
	Family Nurse Practitioner in Emergency Department settings.
	Administered care to both minor and intermediate care patients.
July 2000 - August 2003	Team Health. Sunrise, FL. Worked as ARNP in Aventura
	Hospital Emergency Department Minor Care.
October 2003 - September 2008	Sheridan Healthcare Corp./Weston Emergency Physicians.
	Weston, FL. Worked as ARNP in Cleveland Clinic Emergency Department taking care of both minor care and intermediate
	care patients.
September 2008 - Present	Ideal Image. Plantation, FL. Worked part-time as

ARNP treating

patients for laser hair removal.

ACHIEVEMENTS

1985 - present Certified in Basic Life Support

1989 - 2010 Certified in Advance Cardiac Life Support

1992 Inducted into Phi Kappa Phi Honor Society

1993 Inducted into Sigma Theta Tau Nursing Honor Society

1994 Nominated for Outstanding Student Performance from
Sigma Theta Tau

1994 Received Teresa Gaeta Award for Excellence in Medical-
Surgical Nursing

1994 - present Certified Family Nurse Practitioner by American Nurses
Association

AC# 7712108

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
03/31/2015	ARNP 9373824	1998228

The ADV REG NURSE PRACTITIONER
named below has met all requirements of
the laws and rules of the state of Florida.

Expiration Date: **APRIL 30, 2017**
WHITNEY MAE CONLEY
ATTN: CARE SPOT
18203 PINES BLVD
PEMBROKE PINES, FL 33029

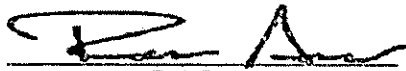
QUALIFICATION(S):
NURSE PRACTITIONER
DISPENSING PRACTITIONER

STATE OF FLORIDA DEPARTMENT OF HEALTH DIVISION OF MEDICAL QUALITY ASSURANCE	AC# 7712108	LICENSE NO. ARNP 9373824	CONTROL NO. 1998228
	DATE 03/31/2015		

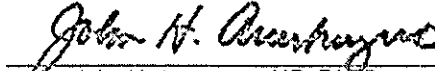
The ADV REG NURSE PRACTITIONER
named below has met all requirements of
the laws and rules of the state of Florida

Expiration Date **APRIL 30, 2017**

WHITNEY MAE CONLEY



Rick Scott
GOVERNOR



John H. Armstrong, MD, FACS
STATE SURGEON GENERAL

DISPLAY IF REQUIRED BY LAW

QUALIFICATION(S):
Nurse Practitioner
Dispensing Practitioner

EXPIRATION DATE: APRIL 30, 2017

Your license number is **ARNP 9373824**, please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the department 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, please call (850) 488-0595.

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2. Click on "Provider Services"
3. Click on "Manage my License"
4. Select your profession
5. Enter the user ID and password that was provided to you on your initial license and click "Sign in using our secure server"
6. If you do not know your user ID and password, click on "Get Login Help?" or call our Customer Contact Center at (800) 488-0595 for assistance

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

IMPORTANT ANNOUNCEMENT

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THE TIME OF LICENSE RENEWAL.

☐ NAME CHANGE (ATTACH LEGAL DOCUMENTATION)

TO LEARN MORE, PLEASE VISIT WWW.CEatRENEWAL.COM

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

AC# 2174

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
10/22/2014	CRT 69377	152065

The CERTIFIED RADIOLOGIC TECHNOLOGIST
named below has met all requirements of
the laws and rules of the state of Florida.

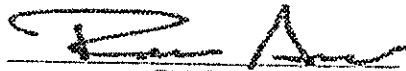
Expiration Date: **DECEMBER 31, 2016**

QUALIFICATION(S):
GENERAL RADIOGRAPHER

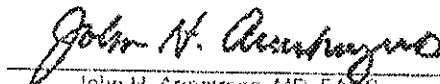
MARIE C MICHEL

8700 SW 10TH ST

PEMBROKE PINES, FL 33025



Rick Scott
GOVERNOR



John H. Armstrong, MD, FACS
STATE SURGEON GENERAL

DISPLAY IF REQUIRED BY LAW

THIS CERTIFICATE

Certifies that

Marie Michel

has completed the necessary training program which conforms to the
Collection procedures as prescribed by the

Department of Transportation

And has passed a comprehensive written and required proficiency
examination and is therefore qualified to act as a

Drug Screen Collector

Under the terms of federal laws/rules.

This certificate is valid through the 1st Day December, 2019

Mandy Geissbuhler, CPCT

Mandy Geissbuhler, CPCT
December 1, 2014

Care Spot
Express Healthcare

AC#6408583

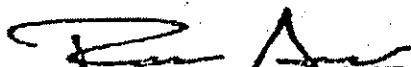
STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
03/03/2015	CRT 85896	158025

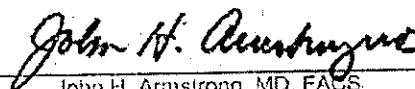
The CERTIFIED RADIOLOGIC TECHNOLOGIST
named below has met all requirements of
the laws and rules of the state of Florida.

Expiration Date: **MAY 31, 2017**
ANISLEYDIS CALDERIN
4486 SW 103 PASSAGE
MIAMI, FL 33185

QUALIFICATION(S):
GENERAL RADIOGRAPHER



Rick Scott
GOVERNOR



John H. Armstrong, MD, FACS
STATE SURGEON GENERAL

DISPLAY IF REQUIRED BY LAW

THIS CERTIFICATE

Certifies that

Anisleydis Calderin

has completed the necessary training program which conforms to the
Collection procedures as prescribed by the

Department of Transportation

And has passed a comprehensive written and required proficiency
examination and is therefore qualified to act as a

Breath Alcohol Technician {Lifeloc Phoenix 6.0}

Under the terms of federal laws/rules.

This certificate is valid through the 2nd day of June 2019

Mandy Geissbuhler, CPCT

Mandy Geissbuhler, CPCT

June 2, 2014

Care Spot
Express Healthcare

THIS CERTIFICATE

Certifies that

Anisleydis Calerin

has completed the necessary training program which conforms to the
Collection procedures as prescribed by the

Department of Transportation

And has passed a comprehensive written and required proficiency
examination and is therefore qualified to act as a

Drug Screen Collector

Under the terms of federal laws/rules.

This certificate is valid through the 1st Day of April, 2019

Mandy Geissbuhler, CPCT

Mandy Geissbuhler, CPCT

April 1, 2014

CareSpot
Express Healthcare

THIS CERTIFICATE

Certifies that

April Rodriguez

*has completed the necessary training program which conforms to the
Collection procedures as prescribed by the*

Department of Transportation

*And has passed a comprehensive written and required proficiency
examination and is therefore qualified to act as a*

Breath Alcohol Technician {Lifeloc Phoenix 6.0}

Under the terms of federal laws/rules.

This certificate is valid through the 2nd day of June 2019

Mandy Geissbuhler, CPCT

Mandy Geissbuhler, CPCT

June 2, 2014

Care Spot™
Express Healthcare

THIS CERTIFICATE

Certifies that

April Rodriguez

has completed the necessary training program which conforms to the
Collection procedures as prescribed by the

Department of Transportation

And has passed a comprehensive written and required proficiency
examination and is therefore qualified to act as a

Drug Screen Collector

Under the terms of federal laws/rules.

This certificate is valid through the 1st Day of April, 2019

Mandy Geissbuhler, CPCT

Mandy Geissbuhler, CPCT
April 1, 2014

Care Spot
Express Healthcare

AC# 627681

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO	CONTROL NO.
07/30/2013	BMO 82089	130069

The BASIC X-RAY MACHINE OPERATOR
named below has met all requirements of
the laws and rules of the state of Florida.

Expiration Date: JULY 31, 2015

BEATRIZ E FLOREZ-MANCO


8820 NW 78TH CT.

APTO 386

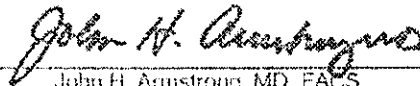
TAMARAC, FL 33321

QUALIFICATION(S):

BASIC X-RAY MACHINE OPERATOR



Rick Scott
GOVERNOR



John H. Armstrong, MD, FACS
STATE SURGEON GENERAL

DISPLAY IF REQUIRED BY LAW

THIS CERTIFICATE

Certifies that

Beatriz Florez Manco

has completed the necessary training program which conforms to the
Collection procedures as prescribed by the

Department of Transportation

And has passed a comprehensive written and required proficiency
examination and is therefore qualified to act as a

Breath Alcohol Technician {Lifeloc Phoenix 6.0}

Under the terms of federal laws/rules.

This certificate is valid through the 15th day of January 2020

Mandy Geissbuhler, CPCT

Mandy Geissbuhler, CPCT
January 15, 2015

Care Spot
Express Healthcare

THIS CERTIFICATE

Certifies that

Beatriz Manco

has completed the necessary training program which conforms to the
Collection procedures as prescribed by the

Department of Transportation

And has passed a comprehensive written and required proficiency
examination and is therefore qualified to act as a

Drug Screen Collector

Under the terms of federal laws/rules.

This certificate is valid through the 18th Day of June, 2019

Mandy Geissbuhler, CPCT

Mandy Geissbuhler, CPCT

June 18, 2014

Care Spot
Express Healthcare

AC# 57019

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE


DATE	LICENSE NO	CONTROL NO.
06/03/2014	BMO 86540	144717

The BASIC X-RAY MACHINE OPERATOR
named below has met all requirements of
the laws and rules of the state of Florida.

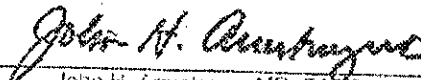
Expiration Date: DECEMBER 31, 2015

KEVIN R. OWENS
160 N MCARTHUR PKWY
PEMBROKE PINES, FL 33024

QUALIFICATION(S):
BASIC X-RAY MACHINE OPERATOR



Rick Scott
GOVERNOR



John H. Armstrong, MD, FACS
STATE SURGEON GENERAL

DISPLAY IF REQUIRED BY LAW

THIS CERTIFICATE

Certifies that

Heather Armstrong

has completed the necessary training program which conforms to the
Collection procedures as prescribed by the

Department of Transportation

And has passed a comprehensive written and required proficiency
examination and is therefore qualified to act as a

Drug Screen Collector

Under the terms of federal laws/rules.

This certificate is valid through the 23rd Day January 2020

Mandy Geissbuhler, CPCT

Mandy Geissbuhler, CPCT
January 23, 2015

Care Spot
Express Healthcare

AC#

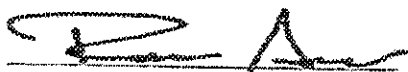
STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
10/14/2014	BMO 64702	151551

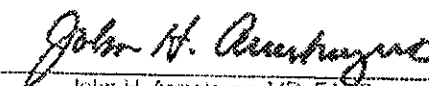
The BASIC X-RAY MACHINE OPERATOR
named below has met all requirements of
the laws and rules of the state of Florida.

Expiration Date: **NOVEMBER 30, 2016**
LONNIE K. GRAVES
1205 N. UNIVERSITY DR.
CORAL SPRINGS, FL 33071

QUALIFICATION(S):
BASIC X-RAY MACHINE OPERATOR



Rick Scott
GOVERNOR



John H. Armstrong, MD, FACS
STATE SURGEON GENERAL

DISPLAY IF REQUIRED BY LAW

THIS CERTIFICATE

Certifies that

Lonnie Graves

has completed the necessary training program which conforms to the
Collection procedures as prescribed by the

Department of Transportation

And has passed a comprehensive written and required proficiency
examination and is therefore qualified to act as a

Breath Alcohol Technician {Lifeloc Phoenix}

Under the terms of federal laws/rules.

This certificate is valid through the 31st day of March, 2015

Mildred Hurley CPCT

Mildred Hurley, CPCT
March 31, 2010



THIS CERTIFICATE

Certifies that

Lonnie Graves

has completed the necessary training program which conforms to the
Collection procedures as prescribed by the

Department of Transportation

And has passed a comprehensive written and required proficiency
examination and is therefore qualified to act as a

Drug Screen Collector

Under the terms of federal laws/rules.

This certificate is valid through the 19th day of December, 2012

Mildred Hurley CPCT

Mildred Hurley, CPCT
December 19, 2007



AC# 5983154

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
04/01/2014	ARNP 2811312	1795390

The ADV REG NURSE PRACTITIONER
named below has met all requirements of
the laws and rules of the state of Florida.

Expiration Date: **APRIL 30, 2016**

JANET LOUISE REVILLA

884 SW 172 TERRACE

PEMBROKE PINES, FL 33029

QUALIFICATION(S):
NURSE PRACTITIONER
DISPENSING PRACTITIONER

STATE OF FLORIDA

AC#


DEPARTMENT OF HEALTH

DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
04/01/2014	ARNP 2811312	1795390

The ADV REG NURSE PRACTITIONER
named below has met all requirements of
the laws and rules of the state of Florida.
Expiration Date: **APRIL 30, 2016**

JANET LOUISE REVILLA

Rick Scott
GOVERNORJohn H. Armstrong, MD, FACS
STATE SURGEON GENERAL

DISPLAY IF REQUIRED BY LAW

QUALIFICATION(S):

Nurse Practitioner
Dispensing Practitioner

AC#

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
04/24/2014	ARNP 9373824	1819840

The ADV REG NURSE PRACTITIONER
named below has met all requirements of
the laws and rules of the state of Florida.

Expiration Date: **APRIL 30, 2015**

WHITNEY MAE CONLEY

ATTN: CARE SPOT

18203 PINES BLVD

PEMBROKE PINES, FL 33029

QUALIFICATION(S):
NURSE PRACTITIONER
DISPENSING PRACTITIONER

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE: 04/24/2014

LICENSE NO.: ARNP 9373824

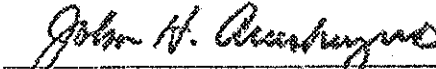
CONTROL NO.: 1819840

The ADV REG NURSE PRACTITIONER
named below has met all requirements of
the laws and rules of the state of Florida.
Expiration Date: **APRIL 30, 2015**

WHITNEY MAE CONLEY



Rick Scott
GOVERNOR



John H. Armstrong, MD, FACS
STATE SURGEON GENERAL

DISPLAY IF REQUIRED BY LAW

QUALIFICATION(S):

Nurse Practitioner
Dispensing Practitioner

EXPIRATION DATE: **APRIL 30, 2015**

Your license number is **ARNP 9373824**. please use it in all correspondence with your board(s) and all other entities. Each licensee is solely responsible for notifying the department writing of the licensee's current mailing address and practice location address. If you have not received your renewal notice 30 days prior to the expiration date, show 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 below accompanies this form: a marriage license, a divorce decree or a court order.

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 location addresses and update your profile information.

1. Go to www.FLHealthSource.gov
2. Click on "Provider Services"
3. Click on "Manage my License"
4. Select your profession
5. Enter the user ID and password that was provided to you on your initial license and click "Sign in using our secure server."
6. If you do not know your user 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
LICENSURE SUPPORT SERVICES UNIT
P.O. BOX 6320
TALLAHASSEE, FLORIDA 32314-6320

IMPORTANT ANNOUNCEMENT

THE DEPARTMENT OF HEALTH WILL NOW REVIEW
YOUR CONTINUING EDUCATION RECORDS AT
THE TIME OF LICENSE RENEWAL.

TO LEARN MORE, PLEASE VISIT WWW.FLRENEWAL.COM

☐ NAME CHANGE (ATTACH LEGAL DOCUMENTATION)

FROM:

LAST FIRST MIDDLE

TO:

LAST FIRST MIDDLE

DH 2103, 5/95

Scope of Services

SCOPE OF SERVICES:

1. Infectious Disease Exposure Services

- a. Annual tuberculosis screening
- b. Vaccination against Hepatitis A, B, and C, Tetanus and Diphtheria

Please see attached CareSpot Blood and Body Fluid Exposure Process.

2. Minimal Follow-up Care for the Following:

- a. Tuberculosis:
 - 1. PPD Injection site to be inspected between forty-eight (48) and seventy-two (72) hours after administration.
- b. Hepatitis B:
 - 1. Initial vaccine, shot #1
 - 2. one (1) month later, shot #2
 - 3. six (6) months later, shot #3
 - 4. two (2) months after shot #3 perform antibody test
- c. Human Immuno-Deficiency Virus (HIV):
 - 1. two (2) weeks after first visit
 - 2. six (6) weeks office visit/blood work (HIV)
 - 3. three (3) month office visit/blood work (HIV)
 - 4. one (1) year office visit/blood work (HIV)
 - 5. provide a healthcare professional's written opinion within fifteen (15) days of the exposure to the employee.

3. Fire Department's Hazardous Materials (Haz Mat) Team Physicals

The Fire Rescue & Beach Safety Department is required to provide a medical surveillance program for the employees that are subject to OSHA's HAZWOPER standard (29CFR 1910.120(f)(2)(i),(iv) and 40 CFR Part 311.1) and are part of a Hazardous Materials Emergency Response Team as defined by statute.

- a. A medical screening, examination and consultation at least once every twenty-four (24) months for each member covered, unless the attending physician believes a shorter interval (i.e. annual) is appropriate or;
 - 1. A member is newly assigned to the Haz Mat Team or;
 - 2. At termination of employment of the Haz Mat Team member or reassignment to a job that would not be covered and the employee has not had an examination within the last six months.
- b. The medical examination shall include a medical and work history with special emphasis on symptoms related to the handling of hazardous substances and health hazards, and to fitness for duty including the ability to wear any required PPE under conditions (i.e. temperature extremes) that may be expected at the work site.
- c. All Medical examinations and procedures shall be performed by or under the supervision of a licensed physician, preferably one knowledgeable in occupational medicine.
- d. The examining physician shall provide the employer a written opinion as to

whether the employee has any detected medical conditions which would place the employee at increased risk of material impairment of the employee's health from work in hazardous waste operations or emergency response, or from respirator use.

1. The written opinion shall include the physicians' recommended limitations upon the employee's assigned work.
2. The written opinion provided to the employer shall not reveal specific findings or diagnoses unrelated to occupational exposure.
3. A statement that the employee has been informed by the physician of the results of the medical examination and any medical conditions which require further examination or treatment.

e. The examining physician shall provide the employee the results of the medical examination and tests if requested by the employee.

f. Medical records will be made available to the Fire Rescue Department's Medical Director in the event of an emergency or the physician provider no longer provides medical surveillance services. Maintain and provide access to the medical records in accordance with OSHA and state regulations.

g. Yearly update of medical examination and occupational history.

h. Biennial or yearly physical examination shall include:

1. CBC (complete blood count)
 2. RBC cholinesterase levels as needed
 3. platelet count
 4. Urinalysis
 5. Lipid Panel: cholesterol, triglycerides, HDL-cholesterol, LDLcholesterol, cholesterol/HDL ratio, cholesterol/LDL ratio.
 6. Comprehensive Metabolic panel: Albumin, Alkaline Phosphatase, Aspartate Transaminase, Total Biliruben, Calcium, Chloride, Creatinine, Glucose, Potassium, Total Protein, Sodium, Ura Nitrogen (BUN), Globulin, Albulin/Globulin Ratio.
 7. Heavy Metals Screening
 8. Measurement of metallic content in blood, urine, and tissue.
 9. Colon Rectal Cancer Screen
 10. Vision Test
 11. Audiometry
 12. Pulmonary function test
 13. 12-Lead EKG, to be interpreted by a qualified physician
 14. Stress Test – Cooper/Bruce protocol or equivalent (if warranted based on 12-Lead EKG results)
 15. PSA (Optional)(if warranted)
 16. Baseline monitoring for specific exposures.
- All medical test analyses are to be performed by a laboratory that meets the minimum requirements of the Clinical Laboratories Improvement Act of 1967.

i. Records Access

Maintain all medical records as required by law and provide ability to access records

within fifteen (15) days after request. The proposer agrees to transfer or provide copies of all complete employee medical records to the health facility designated by the City of Hollywood within sixty (60) days from the date of written notice of termination.

4. Other Conditions for Employer Required Medical Examinations

Employees having any medical condition which may limit their ability to safely and/or efficiently perform the full range of duties to their position and those employees returning to duty following a prolonged absence may be required to receive a medical evaluation consisting of all or part of the examinations required for the job classification held or other examinations deemed advisable by the physician.

5. Pre-Placement Physicals

a. Purpose

Job-related physical examinations administered to a prospective employee will assist the appointing authority in the selection of candidates who are physically fit for the duties of their position, provide medical information on City employees necessary for effective personnel administration, ensure that all applicable State and Federal laws governing employee selection are met, and facilitate the placement of disabled individuals in appropriate positions.

b. Principle

Medical examinations will be required of all regular, full-time and some part-time (no physical on most, only drug screening, if needed) candidates for employment which have been selected for appointment. Temporary candidates may be required to participate in a pre-placement physical examination as provided herein or determined by City of Hollywood, Office of Human Resources.

c. Procedure

Upon appointment, the prospective employee shall complete applicable Human Resources, Pre-Placement Release of Records and Waiver of Liability Form (Attachment 1). Office of Human Resources will schedule an appointment with the examining organization and complete a pre-placement physical examination referral form to be delivered by the candidate (Attachment 2).

The examining physician will complete the Physical Exam Summary Form and FDLE WSTC 75 and WSTC 75A if applicable (Attachment 3) (to be given to the applicant by Office of Human Resources prior to examination). The referral form and summary should be returned by the physician to Office of Human Resources prior to the start of employment. The physical examination record, including EKG strip copy, should be returned to Office of Human Resources within seven (7) calendar days, by the examining facility upon compilation of all results of tests. Any x-ray plates should be held by the provider but should be accessible upon request by Office of Human Resources.

All determinations by the examining physicians as to the physical ability of the applicant to perform the tasks required by the job classification (see Attachment 4) shall be based on any applicable state guidelines for specific types of employment and/or any conditions which the examining physician feels may interfere with the applicant's ability to perform. For Police and Fire criteria, (see Attachments 5 and 6,) respectively.

Should the examining physician feel that the individual possesses a temporary or correctable condition, the report should so indicate along with a date for re-examination. The applicant may be granted a period of time to remedy the medical condition by the Human Resources Director or designee either while employed by the City or prior to employment.

Current employees entering a new job classification which is assigned to a different

medical group may be required to be examined in accordance with the provisions of the new medical group.

Applicants who are otherwise qualified in the medical examination process and whose classification titles are followed by the letter "H" are to be provided with a scheduled Hepatitis B vaccination series and those classification titles followed by the letter "T" are to be provided with scheduled Tetanus Toxoid.

Urine drug screens are to be in accordance with National Institute on Drug Abuse (NIDA) guidelines to include 8-panel urine drug screen. See Attachment 7 for Drug Screening Position Requirements.

d-Amphetamine 1000 ng/ml

*Barbiturates 300 ng/ml

*Benzodiazepines 300 ng/ml

Cannabinoids (11-nor-9-carboxy-9-THC) 50 ng/ml

*Methamphetamine 1000 ng/ml

Opiates (morphine-3-glucuronide) 300 ng/ml

Phencyclidine (PCP) 25 ng/ml

Cocaine 300 ng/ml

(*indicates drug is included in 8 panel configuration only)

The selected physicians or physicians' group will conduct pre-placement physical examinations as required for each employee in the group classifications in accordance with the guidelines in this document.

CareSpotTM

Express Healthcare

POLICY NAME: Occupational Health BBP Post Exposure Protocol	EFFECTIVE DATE: 10/2012	POLICY NUMBER: OH01
REVISION DATE: 10/2012	ORIGINAL DATE: 01/2008 (Needle Sticks and Body Fluid Exposures)	SUPERSEDES: 04/2009 (Needle Sticks and Body Fluid Exposures)
RESPONSIBLE DEPARTMENT: Clinical Services		APPROVED BY: <i>Clinical Services</i>

PURPOSE: To provide guidelines to CareSpot clinicians who may provide the first line of treatment for patients who've potentially experienced an occupational exposure to bloodborne pathogens.

POLICY: The clinician will assess the risk of the exposure, provide post exposure prophylaxis as appropriate and per OSHA Standard provide a written opinion informing the worker of the results of the evaluation along with information about any medical conditions resulting from the incident that require further evaluation or treatment.

PROCEDURE:

1. Ideally, the worker immediately decontaminated the injured or exposed skin with soap and water, or flushed the exposed mucous membranes with copious amounts of water or saline.
2. Take a thorough history of the specific exposure, including the type of exposure, the type and amount of body fluid involved, the point of entry or exposure, the time it occurred, the HIV status of the source patient (if known), and HIV risk factors of the source patient (if HIV status is not known).
3. Assess potential exposure to HIV (and to HBV and HCV). Consider the HIV status of the source and the characteristics of the exposure to estimate the risk of HIV infection. The decision about whether to offer PEP should be based on the estimated risk of HIV exposure. See Table 1 (percutaneous exposures) and Table 2 (mucocutaneous exposures) for recommendations about PEP.
4. Perform HIV antibody, Hepatitis B antigen, Hepatitis B antibody, and Hepatitis C antibody testing. Schedule and perform repeat HIV antibody testing at 6 weeks, 3 months, 6 months, and 1 year after the exposure.
5. Consult Table 1 or Table 2 to determine whether the worker should be offered HIV PEP medications. For occupational exposures to infectious body fluids from an HIV-infected source patient, the USPHS guidelines state that PEP should be either recommended (in most cases) or considered (in the small-volume mucocutaneous exposures), depending on the assessed risk. The assessed risk also helps to determine whether a "basic" two-drug regimen or an "expanded" regimen consisting of three or more drugs should be selected.
6. In order to avoid delays of greater than 2 to 4 hours post-exposure the initial dose of HIV PEP medication may be provided at the time of treatment along with a prescription for the subsequent required doses.

7. If information on the source is unknown and the decision to start HIV PEP is made (based on risk factors, exposure type, etc) PEP should not be delayed; changes can be made as needed after PEP has been started.
8. The exposed worker should be reevaluated within 72 hours as additional information about the source is obtained. If source patient is found to be HIV-negative PEP should be discontinued.

Table 1. Recommended HIV Postexposure Prophylaxis After Percutaneous Injuries

Exposure Type	Infection Status of Source*				
	HIV Negative	HIV Positive (Class 1)	HIV Positive (Class 2)	Unknown HIV Status	Unknown Source
Less Severe (e.g., solid needle, superficial injury)	No PEP warranted	Recommend basic 2-drug PEP	Recommend expanded ≥3-drug PEP	Generally, no PEP warranted; however, consider basic 2-drug PEP for source with HIV risk factors [#] §	Generally, no PEP warranted; however, consider basic 2-drug PEP if exposure to HIV-infected persons is likely [#]
More Severe (e.g., large-bore hollow needle, deep puncture, visible blood on device, needle used in patient's artery or vein)	No PEP warranted	Recommend expanded ≥3-drug PEP	Recommend expanded ≥3-drug PEP	Generally, no PEP warranted; however, consider basic 2-drug PEP for source with HIV risk factors [#] §	Generally, no PEP warranted; however, consider basic 2-drug PEP if exposure to HIV-infected persons is likely [#] §

* HIV positive (class 1): asymptomatic HIV infection or known low HIV RNA viral load (e.g., <1,500 copies/mL); HIV positive (class 2): symptomatic HIV infection, AIDS, acute seroconversion, or known high viral load; unknown HIV status: for example, a deceased source person with no samples available for HIV testing; unknown source: for example, a needle from a sharps disposal container.

[#] The recommendation "consider PEP" indicates that PEP is optional; a decision to initiate PEP should be based on a discussion between the exposed person and the clinician regarding the risks versus benefits of PEP.

§ If PEP is offered and administered, and the source is later determined to be HIV negative, PEP should be discontinued.

Adapted from U.S. Department of Health and Human Services. *Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Postexposure Prophylaxis*. MMWR Recomm Rep. 2005 Sep 30; 54(RR09): 1-24.

Table 2. Recommended HIV Postexposure Prophylaxis After Mucous Membrane Exposures and Nonintact Skin Exposures*

Exposure Type	Infection Status of Source [#]				
	HIV Negative	HIV Positive (Class 1)	HIV Positive (Class 2)	Unknown HIV Status	Unknown Source
Small Volume (e.g., a few drops)	No PEP warranted	Consider basic 2-drug PEP [§]	Recommend basic 2-drug PEP	Generally, no PEP warranted**	Generally, no PEP warranted
Large Volume (e.g., a major blood splash)	No PEP warranted	Recommend basic 2-drug PEP	Recommend expanded ≥3-drug PEP	Generally, no PEP warranted; however, consider basic 2-drug PEP for source with HIV risk factors***§	Generally, no PEP warranted; however, consider basic 2-drug PEP if exposure to HIV-infected persons is likely [§]

* For skin exposures, follow-up is indicated only if evidence exists of compromised skin integrity (e.g., dermatitis, abrasion, or open wound).

[#] HIV positive (class 1): asymptomatic HIV infection or known low HIV RNA viral load (e.g., <1,500 copies/mL); HIV positive (class 2): symptomatic HIV infection, AIDS, acute seroconversion, or known high viral load; unknown HIV status: for example, a deceased source person with no samples available for HIV testing; unknown source: for example, a needle from a sharps disposal container.

§ The recommendation "consider PEP" indicates that PEP is optional; a decision to initiate PEP should be based on a discussion between the exposed person and the clinician regarding the risks versus benefits of PEP.

** If PEP is offered and administered, and the source is later determined to be HIV negative, PEP should be discontinued.

Adapted from U.S. Department of Health and Human Services. *Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Postexposure Prophylaxis*. MMWR Recomm Rep. 2005 Sep 30; 54(RR09): 1-24.

9. If the worker is a candidate for PEP, provide counseling about the potential risks and benefits of PEP. If the worker elects to start therapy, consider potential regimens in Table 3.

Table 3. ARV Options for Occupational Postexposure Prophylaxis of HIV Infection

Basic Regimens with Two Nucleoside Reverse Transcriptase Inhibitors
Preferred <ul style="list-style-type: none"> • Tenofovir 300 mg once daily + emtricitabine 200 mg once daily (available as Truvada, 1 tablet once daily) • Zidovudine 300 mg BID + lamivudine 150 mg BID (available as Combivir, 1 tablet BID)
Expanded Regimens
Protease Inhibitors
Preferred <ul style="list-style-type: none"> • Lopinavir/ritonavir (Kaletra) 400/100 mg BID + 2-NRTI basic regimen (above) Alternative <ul style="list-style-type: none"> • Atazanavir 300 mg once daily + ritonavir 100 mg once daily + 2-NRTI basic regimen (above) • Darunavir 800 mg once daily + ritonavir 100 mg once daily + 2-NRTI basic regimen (above) • Atazanavir 400 mg once daily* + zidovudine 300 mg BID + lamivudine 150 mg BID (available as Combivir, 1 tablet BID)
Integrase Inhibitors
Alternative <ul style="list-style-type: none"> • Raltegravir 400 mg BID + 2-NRTI basic regimen (above)

* Unboosted atazanavir cannot be coadministered with tenofovir (use atazanavir + ritonavir).

Adapted from U.S. Department of Health and Human Services. Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Postexposure Prophylaxis. MMWR Recomm Rep. 2005 Sep 30; 54(RR09): 1-24. and U.S. Department of Health and Human Services. Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents. March 27, 2012

10. Provide counseling about the efficacy of PEP, including the importance of protection against future HIV exposures, timely initiation of PEP medications, adherence to these medications for 28 days, and management of common adverse effects. Counsel exposed workers to use latex barriers with their sex partners until transmission of HIV infection has been ruled out.
11. If 28-day PEP regimen is initiated draw CBC and CMP then repeat in 2 weeks to monitor for PEP toxicity. PEP is discontinued at 4 weeks and laboratory studies generally should not be repeated unless there is a need to recheck an abnormal result.
12. Consult Table 4 for recommended post-exposure prophylaxis for exposure to the Hepatitis B virus. HBV PEP should be initiated preferably within 24 hours but definitely within 7 days.
13. Treatment with Hepatitis B immune globulin (HBIG) requires follow-up evaluations and testing that require specialty referral. CareSpot may initiate HBV vaccination where appropriate, although this does not replace HBIG administration when necessary.
14. Initiation of the hepatitis B vaccine series is appropriate to any susceptible, unvaccinated person who sustains an occupational blood or body fluid exposure. Neither pregnancy nor lactation should be considered a contraindication to vaccination of women.

Table 4. Recommended PEP for Exposure to HBV

Vaccination Status of exposed HCP	Antibody Response Status		
	Source HBsAg Positive	Source HBsAg Negative	Source unknown or not available for testing
Unvaccinated	HBIG [†] x 1 and initiate HBV vaccine series	Initiate HBV vaccine series	Initiate HBV vaccine series
Previously Vaccinated			
Known Responder²	No treatment	No treatment	No treatment
Known Nonresponder	HBIG x 1 and initiate revaccination or HBIG x 2 ^{††}	No treatment Consider Revaccination	If known high risk source, treat as if HBsAg positive
Antibody Response Unknown	Test exposed HCP for anti-HBs** 1. If adequate, ¹ no treatment is necessary 2. If inadequate, ² administer HBIG x 1 and vaccine booster 3. Consider testing HCP for HBsAg	No Treatment	Test exposed HCP for anti-HBs** 1. If adequate, ¹ no treatment necessary 2. If inadequate, ² administer vaccine booster and recheck titer in 1-2 months

* Those previously infected with HBV are immune to reinfection and do not require PEP.

† Hepatitis B immune globulin: dose is 0.06 mL/kg intramuscularly within 7 days of exposure.

¹ A responder has adequate levels of serum antibody to HBsAg (i.e., anti-HBs ≥ 10 mIU/mL)

² A nonresponder has inadequate response to vaccination (i.e., anti-HBs < 10 mIU/mL)

†† The option of giving one dose of HBIG and reinitiating the vaccine series is preferred for nonresponders who have not completed a second 3-dose vaccine series. For persons who previously completed a second vaccine series but failed to respond, two doses of HBIG are preferred.

** Antibody to HbsAg.

BLOODBORNE PATHOGEN EXPOSURE REPORT & FLOWSHEET

Worker Name: _____ Date/Time of Exposure _____

Employer: _____

Where did the incident occur? _____

Was the source patient identified and tested? ☐ Yes ☐ No ☐ Unknown ☐ Not applicable

If yes: HIV Status: _____ HBsAG Status: _____ Hepatitis C Status: _____ Other Risk factors: _____

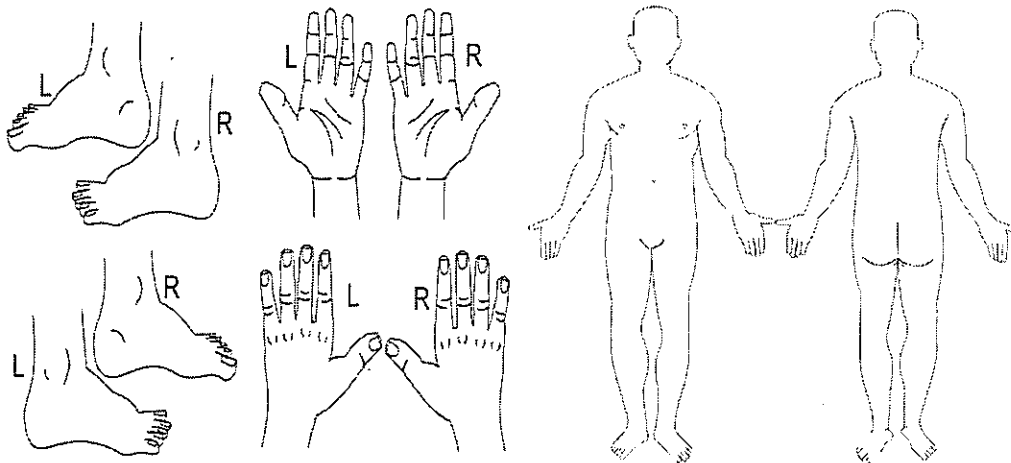
Describe the circumstances of this event:

What body parts were involved in the exposure? _____

Was the exposed part (check all that apply)

☐ Intact skin ☐ Non-intact skin ☐ Eyes ☐ Nose ☐ Mouth ☐ Other: _____

Mark the location of the injury:



The sharp item was (check one box only)

☐ Contaminated (known exposure to patient or contaminated equipment)

☐ Uncontaminated (no know exposure to patient or contaminated equipment)

☐ Unknown

Was there blood on the device? ☐ Yes ☐ No

Last Tetanus: _____ Td (if indicated) Date: _____ Lot: _____ Exp: _____ MA _____

For what purpose was the sharp item originally used? (check one box only)

☐ Unknown/Not applicable ☐ Injection, Intra-muscular/Subcutaneous, or other injection through the skin

☐ To start or set up an IV ☐ Drilling ☐ Fingerstick/Heelstick ☐ Phlebotomy ☐ Suturing

☐ Other; describe: _____

What personal protective equipment was being worn at the time of exposure? (check all that apply)

☐ Single pair latex/vinyl gloves ☐ Double pair latex/vinyl gloves ☐ Surgical Mask ☐ Surgical Gown

☐ Goggles ☐ Face Shield ☐ Lab Coat ☐ Other; describe: _____

How long was the blood or body fluid in contact with the skin or mucous membranes?

☐ < 2 minutes ☐ 2-5 minutes ☐ > 5 minutes ☐ 5-30 minutes ☐ > 30 minutes

How much blood or body fluid came in contact with the skin or mucous membranes?

☐ Small amount (up to 5mL or up to 1 tsp.) ☐ Moderate amount (up to 50mL) ☐ Large Amount (> 50 mL)

Was equipment failure involved? ☐ Yes ☐ No

If yes, What type, brand and manufacturer:

For the injured worker:

Do you have an opinion that any other Engineering Control, Administrative or Work Practice could have prevented this incident?

☐ Yes ☐ No ☐ Unknown Describe: _____

Testing Consents signed? ☐ Yes ☐ No

Lab Tests: ☐ HIV ☐ HBsAB ☐ HBsAG ☐ Hep C Antibody ☐ None

Worker Risk evaluated against guidelines: ☐ Yes ☐ No

Counseling provided prior to the initiation of PEP? ☐ Yes ☐ No

HIV PEP initiated: ☐ Yes ☐ No

If yes: ☐ First dose given within 2 to 4 hours of exposure ☐ RX for remaining doses written

HBV PEP needed: ☐ Yes ☐ No

If yes: ☐ Referral for immediate specialty follow-up made for HBIG
☐ Hep B Vaccine initiated to susceptible/unvaccinated worker.

HIV antibody follow-up testing scheduled? ☐ Yes ☐ No

Additional follow-up: _____

Provider Signature: _____ Date: _____

Provider Printed Name: _____

LAB AND IMMUNIZATION FOLLOW-UP

	Initial Visit	6 weeks	3 months	6 months	1 year
HIV					
HBsAb					
HBsAg					
HBcAb					

28-day HIV PEP regimen initiated:

	Initial Visit	2 weeks
CBC		
CMP		

Hepatitis B Immunizations

	#1	#2	#3
DATE			
DOSAGE			
LOT #/EXP DATE			
SIGNATURE			

CareSpot will set-up the accounts under the Headings below. CareSpot will Send Invoices to the same. It is important that each entity be reflective of all services needed. This can be clarified prior to going live:

a. Infectious Disease Exposure Services

Invoice(s) will be submitted on CareSpot's standard invoice stationery and addressed to: City of Hollywood, Financial Services Department, Attn: Accounts Payable, P.O. Box 229045, Hollywood, Florida 33022-9045.

b. Hazardous Materials (Haz Mat) Team Physicals

Invoice(s) will be submitted on CareSpot's standard invoice stationery and addressed to: City of Hollywood, Attn: Fire Rescue Department, P.O. Box 229045, Hollywood, Florida 33022-9045.

c. Pre-Placement Physicals

Invoice(s) will be submitted on CareSpot's standard invoice stationery and addressed to: City of Hollywood, Financial Services Department, Attn: Accounts Payable, P.O. Box 229045, Hollywood, Florida 33022-9045.

d. Other Requested Physicals

Invoice(s) will be submitted on CareSpot's standard invoice stationery and addressed to: City of Hollywood, Attn: Office of Human Resources/Risk Management, P.O. Box 229045, Hollywood, Florida 33022-9045.

Please see attached billing example at the end of this section.



SOLANTIC OF SOUTH FLORIDA LLC
PO BOX 404978
ATLANTA, GA 30384-4978

Page Number: 1 / 2

Invoice Date

4/7/2015

Invoice Number

041573425

Thank you for choosing CareSpot. If you have any questions about this invoice, please contact Samantha Inabnit at (904) 854-1475 or 866-765-2684. You may also email us at SFL.OMBilling@CareSpot.com.

CareSpot is a lot more than occupational health. To keep your employees healthy, we offer same-day treatment for a wide range of urgent care services, including seasonal illnesses, minor injuries, and also health checks with extended hours for busy lifestyles. This helps minimize time away from work and get your employees the treatment they need without having to wait several days. Patients can simply walk in anytime, call ahead, or use online and mobile tools to save a spot or make an appointment on the go.

Date	Patient Number	Patient	Description	Qty	Amount
03/26/2015	[REDACTED]	[REDACTED]	TB INTRADERMAL TEST	1	\$12.00
03/26/2015	[REDACTED]	[REDACTED]	10 Panel Drug Screen	1	\$25.00
03/26/2015	[REDACTED]	[REDACTED]	ELECTROCARDIOGRAM, C	1	\$40.00
			Sub Total:		\$77.00
03/17/2015	[REDACTED]	[REDACTED]	5 Panel Drug Screen	1	\$25.00
03/17/2015	[REDACTED]	[REDACTED]	Physical Occ Health	1	\$50.00
			Sub Total:		\$75.00
03/18/2015	[REDACTED]	[REDACTED]	5 Panel Drug Screen	1	\$25.00
			Sub Total:		\$25.00
03/31/2015	[REDACTED]	[REDACTED]	HEP B VACCINE, ADULT	1	\$75.00
			Sub Total:		\$75.00
03/26/2015	[REDACTED]	[REDACTED]	5 Panel Drug Screen	1	\$25.00
03/26/2015	[REDACTED]	[REDACTED]	Physical Occ Health	1	\$50.00
			Sub Total:		\$75.00
03/18/2015	[REDACTED]	[REDACTED]	5 Panel Drug Screen	1	\$25.00
			Sub Total:		\$25.00
03/31/2015	[REDACTED]	[REDACTED]	HEP B VACCINE, ADULT	1	\$75.00

You may pay your invoice...



By Phone at 904-223-2342 or 866-765-2684



By Credit Card



By Mail at the remit address below

Please include your invoice

number on your check.

Please Pay This Amount

\$602.00

Please return invoice with your payment



SOLANTIC OF SOUTH FLORIDA LLC
PO BOX 404978
ATLANTA, GA 30384-4978

☐ Please check box if below address is incorrect
and indicate change(s) or reverse side.

IF PAYING BY CREDIT CARD, FILL OUT BELOW • CHECK CARD USING FOR PAYMENT

<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> AMEX	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> VISA	<input type="checkbox"/> VISA
CARD NUMBER		CVV2 CODE		EXP. DATE	
SIGNATURE				\$ AMOUNT ENCLOSED	
INVOICE DATE		INVOICE NUMBER		TOTAL DUE	
4/7/2015		041573425		\$602.00	



00360 MARGATE, FL 33063-3680



Remit Payments to:

SOLANTIC OF SOUTH FLORIDA LLC
PO BOX 404978
ATLANTA, GA 30384-4978

Invoice Number: 041573425
Invoice Date: 4/7/2015

Page Number: 2 / 2

Date	Patient Number	Patient	Description	Qty	Amount	Balance
03/17/2015			Sub Total:			\$75.00
			5 Panel Drug Screen	1		\$25.00
03/31/2015			Sub Total:			\$25.00
03/31/2015			Physical Occ Health	1		\$50.00
			5 Panel Drug Screen	1		\$25.00
			Sub Total:			\$75.00
03/07/2015			HEP B VACCINE, ADULT	1		\$75.00
			Sub Total:			\$75.00



City of Hollywood, Florida

PROCUREMENT SERVICES RM. 303
P. O. Box 229045 ZIP 33022-9045

NOTICE TO PROPOSERS

NOTICE IS HEREBY GIVEN, that the City Commission of the City of Hollywood, Florida is advertising for Sealed Request for Proposals, which will be received by the City Clerk of the City of Hollywood, Florida until **3:00 P.M., April 14, 2015**, at which time they will be opened and publicly read in the Procurement Services Division, Room 303, City Hall, 2600 Hollywood Boulevard, Hollywood, Florida. **FOR: Occupational Health Services**

RFP NO. 4453-15-RD ADDENDUM NO. 1

Questions submitted in regards to the above RFP and corresponding answers:

- Q1: May mobile vans be used to conduct exams?
A1: **Only if the mobile vans are available whenever an examination is needed.**
- Q2: May exams be scheduled for consecutive days each month?
A2: **No, examinations are scheduled as needed, this would not provide the flexibility that we need.**
- Q3: Page 25, c; May exams be performed by Nurse Practitioners or Physician Assistants?
A3: **Yes, and the forms regarding the results of the physical must be signed by a physician, certified advance registered nurse practitioner or physician assistant.**

All other specifications, terms & conditions remain the same.

MAILED RFP'S

If you have already submitted your printed Request for Proposals, it will be retained in the City Clerk's Office until the Proposal opening time and date. If you wish to pick up your RFP that has already been submitted, you can do so by showing proper identification, in the Office of the City Clerk, 2600 Hollywood Blvd, Room 221, Hollywood, Florida 33020.

Please sign and return with your RFP.

COMPANY NAME: Solantis / South Florida dba Crespo Express Healthcare

PROPOSER'S SIGNATURE [Signature]

Dated this 1st day of April, 2015



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/8/2015

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 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 Harden and Associates 501 Riverside Avenue, Suite 1000 Jacksonville FL 32202	CONTACT NAME:	
	PHONE (A/C, No, Ext): 904-354-3785	FAX (A/C, No): 904-634-1302
INSURED Solantic/South Florida, LLC Retroactive Date: 01/03/2005 9035 Pines Blvd Pembroke Pines FL 33024	E-MAIL ADDRESS: info@hardeninsight.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Steadfast Insurance Company	
	INSURER B:	
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		

COVERAGES**CERTIFICATE NUMBER:** 1478478079**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
	GENERAL LIABILITY					
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$
						MED EXP (Any one person) \$
						PERSONAL & ADV INJURY \$
						GENERAL AGGREGATE \$
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					\$
	AUTOMOBILE LIABILITY					
	<input type="checkbox"/> ANY AUTO					COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
						\$
	<input type="checkbox"/> UMBRELLA LIAB	<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTIONS					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input type="checkbox"/> N				WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/>
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				E.L. EACH ACCIDENT \$
						E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability Claims Made Coverage		HPC 0139309 00	10/29/2014	10/29/2015	Per Claim Aggregate 1,000,000 3,000,000

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

See named insured for retroactive date
Solicitation # 4453-15-RD**CERTIFICATE HOLDER****CANCELLATION**

The City of Hollywood 2600 Hollywood Blvd Hollywood FL 33021	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

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March 20, 2015City of Hollywood, Florida
Solicitation # 4453-15-RD**HOLD HARMLESS AND INDEMNITY CLAUSE****(Company Name and Authorized Representative's Name)**

, the contractor, shall indemnify, defend and hold harmless the City of Hollywood, its elected and appointed officials, employees and agents for any and all suits, actions, legal or administrative proceedings, claims, damage, liabilities, interest, attorney's fees, costs of any kind whether arising prior to the start of activities or following the completion or acceptance and in any manner directly or indirectly caused, occasioned or contributed to in whole or in part by reason of any act, error or omission, fault or negligence whether active or passive by the contractor, or anyone acting under its direction, control, or on its behalf in connection with or incident to its performance of the contract.


SIGNATUREW. Gregg Pond, III
PRINTED NAMESolantic of South Floirda, LLC.dba CareSpot Express Healthcare 4/14/2015

COMPANY OF NAME

DATE

Failure to sign or changes to this page shall render your bid non-responsive.

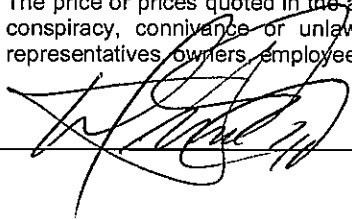
March 20, 2015

City of Hollywood, Florida
Solicitation # 4453-15-RD**NONCOLLUSION AFFIDAVIT**STATE OF: FloridaCOUNTY OF: Broward, being first duly sworn, deposes and says that:

CareSpot Express Healthcare

- (1) He/she is Area Sales Mgr. of _____, the Bidder that has submitted the attached Bid.
- (2) He/she has been fully informed regarding the preparation and contents of the attached Bid and of all pertinent circumstances regarding such Bid;
- (3) Such Bid is genuine and is not a collusion or sham Bid;
- (4) Neither the said Bidder nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including this affiant has in any way colluded, conspired, connived or agreed, directly or indirectly with any other Bidder, firm or person to submit a collusive or sham Bid in connection with the contractor for which the attached Bid has been submitted or to refrain from bidding in connection with such contract, or has in any manner, directly or indirectly, sought by agreement or collusion or communication or conference with any other Bidder, firm or person to fix the price or prices, profit or cost element of the Bid price or the Bid price of any other Bidder, or to secure an advantage against the City of Hollywood or any person interested in the proposed Contract; and
- (5) The price or prices quoted in the attached Bid are fair and proper and are not tainted by any collusion, conspiracy, connivance or unlawful agreement on the part of the Bidder or any of its agents, representatives, owners, employees, or parties in interest, including this affiant.

(SIGNED)

Area Sales Manager
Title**Failure to sign or changes to this page shall render your bid non-responsive.**

March 20, 2015

City of Hollywood, Florida
Solicitation # 4453-15-RD**SWORN STATEMENT PURSUANT TO SECTION 287.133 (3) (a) FLORIDA
STATUTES ON PUBLIC ENTITY CRIMES**THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC OR
OTHER OFFICIAL AUTHORIZED TO ADMINISTER OATHS

1. This form statement is submitted to City of Hollywood, FL
 by A. GREGG FORD II for SWANNING SOUTH FLORIDA aka Case Spot Express Heating
 (Print individual's name and title) (Print name of entity submitting sworn statement)
 whose business address is _____
 and if applicable its Federal Employer Identification Number (FEIN) is 27-0001966 If the entity has no FEIN,
 include the Social Security Number of the individual signing this sworn statement.

2. I understand that "public entity crime," as defined in paragraph 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or with the United States, including, but not limited to, any bid, proposal, reply, or contract for goods or services, any lease for real property, or any contract for the construction or repair of a public building or public work, involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misinterpretation.

3. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in an federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.

4. I understand that "Affiliate," as defined in paragraph 287.133(1)(a), Florida Statutes, means:

1. A predecessor or successor of a person convicted of a public entity crime, or
2. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.

5. I understand that "person," as defined in Paragraph 287.133(1)(e), Florida Statutes, means any natural person or any entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

6. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. (Please indicate which statement applies.)

X Neither the entity submitting sworn statement, nor any of its officers, director, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

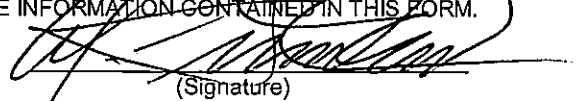
_____ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

March 20, 2015

City of Hollywood, Florida
Solicitation # 4453-15-RD

_____ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime, but the Final Order entered by the Hearing Officer in a subsequent proceeding before a Hearing Officer of the State of the State of Florida, Division of Administrative Hearings, determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. (attach a copy of the Final Order).

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THAT PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017 FLORIDA STATUTES FOR A CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

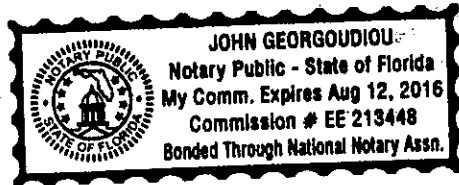

(Signature)

Sworn to and subscribed before me this 13th day of April, 2015.

Personally known William G. Pouch II

Or produced identification Florida Driver License Notary Public-State of Florida

Florida Driver License my commission expires Aug 12 2016
(Type of identification)




(Printed, typed or stamped commissioned name of notary public)

Failure to sign or changes to this page shall render your bid non-responsive.

March 20, 2015

City of Hollywood, Florida
Solicitation # 4453-15-RD**CERTIFICATIONS REGARDING DEBARMENT, SUSPENSION AND OTHER
RESPONSIBILITY MATTERS**

The applicant certifies that it and its principals:

- (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency;
- (b) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction, violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
- (d) Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminated for cause or default.

Applicant Name and Address:

Solantic/South Florida, LLC. dba CareSpot Express Healthcare
9035 Pines Blvd.
Pembroke Pines, FL 33024

Application Number and/or Project Name:

Applicant IRS/Vendor Number: 27-0081366

Type/Print Name and Title of Authorized Representative:

W. Gregg Pond, IIISignature: Date: 4/14/2015**Failure to sign or changes to this page shall render your bid non-responsive.**

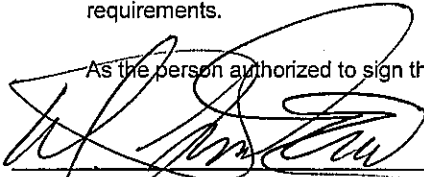
March 20, 2015

City of Hollywood, Florida
Solicitation # 4453-15-RD**DRUG-FREE WORKPLACE PROGRAM**

IDENTICAL TIE BIDS - Preference shall be given to businesses with drug-free workplace programs. Whenever two or more bids which are equal with respect to price, quality, and service are received by the State or by any political subdivision for the procurement of commodities or contractual services, a bid received from a business that certifies that it has implemented a drug-free workplace program shall be given preference in the award process. Established procedures for processing tie bids will be followed if none of the tied vendors have a drug-free workplace program. In order to have a drug-free workplace program, a business shall:

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employee that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program (if such is available in the employee's community) by, any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of these requirements.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.



W. Gregg Pond, III

VENDOR'S SIGNATURE

PRINTED NAME

Solantic of South Florida, LLC
dba CareSpot Express Healthcare

NAME OF COMPANY

March 20, 2015City of Hollywood, Florida
Solicitation # 4453-15-RD**SOLICITATION, GIVING, AND ACCEPTANCE OF GIFTS POLICY**

Florida Statute 112.313 prohibits the solicitation or acceptance of Gifts. - "No Public officer, employee of an agency, local government attorney, or candidate for nomination or election shall solicit or accept anything of value to the recipient, including a gift, loan, reward, promise of future employment, favor, or service, based upon any understanding that the vote, official action, or judgment of the public officer, employee, local government attorney, or candidate would be influenced thereby." The term "public officer" includes "any person elected or appointed to hold office in any agency, including any person serving on an advisory body."

The City of Hollywood policy prohibits all public officers, elected or appointed, all employees, and their families from accepting any gifts of any value, either directly or indirectly, from any contractor, vendor, consultant, or business with whom the City does business.

The State of Florida definition of "gifts" includes the following:

Real property or its use,
Tangible or intangible personal property, or its use,
A preferential rate or terms on a debt, loan, goods, or services,
Forgiveness of indebtedness,
Transportation, lodging, or parking,
Food or beverage,
Membership dues,
Entrance fees, admission fees, or tickets to events, performances, or facilities,
Plants, flowers or floral arrangements
Services provided by persons pursuant to a professional license or certificate.
Other personal services for which a fee is normally charged by the person providing the services.
Any other similar service or thing having an attributable value not already provided for in this section.

Any contractor, vendor, consultant, or business found to have given a gift to a public officer or employee, or his/her family, will be subject to dismissal or revocation of contract.

As the person authorized to sign the statement, I certify that this firm will comply fully with this policy.



W. Gregg Pond, III

SIGNATURE

PRINTED NAME

Solantic of South Florida, LLC.

CareSpot Express Healthcare Area Sales Manager

NAME OF COMPANY

TITLE

Failure to sign this page shall render your bid non-responsive.

March 20, 2015

City of Hollywood, Florida
Solicitation # 4453-15-RD

REFERENCE QUESTIONNAIRE

It is the responsibility of the contractor/vendor to provide a minimum of three (3) similar type references using this form and to provide this information with your submission. Failure to do so may result in the rejection of your submission.

Giving reference for: CARESPT EXPRESS HEALTHCARE

Firm giving Reference: SEMINOLE COUNTY PUBLIC SCHOOLS

Address: 400 E. LAKE MARY BLVD. SANFORD, FL

Phone: 407 320 0208

Fax: _____

Email: david.apfelbaum@scps.k12.fl.us

1. Q: What was the dollar value of the contract?

A: 2014 - \$45,876

2. Have there been any change orders, and if so, how many?

A: YES, ADDITIONAL SERVICES. DOE PHYSICALS FOR BUS DRIVERS.

3. Q: Did they perform on a timely basis as required by the agreement?

A: YES

4. Q: Was the project manager easy to get in contact with?

A: YES

5. Q: Would you use them again?

A: YES

6. Q: Overall, what would you rate their performance? (Scale from 1-5)

A: ☒ 5 Excellent ☐ 4 Good ☐ 3 Fair ☐ 2 Poor ☐ 1 Unacceptable

7. Q: Is there anything else we should know, that we have not asked?

A: _____

The undersigned does hereby certify that the foregoing and subsequent statements are true and correct and are made independently, free from vendor interference/collusion.

Name: David Apfelbaum

Title: RISK MANAGER

Signature: [Signature]

Date: 4/10/2015

March 20, 2015

City of Hollywood, Florida
Solicitation # 4453-15-RD

REFERENCE QUESTIONNAIRE

It is the responsibility of the contractor/vendor to provide a minimum of three (3) similar type references using this form and to provide this information with your submission. Failure to do so may result in the rejection of your submission.

Giving reference for:

CARESPOT Express Healthcare

Firm giving Reference:

CENTRAL FLORIDA REGIONAL TRANSPORTATION AUTHORITY

Address:

dba GYNX
355 N. GARCIA AVE, ORLANDO, FL 32801

Phone:

407 254 6032

Fax:

Email:

lhall@glynx.com

1. Q: What was the dollar value of the contract?

2014 - \$ 77,115

2. Have there been any change orders, and if so, how many?

No

3. Q: Did they perform on a timely basis as required by the agreement?

Yes

4. Q: Was the project manager easy to get in contact with?

Yes

5. Q: Would you use them again?

Yes

6. Q: Overall, what would you rate their performance? (Scale from 1-5)

☒ 5 Excellent ☐ 4 Good ☐ 3 Fair ☐ 2 Poor ☐ 1 Unacceptable

7. Q: Is there anything else we should know, that we have not asked?

Reading like e-Screen, very user-friendly. Love the web access. CARESPOT
Response to questions on issues is prompt and professional. Response is immediate.
The undersigned does hereby certify that the foregoing and subsequent statements are true and correct and are made independently, free from vendor interference/collusion.

Name:

LORNA HALL

Title:

4/10/2015

Signature:

Lorna J Hall

Date:

4/10/2015

Actual vs Budget vs Last Year
(at the 12-week month-end date 12/27/14)

Page 1 of 2

Net Interest	
Minor Cash	4 378 326
Investment Contributions	876 266
Quasi-Interest Income	331 476
Impairment	110 840
Other Income	94 567
Provisions	(106 472)
Fair	36 766
Change	1 368
Other	1 712
Total Net Income	2 801 655

Pharmacies	673 751
Pharmaceuticals	501 128
Pharmaceuticals	266 217
Pharmaceutical products	
Pharmaceutical products	643 601
Pharmaceutical products	244 022
Pharmaceutical products	917 962
Pharmaceutical products	
Pharmaceutical products	606 260
Pharmaceutical products	52 916
Pharmaceutical products	
Pharmaceutical products	153 171
Pharmaceutical products	0
Pharmaceutical products	
Pharmaceutical products	
Pharmaceutical products	91 061
Pharmaceutical products	21 038
Pharmaceutical products	
Pharmaceutical products	0
Pharmaceutical products	
Pharmaceutical products	264
Pharmaceutical products	
Pharmaceutical products	264
Pharmaceutical products	
Pharmaceutical products	264
Pharmaceutical products	
Pharmaceutical products	152 946

Category	Value
3 years or more prior to 1990	176,682
1991-1995	
FICA	260,106
Federal Unemployment	1,024
Social Security	24,771
Local Taxes, Payroll	0
1996-2000	
Health Insurance	2,326
Accident/PIO	276,671
Federal Unemployment	1,014
State Accident/PIO	0
Total	636,000

Figure 1

Office Supplies	600 000
Work in progress	1 500 000
Inventory	1 000 000
Prepaid Insurance	100 000
Accounts Payable	200 000
Accumulated Depreciation	400 000
Total	2 800 000

Catholic University	500 000
St Mary's University	500 000
Medical Council Libraries	100 000
Total	1 500 000

Total Direct Expense	4 843 866
Direct Margin	758 702

Health care financing	104.92
Child	121.00

[illegible]

Key words: *Chlamydia trachomatis*; *Neisseria meningitidis*; *Neisseria gonorrhoeae*; *Streptococcus pneumoniae*; *Haemophilus influenzae*

Planning only	0
Planning	1,625
Analysis, Information	0
Analysis, Review	0
Analysis, Refinement	21,050
Analysis, Management	0
Analysis, Process Analysis	0
Analysis, Information Feedback	117,312
Analysis, Information M/C	0
Design, Modeling	15,315
Design, Layout	421
Design, Assembly	307
Design, Management	0
Design, Planning	0
Design, Design	0
Design, Design	0
Design, TV	86,361
Design, General	17,385
Design, Design	0
Design, Management	186
PM, Agency, 1 year	106
PM, Management	106
PM, Agency, 1 year	1,056
PM, Agency, 1 year	56
PM, Agency, 1 year	27,364
Design, Management	20,566
Design, Design, Management	0
Design, Management, Design	0
PM, Management	106
PM, Management, Management, Design	0

Total Surplus	37% GDP
FDI	\$1.22B USD

Haploids from <i>Aspergillus</i> strains	
Unmutated - 100% sporulation	205 (100%)
Unmutated - 100% sporulation	205 (100%)
Unmutated - 100% sporulation	18, 672
Unmutated - 100% sporulation	20, 555
Unmutated - 100% sporulation	25, 838
Unmutated - 100% sporulation	2
Unmutated - 100% sporulation	11, 736

Total Phosphorus (mg/L)	676, 740
phosphorus (mg/L)	[1, 366, 532]

NET INCOME (7,686,332)

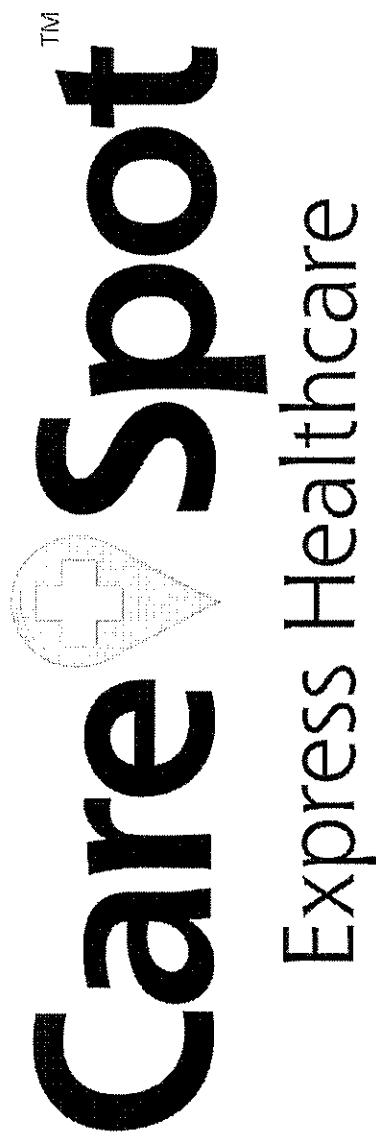
Reporting

CareSpot will set-up the accounts under the identified Headings below. It is important that each entity be reflective of all services needed. This can be clarified prior to going live.

Infectious Disease Exposure Services
Hazardous Materials (Haz Mat) Team Physicals
Pre-Placement Physicals
Other Requested Physicals

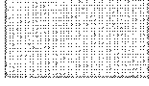
Under each of these categories we will need to identify the persons that are responsible for receiving the reported information according to the service. Once those personnel are identified by name and e-mail address, we can add them into our e-Portal system so that they can retrieve all information electronically for the assigned entity. You will always have access from any computer. We prefer not to fax any information if at all possible.

The CareSpot Solution



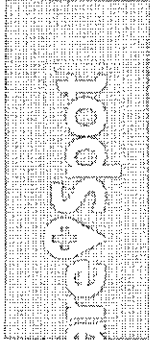
Agenda

- Overview of CareSpot
- Recent Highlights and Development Plans
- Clinical Structure
- Supervision Model
- Onboarding of Clinicians
- Chart Review
- MMI / PIR Process
- Workers Comp Toolkit
- Next Steps



CareSpot – Past and Present

- Founded in 2001, Solantic was formed with a vision to create quality, affordable healthcare to fill the gap between primary physician care and emergency room services and has grown to 30 centers across the state of Florida.
- In 2011, the company was sold to New York-based investment firm Welsh, Carson, Anderson & Stowe.
 - Michael D. Klein, CEO of Franklin, Tenn.-based Renal Advantage, took over as Solantic President and CEO.
 - The Corporate headquarters was moved from Jacksonville, Florida, to Brentwood, Tennessee.
 - Klein hired a new management team to move the company forward with a new vision and a renewed commitment to customer service.
- In September 2012, Solantic became CareSpot® to represent improvements the company has made to deliver a more convenient and better healthcare experience.
- With a new EMR system, variety of healthcare services, convenient locations, extended hours, and online check-in which allows customers to register and wait from the comfort of home, CareSpot is prepared to meet and exceed consumer expectations and become the industry standard in urgent care.



In June 2011 Welsh, Carson, Anderson & Stowe and Management Bought Out Existing Ownership

- One of the oldest, largest and most successful private equity healthcare investment firms in U.S.
- Exclusive focus on health care and information services
- Over 25 public health care companies trace their roots to WCAS
- Since its founding in 1979, WCAS has organized 14 limited partnerships with total capital of over \$20 billion
- Invested in over 135 companies and funded over 650 follow-on acquisitions

AUSOncology

MedCath
CORPORATION

ACCREDITO
Health, Incorporated

AmeriPath
Imaging Solutions • Improving Lives

Ardent
HEALTH SERVICES

LINCARE

Bausch & Lomb

Select
Medical Corporation



United Surgical Partners
INTERNATIONAL

Concentra



RENAL ADVANTAGE INC.

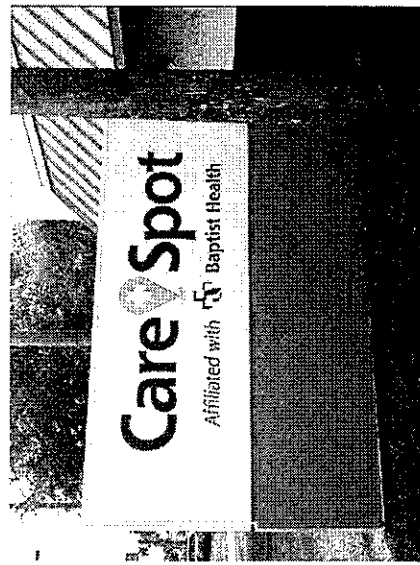
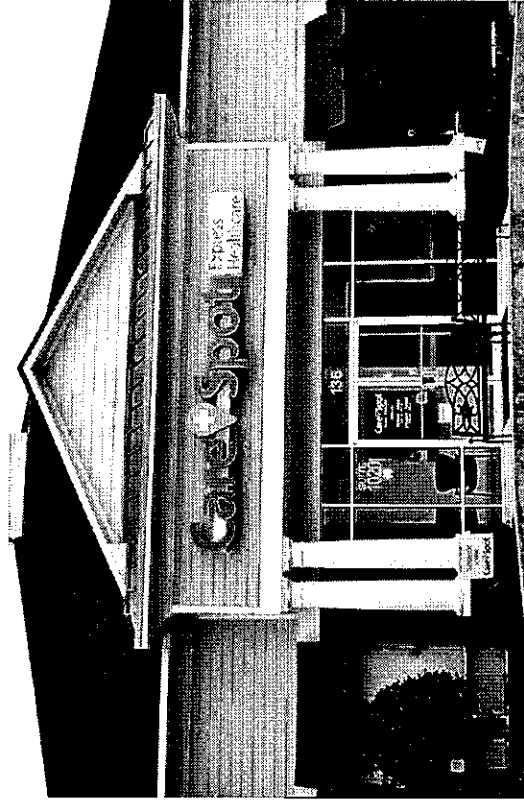
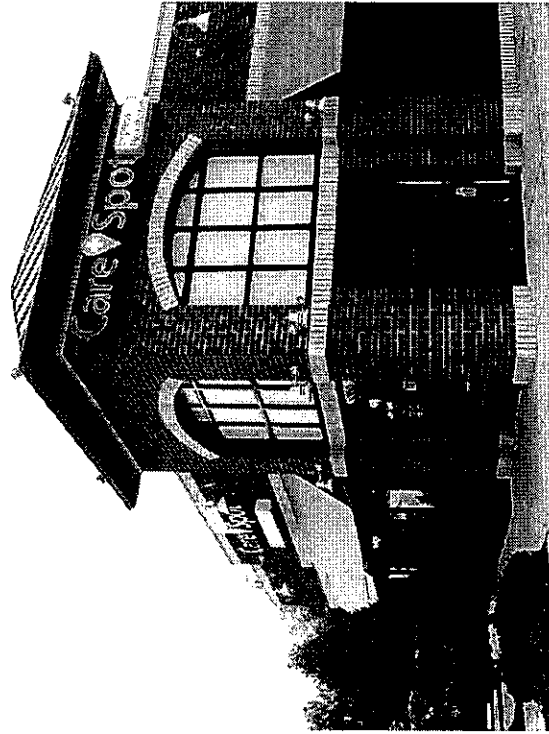
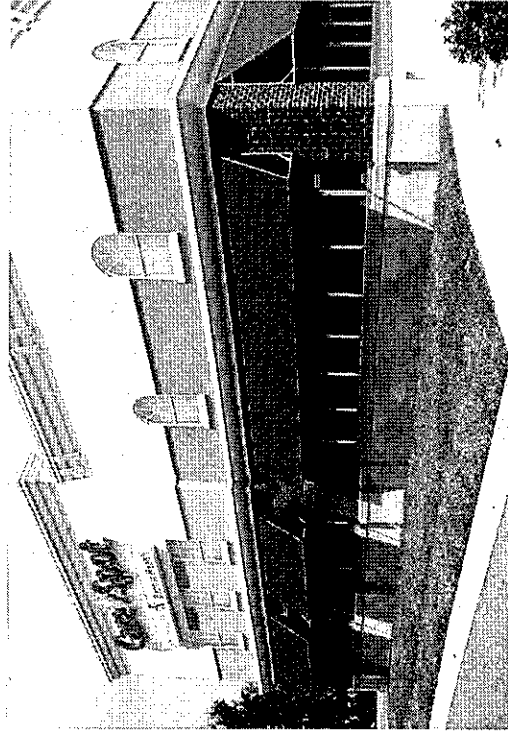
CareSpot

The CareSpot Mission Statement

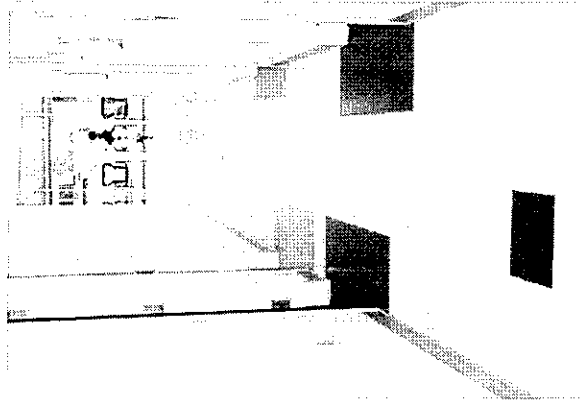
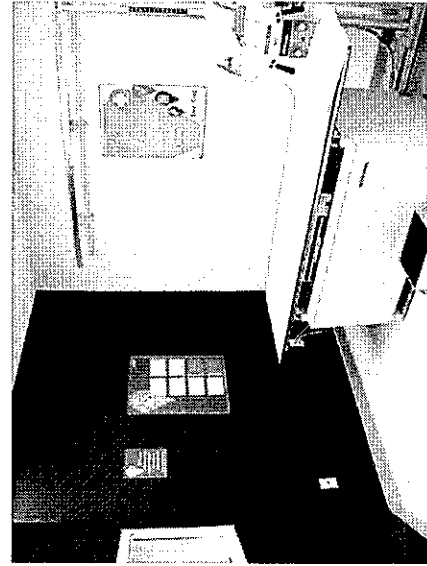
At CareSpot, our customers come first. We provide the most convenient everyday healthcare with such exemplary service that customers reward us with return visits and recommend us with confidence and enthusiasm.

Care⁺Spot[®]
Express Healthcare

Facility Improvements Exterior



Facility Improvements Interior



CareSpot Joint Ventures



HMA (59 Hospitals, 15 States, 19 Locations in Florida)

JV formed 10-26-08

Shands HealthCare

Shands Health (8 Hospitals in Central Florida and North Florida)

JV formed 5-1-09



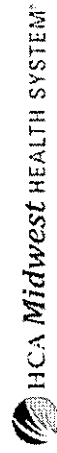
Baptist Health (5 Hospitals in North Florida)

JV formed 1-30-10

TristarHealth

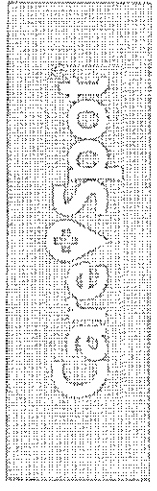
Middle Tennessee Division – (8 Hospitals)

JV formed 7-01-12



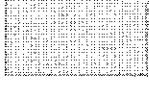
Kansas City Division – (9 Hospitals)

JV formed 7-01-12



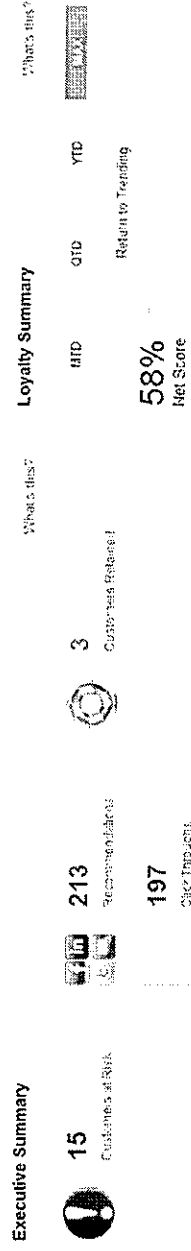
Operational Initiatives

- Implemented new Practice Management System with new EHR being implemented in Q2 2013
 - Development of an employer and patient online portal
- Increasing focus on customer service through new initiatives
 - Net Promoter Score —focusing on processes to improve service – measuring NPS to improve, not to impress
 - Utilization of enhanced Drug Screen process offering paperless CCFs, online results/reporting, rapid testing
 - Employer portal for real-time and online results being implemented in Q2 2013
- Revamped Website with Functionality
 - Simple, easy and clean Website and Mobile version
 - Posted wait times by center, save your spot or schedule an appointment
- Brought all billing areas in house
- Standardizing and formalizing all clinical and operational policies and procedures
 - CMO and Director of Clinical Services continuously review and enhance clinical P&P
 - Clinical audits conducted on 1/3 of the centers each month
 - Operational and risk management P&P created/updated and rolled out
 - Workers Comp Toolkit and Occupational Health Resource Guide created and implemented
- Continuing implementation of extender utilization
 - Maintaining scope of services and customer satisfaction
 - Onboarding continues to be effective – continue to believe we are improving quality

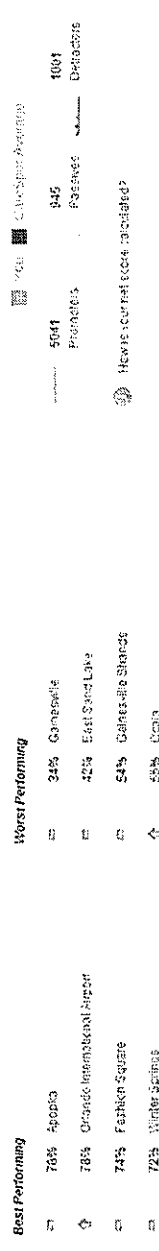


Net Promoter Score

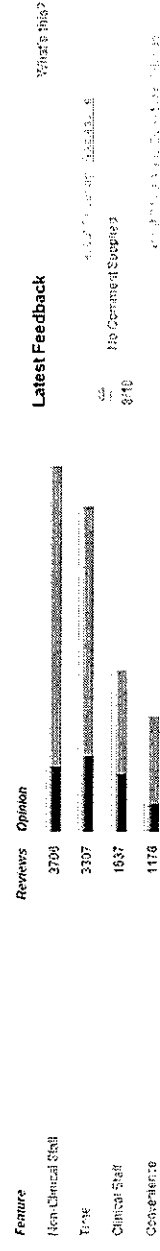
- Customer Loyalty Measurement - Net Promoter Score Methodology



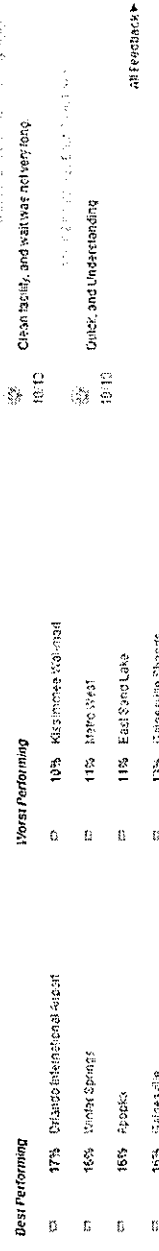
Scores



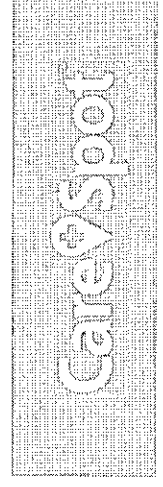
Voice of the Customer



Feedback Response Rates



- Actionable – supports continuous improvement
- Provides NPS by center and clinician



New Mobile And Website

- Not merely informational, uses active engagement
- Serves closest locations and wait times to lessen unproductive time
- Offers integration into Patient Point, allowing for center to begin registration

CareSpot[™] Express Healthcare

Find a CareSpot
32257

Search

Locations near: 32257

Mandarin
0 min wait 3.6 mi away
[Visit now](#) [Visit later](#)
 2303 Canby Boulevard
 Jacksonville, FL 32225
[View location details](#)

Southside
0 min wait 5.4 mi away

Hendricks
0 min wait 6.3 mi away

On-Site Care For Employees

Visit now
Save your spot online or call in.

Visit later
Make an appointment.

Finally

Everyday healthcare made even easier.

- Urgent care, well care, occupational health
- Check wait times and save your spot before walking in
- Easy online appointments
- Convenient locations with extended hours

[Learn more about CareSpot](#)

Get healthy lifestyle tips in your inbox.
Subscribe to our free monthly newsletter.

Email address [Sign up](#)

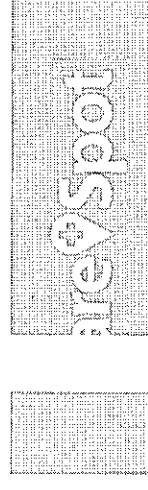


Think you're smarter than the flu?
Take our quiz to find out.

Don't take our word for it.
From our customers.

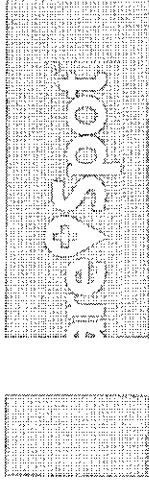
Workers Comp Toolkit

- Toolkit built for Workers Compensation that is part of the training for all center staff and clinicians
 - It provides instructions for accurate completion and submission of the DWC-25
 - Submission Guidelines
 - Review of demographic section
 - Clinical Assessment and Determination
 - Patient Classification level
 - Management Treatment plan
 - Functional limitations and restrictions
 - MMI and PIR
 - Follow up
 - Attestation statement

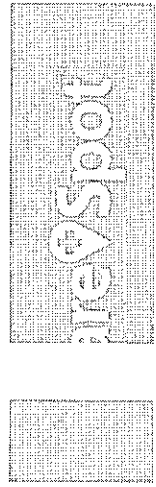


Occupational Health Highlights

- 2012 (through November)
 - WC: 49,938 visits
 - OM: 84,629 visits
 - **Total: 134,567 total visits**
 - Occupational Health is 30% of CareSpot's business
- Employers
 - **8,144 total employers Statewide**
 - NFL 4,221, CFL 2,628, SFL 1,295
 - NPS of 48% for the OccHealth patients (Total Company 55%)



Overview of the Clinical Structure



Current Clinical Model

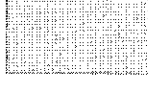
- Each center has approximately 15 staff members
 - Center Manager
 - 3 – 5 MA / Registrars
 - 2 – 3 BMO / RTs
 - 2 – 3 ARNPs
 - 1 MD for every 2 locations (except for core occhealth centers)
- Our model utilizes 65% ARNP/PA hours and 35% MD hours
 - Core OccHealth centers will be staffed mainly with MDs
- Assigned Doctor responsible for each center and supervision of the ARNPs
- Medical Director assigned to 5 centers with administrative and supervisory responsibilities
- Chief Medical Officer manages the Medical Directors along with all clinical practices at the centers

Ideal candidates to be CareSpot extenders

	Description	Experience required	Minimum qualifications
Knowledge	Experience with evaluation & management of both PCP-level complaints (sore throat, earache) and minor emergencies (allergic reaction, broken finger)	PCP + ER, or high-volume UC	<ul style="list-style-type: none"> At least 1 year working with no / minimal MD oversight
Skills	Can handle all minor procedures, including suturing, I&D, and splinting	ER, high-volume UC, or ICU	<ul style="list-style-type: none"> 3 years in Urgent Care setting <p>OR</p> <ul style="list-style-type: none"> 2 years in Primary Care setting + 2 years in ER setting
Independence	Experience working with no or minimal on-site MD oversight	Busy outpatient clinic (preferably UC, but PCP ok)	

Onboarding of ARNPs / PAs

- Supervising Physician confirms necessary skills during onboarding process
- Side by side clinical evaluation with approximately one month of shifts worked with Supervising Physician
- Urgent Care and Occupational Medicine focus
- Ensure Consistency in Scope of Practice - onboarding process documented with an extensive review of required skills
- Extrapolate when clinically applicable
- Attestation by Supervising Physician – Supervising Physician determines when ARNP/PA can function autonomously



Supervision of ARNPs / PAs

- Mentoring meeting at 30, 60 days, and ongoing quarterly
 - Review content and documentation
 - Phone or in person
- Indirect supervision; communicate by telephone
 - Schedule available for all supervising and backup physicians
 - What requires discussion and when (examples)
- Documentation of communications
 - By requesting ARNP/PA clinician
 - Update medical record where applicable

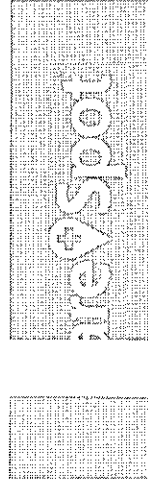
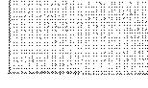


Chart Reviews

- Random Chart Review by Supervising Physician
 - 10% random pull by Center Manager
 - Follow the policy guidelines for review of each chart
- Reviewing Physician Completes Log
 - Documentation by reviewing physician
 - Record chart number, determine clinically acceptable medical care
- Changes in Care, Dx or Treatment Requires Notification
 - Patient notification
 - Supervising physician reports to Market Medical Director
- Market Medical Director monitors results
 - Reports go to Regional Director and Chief Medical Officer

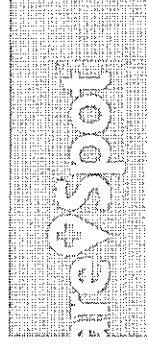


MMI / PIR Process

- ARNPs and PAs cannot determine MMI/PIR for workers' compensation cases in the State of Florida
- According to the FL Division of Workers' Compensation, only a physician can determine an establishment of MMI and assignment of PIR.
 - If center staff anticipates a patient to return to full duty on their next follow-up visit then it is typically scheduled with a physician.
 - Designated reviewing physician may determine MMI/PIR after an examining ARNP/PA
- We have developed an electronic and secured process to have a physician review the documentation related to each MMI/PIR visit by next business day

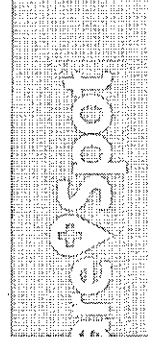
MMI / PIR Process Continued

- Document the patient examination including:
 - Diagnosis, pertinent signs and pain scale on initial date of service
 - Pertinent signs on last date of service (for ms injuries):
 - Range of motion, any weakness, neuro exam
 - Statement that patient understands and agrees to MMI
 - Signature on the Patient Encounter Form (progress note)
 - Sign the DWC 25 but do not complete MMI/PIR section
- If Designated Physician disagrees with MMI after review, center notified and patient/employer scheduled for follow up appointment with physician. ARNP/PA signed DWC 25 used for billing
- If Designated Physician agrees with MMI after review, Designated Physician signs DWC 25 and processes documents .



Summary

- We believe we are enhancing the quality of our services through increased clinician training and use of technology solutions
- We are ahead of the curve in addressing the shortage of qualified physicians and access to quality care
- We are closely monitoring patient and employer satisfaction with total transparency to continue to improve our service
- Next Steps



Authorization for Treatment

Employers will use an authorization to treat form when requesting OccHealth services. This authorization form will have employee name, company name, type of service(s) needed, authorizing signature and where to send the bill for the visit. The CareSpot authorization form or a company specific authorization form is acceptable.

This form can be brought in by their employee, faxed to center, emailed or completed online. If an authorization form was not received, you will need to contact the employer for a verbal authorization and complete the form over the phone.

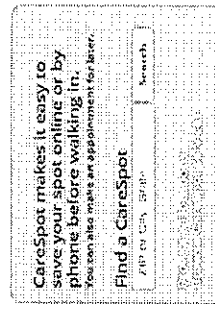


For Employers



Treatment Authorization

Please complete the following authorization to treat form to be submitted to the center of your choice.



In this section:
Employer Portal

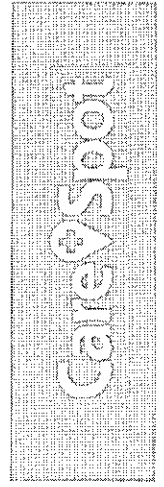
For questions about your account: To set up a new employer account:
Call (866) 765-2694 or visit www.carespot.com

Choose a CareSpot Location

Select a State*
Florida

Online

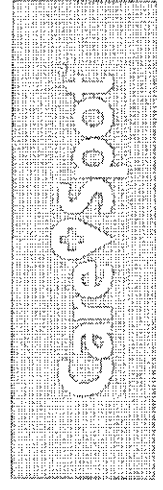
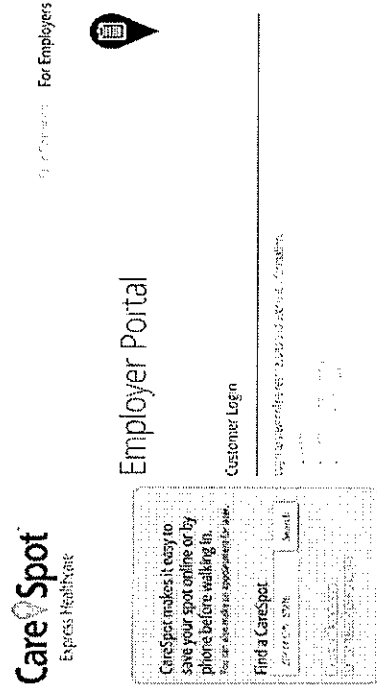
Paper



ePortal

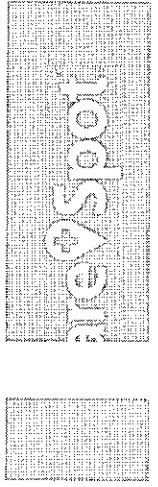
CareSpot offers pre-approved third parties such as employers and insurance carriers view-only access to applicable NextGen patient data via the Internet called ePortal. The data is presented in an interactive, on-line environment over a secure and encrypted connection. Users will be able to view employees patient-specific injury, treatment, recall, immunization, drug (a link to another site) and TB screening information. Other test results that the clinic deems appropriate for viewing and trend analysis data are also supported, as are scanned documents related to both injury and non-injury visits.

Since patient data is being presented in this portal, it is imperative to make sure the right forms were used and scanned correctly.





Workers Comp Solutions



Workers Comp Solutions

Prompt Caring Response

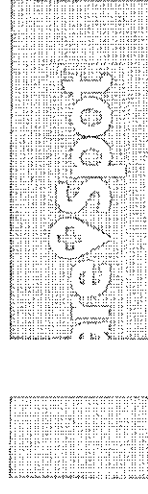
- We are a part of your team in treating injured employees
- Two-way Communication is the key to success
- How we interact with the employees can make the difference

Board-Certified Occupational Medicine Physicians and trained clinicians

- Our clinicians take a conservative approach
- Better outcomes
- Less Costly

Productivity

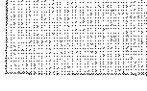
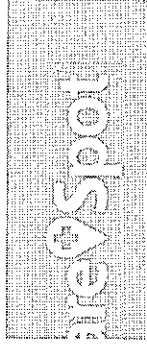
- We want their employees back to work
- Reduced wait times
- On-site prescriptions available if needed
- Quality reporting and full completion of all forms and documentation



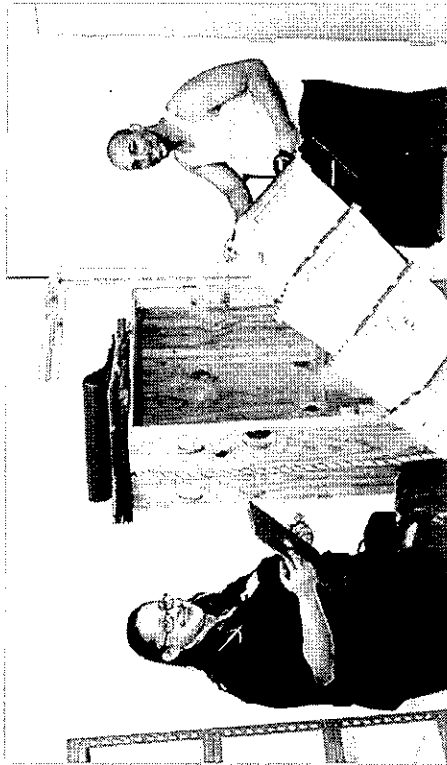
Workers Comp Solutions

We can help trim employee-related costs for their business

- Conveniently located
- Extended hours and open weekends and holidays
- Workers Comp - certified doctors and clinicians onsite
- Short wait times to return employee back to work
- On-site prescriptions available if needed
- Fast turnaround on drug screen results & optional online reporting
- Timely, complete communication on every patient
- Standard process to fill out necessary forms accurately and consistently
- Appointment process for follow up visits
- Fit-For-Duty Exams
- Independent Medical Evaluations
- In-network provider for most workers comp insurance plans



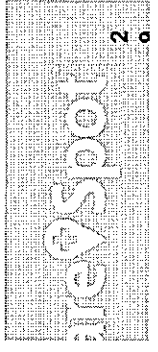
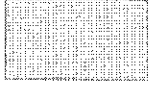
Occupational Health Solutions





5 Core Occupational Medicine Services

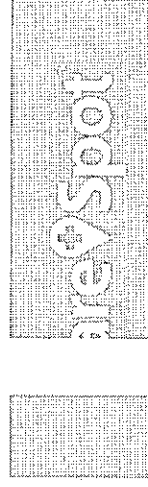
1. Drug & Alcohol Testing
 - Drug-Free Workplace, DOT, random, pre-employment, post accident testing, hair/saliva, blood alcohol, breath alcohol, Instant Testing (Escreen), collection services
2. Physicals
 - DOT, HAZMAT, OSHA, Pre-employment, fit for duty, Physicals, medical surveillance, periodic exams
3. Vaccines and Ancillary Services
 - Various occupational immunization (Hep, Flu, tetanus), titers, TB testing, hearing conversation, pulmonary function testing
4. Wellness Solutions
 - Blood work, BMI, screenings, basic Urgent Care Needs
5. Onsite Services
 - Immunizations, physicals, wellness consults, drug screenings, health fairs, on-site first aid, first aid training



Occupational Health Solutions

Drug Screens

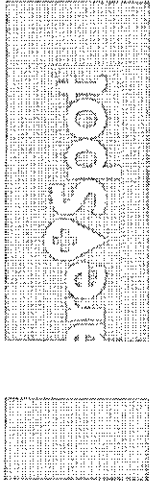
- DOT
 - 5, 8, or 10-panel Florida drug free workplace
 - Blood Alcohol
 - Breathalyzer
 - DOT DFWP Policy Development
 - DFWP Policy Development
 - Collection only blood or urine
 - Instant-testing
 - E-Screen
 - Hair Sample collection
 - Out-of-area screens available
 - On-site screening
-
- Online drug results available
 - Escreen is our MRO with a dedicated customer service team
 - Manage Consortium and Random selection drug screens
 - Alere is our national drug screen lab partner
 - Pre-printed COC forms available



Occupational Health Solutions

Physicals

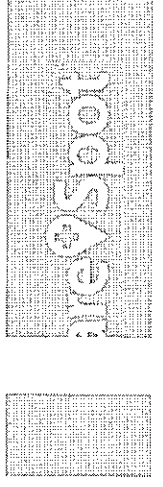
- DOT
 - DOE
 - Pre-Employment
 - Respiratory Protection
 - Police and Fire
 - FAA
 - Corrections
 - HAZMAT
 - Executive
 - Annual
 - Fit-for-duty
 - Hearing conservation
 - Customized exams
 - On-site available
-
- Tailor to Employer needs and supplied forms
 - Required forms and physical requirements are key



Occupational Health Solutions

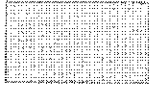
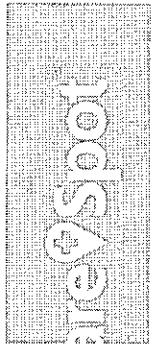
Immunizations

- Influenza Vaccinations
 - Hepatitis B & A Vaccinations
 - Twin Rix
 - Tetanus/ Diphtheria
 - Rubella
 - MMR
 - Varicella
-
- Packages tailored to their needs
 - We can help protect their employees
 - Competitively priced





Wellness Solutions



Wellness Solutions

Your good health is at hand.

Immunizations, screenings and blood work are an important part of your good health regimen.

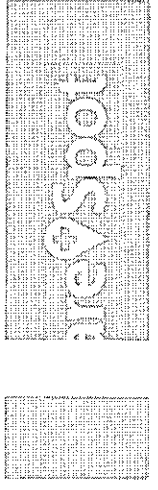
CareSpot makes it easy to monitor your cholesterol, thyroid, or PSA without waiting for an appointment, a doctor's referral or even seeing a doctor.

Lab results are sent directly to your home to let you know if your results are above, below or within normal range so you can follow up.

It's convenient, quick and easy to stay healthy with CareSpot.

Types of Services:

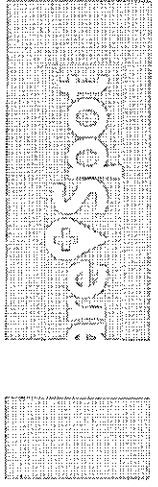
- Blood work
- Immunizations
- Screenings
- Wellness Service



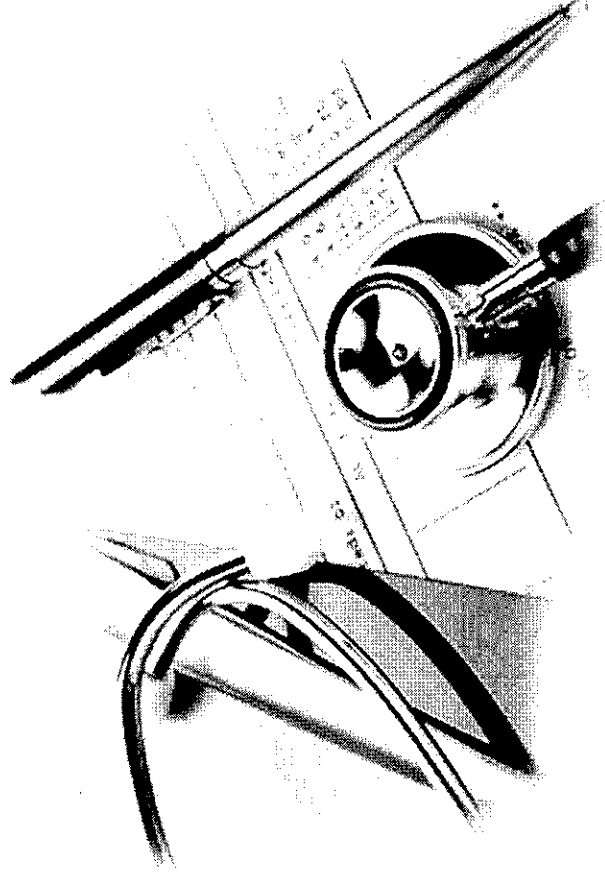
Wellness Solutions

The list goes on...

- Blood pressure screening
- EKG
- X-Ray
- TB skin tests
- Cholesterol test
- Blood glucose
- Flu Shot
- Tetanus booster
- MMR
- Hepatitis
- Varicella
- Drug Screen
- Audiometric
- Basic vision
- Pulmonary function
- PSA
- CBC
- Metabolic profile



Drug Screening Programs



Drug Screen Solutions

Tradition Drug Screens sent to Lab

- Regulated and non-regulated
- Standard Medical Review Office services
- Collection only (collecting sample and sending to employer specific MRO)
- 24 – 48 hour online results available
- Out-of-State screening available through eScreen/Alere provider network

Digital Rapid eScreen

- Digital processing of samples with real-time online results
- Used for pre-employment and non-regulated drug screens and Drug Free Workplace approved

Instant-tests

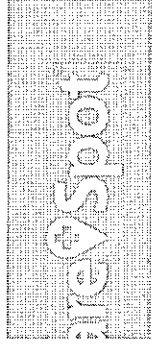
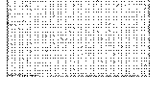
- 5 or 10 Panel instant-testing cassettes
- Bundled with test, forms, and confirmation
- Performed at our center or employer site

Instant Cup

- Cup provided with temp, reader, and bundled for confirmation

Hair Sampling

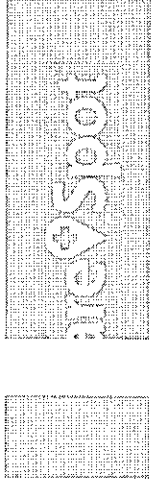
- 48 hour results
- Bundled with test, forms, and confirmation with online reporting



Types of Drug Screen Programs

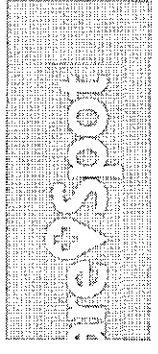
Drug Screens

- DOT
- 5, 7, 8, or 10-panel drug free workplace
- Expanded opiates
- Blood Alcohol
- Breathalyzer
- DOT DFWP Policy Development
- DFWP Policy Development
- Collection only blood or urine
- Instant-testing
- eScreen rapid digital testing and reporting
- Hair Sample collection
- National drug screens available (outside our servicing area)
- On-site screening



Facts to Know

- All drug screens are processed through the eScreen portal interface called e123
- Our samples are sent to Alere labs for processing and packaged kits are in all our centers with labels
 - Samples are processed 24 hours a day Mon through Saturday
 - Results are reported back real-time and electronically 24 hours 7 days a week
- Utilize the eScreen Medical Review Officer
 - Dr. Stephen Kracht and offer 20+ years of experience
 - Highly experienced staff in the MRO office of 5 nurses, 5 MROs, and admin support staff
 - Dedicated customer service line available for centers and employers
 - Hours of operation M-F (7am – 7pm cst)
- Customer Service
 - Once the center performs the testing all questions related to results are directed to eScreen customer services
- Paperless
 - Chain of Custody Forms are electronic for non-regulated drug screen testing
 - Paper Chain of Custody Forms are required for all DOT testing



Drug Stores

- Reported back directly to employers electronically and real-time through **MyeScreen**
- Paperless Chain of Custody forms
- Accounts are set up by the sales team and activate immediately after set up
- Employers receive an email once the results are ready to be retrieved through the MyeScreen secure online results portal
- Employers can run reports and view all new and historical results along with running reports on their results

MyScreen secure online results portal

on their results

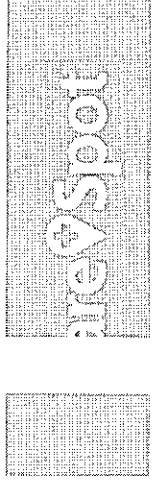
[illegible]

40

Tools and Care

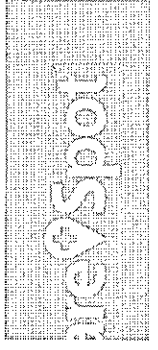
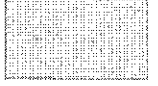
What is an eCup Rapid Test?

- We offer the employers the option to receive drug screen results within mins of testing
 - Instant testing
 - 5-panel testing and Drug Free Workplace approved
 - Not eligible for regulated DOT drug screen requirement
 - Perfect for non-regulated pre-employment and Drug free workplace testing
 - Employer receives an email to retrieve results and if the sample needs to be sent to lab for review it will update the status that the sample is under review
 - The cup used for the sample is the eCup the unit that the sample goes in to process is the eReader
 - Very appealing to national type accounts such as Wal-Mart and Home Depot along with accounts that require quick results for their testing
 - Technology based system and all of centers participate in the eScreen network

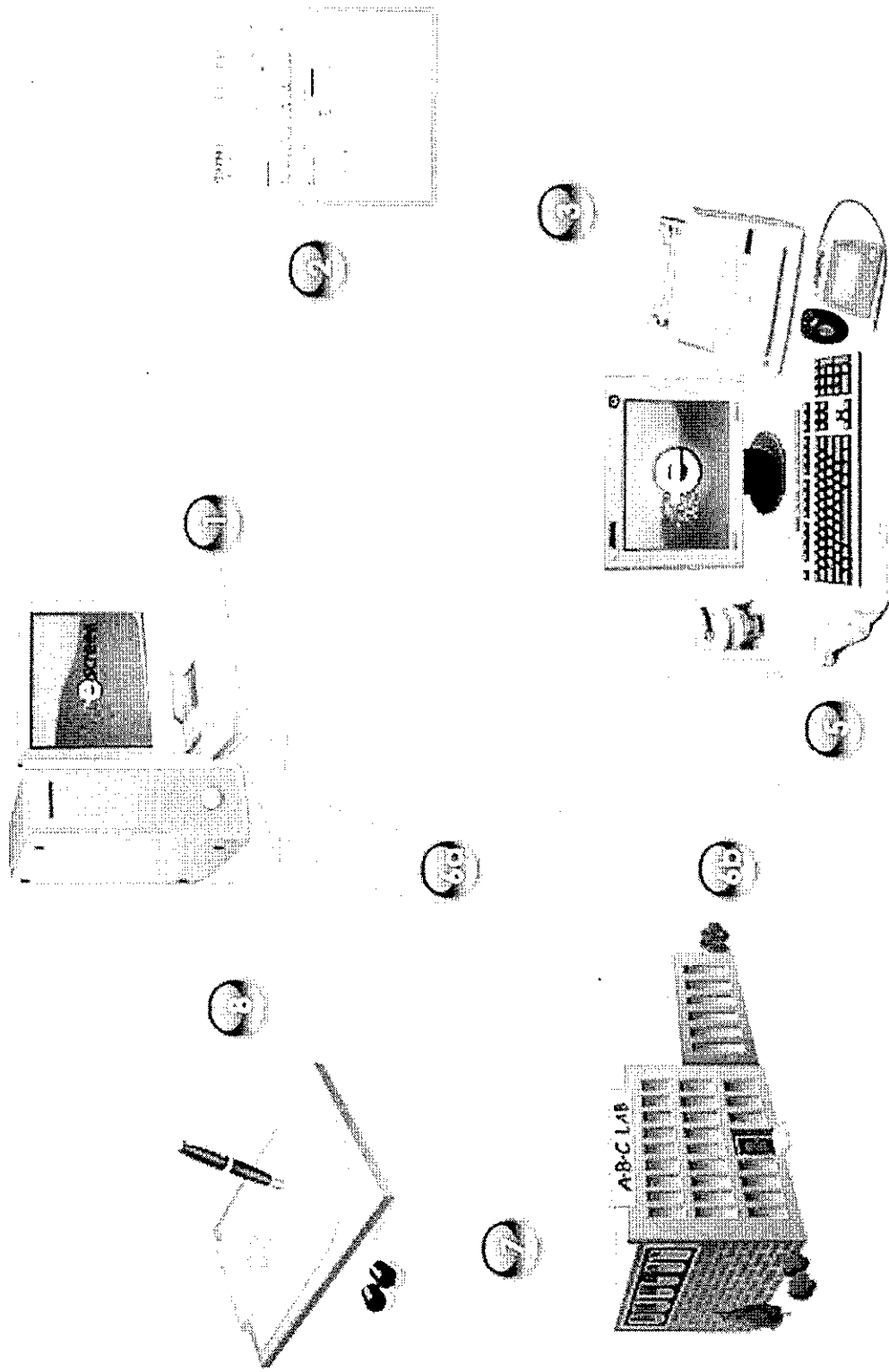


CareSpot Drug Screens

Powered by eScreen



Process for our CareSpot Customers



CareSpot
Express Healthcare

Basic eScreen Scheduling Process

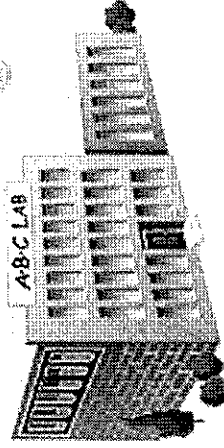
PLAY | 15 SECONDS | 30 SECONDS | REPLAY | SHOW ALL

► Interactive autoplay mute on

8. Once the lab and/or the MRO have confirmed the result, it is reported to the hiring manager via MyeScreen

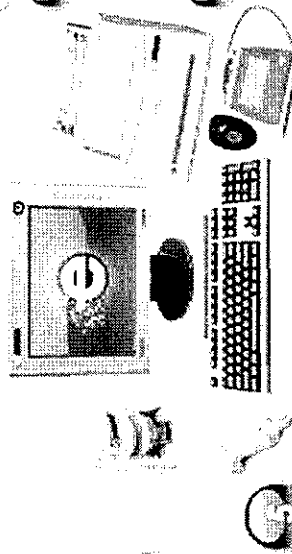


7. The lab runs the confirmation test and if necessary, sends the result to a Medical Review Officer (MRO) for verification



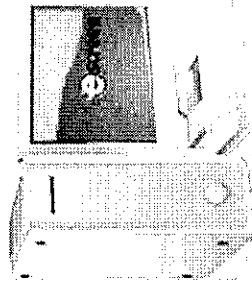
6b. If the eReader scans the sample as **Non-negative**, the sample is shipped to the lab for confirmation testing

6a. On an eCup test, if the eReader scans the sample as Negative, the result is reported back to the hiring manager via MyeScreen.com within 15 minutes

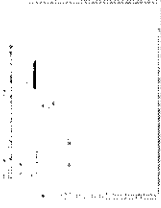


5. Electronic Chain of Custody Forms are used for ALL Non-DOT tests

1. Hiring manager schedules a drug screen event via MyeScreen (there are other options for this step)



2. Donor proceeds to the eScreen collection site with an ePassport



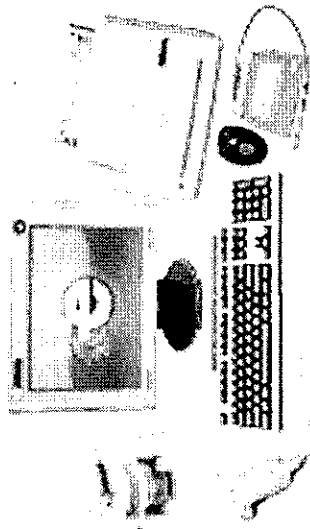
3. Collector scans ePassport to display test details

4. An eCup test is completed (there are other types of tests that can be completed at this step)

Powered by eScreen

Digital Rapid test solution

- What is included in our centers?



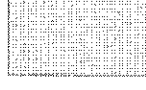
eScreen Drugs of Abuse System Provided to EOHN Clinic Partners

- eScreen 123 - Collection Software
- eReader
- Barcode Scanner
- Monitor
- Keyboard
- Printer
- Mouse
- ePad - Signature Pad

HARDWARE

eScreen VS Traditional Drug Testing Models

- eScreen turns the CareSpot collection site into a “collection-only” point in the process; eliminating most post-test administration work for collectors
- eScreen has an electronic scheduling process that allows hiring managers to select a CareSpot collection site, set the parameters of the test or event and “pre-register” a donor
- Barcode technology allows a CareSpot collection site to scan a donor (via an ePassport or text message) upon arrival and see the event details set up by the employer on eScreen software (eScreen123) – expired events or non-eligible donors are identified immediately at the CareSpot location
- The collector is guided through DOT and Non DOT collection protocol; designed to eliminate collection errors and enforce compliance
- When the result is confirmed, it is reported back to the employer via the web on a free, confidential and secure MyeScreen.com account
- Incorporates a paperless Chain of Custody and eliminates the “blind spots” in traditional drug testing



Transforming the Drug Testing Industry

Old Model: Lab-centric Drug Testing

Service centers collect the samples; ship all to the lab for testing

1. Paper-based, three-part chain-of-custody form
2. 48-hour turnaround time for negatives
3. "No shows" apparent in 72-96 hours
4. First status provided when testing is complete
5. Only solution for remote hires is to overnight the form

New Model: eScreen & Rapid Testing

Point-of-care screening

1. Digital chain-of-custody
2. Guaranteed 15-minute turnaround for negatives (via the eReader[®])
3. Real-time "no show" capability at 24 hours
4. Real-time status at each stage of the process
5. Remote hiring solution is entirely web-based

CareSpot

Three Primary Products / Services of eScreen

1

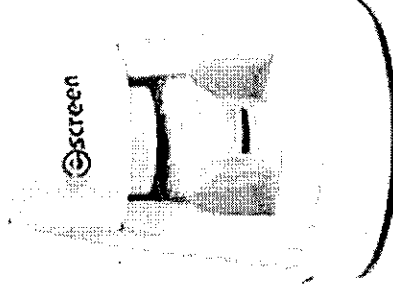


Point of Collection, web-based operating system (software) for eScreen hardware in CareSpot collection sites

Wizard-driven software for clinics – consistent, collection procedures, data reports/stats, collection area organization

eCCF® (paperless chain of custody), ePad signature capture, web-based results reporting

2



Patented eReader® and eCup® Technology (NON DOT ONLY)

Digitally interpreted NON DOT instant testing system

eCup: 5 panels, 3 adult panels, barcode, test under seal (no transfer, pipette, interpretation)

3-8 minute eReader screen, results back to employer via MyeScreen.com (web) in 15 minutes

3

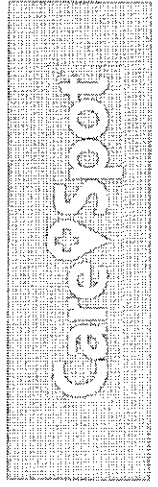


Online program management application for employer to schedule events, retrieve results and create data/statistical reports

Negative eCup test results or collection status available via MyeScreen.com within 15 minutes of test completion

Employers can schedule events remotely and track donor status in real-time throughout the screening process

Eliminates calls, faxes, shipping/storing paper Chain of Custody Forms to the CareSpot collection site



Technology at the CareSpot Collection Sites

eReader and eCup Technology (NON DOT ONLY)

Digitally interpreted
NON DOT instant
testing system

1. eCup collection
device: 5 panels, 3
adulterant panels,
barcode scanned and
tested under seal (no
transfer, pipette or
interpretation)

2. eReader: 3-8 minute
electronic screen;
results reported back to
the employer via
MyeScreen.com
(secure eScreen
website)



ePad

Used with the eCCF, captures
signatures of collector and donor
during the collection

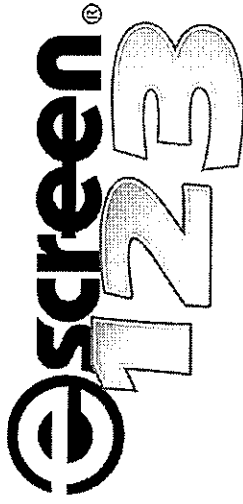
Electronic, paperless eCCFs for ALL
NON DOT Donors (Lab based and eCup)



Point of Collection, web
based operating system
(software) for eScreen
hardware in collection
sites

• Wizard-driven software
for clinics – consistent,
collection
procedures, data
reports/stats, collection
area organization for
**DOT and Non-
regulated programs**

Streamlined Collection Service Management

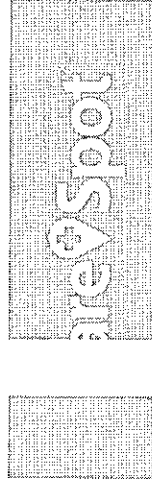


The eScreen solution can manage all types of hiring programs: DOT, Non DOT, instant testing, lab based testing, breath alcohol and more at CareSpot

DOT Programs: eScreen was designed to electronically manage DOT drug test results and physical exams online and to capture data for reports and statistical functions

Non DOT Lab Based Testing: for employers who are not eligible for eCup tests; the eScreen solution can process all lab based collections and allow the employer to enjoy the *paperless* chain of custody and electronic results reporting via the web.

Health-eScreen: the eScreen process can also capture, report results and maintain statistics on health and medical services for employers as well



Premiere Urine Testing Options and MRO Software



eCup®



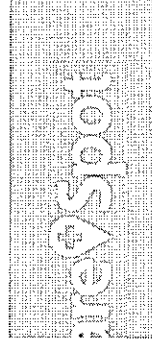
mCup®



Lab-based

Through eScreen's electronic chain of custody model, CareSpot offers customers:

- Competitive pricing on all drug test panels for lab-based screening through Alere Toxicology
- Expanded panel instant testing options with mCup® - available in 5, 7, 9 and 10 test panel choices (*coming soon – new 11 panel mCup test*)
- eScreen has a state-of-the-art medical review officer package and a host of medical professionals using the technology application. eScreen has relationships with a number of MRO providers using the software to which customers can be referred to a medical review provider.

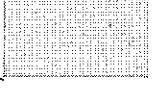




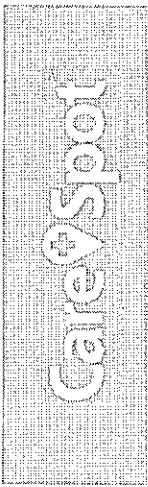
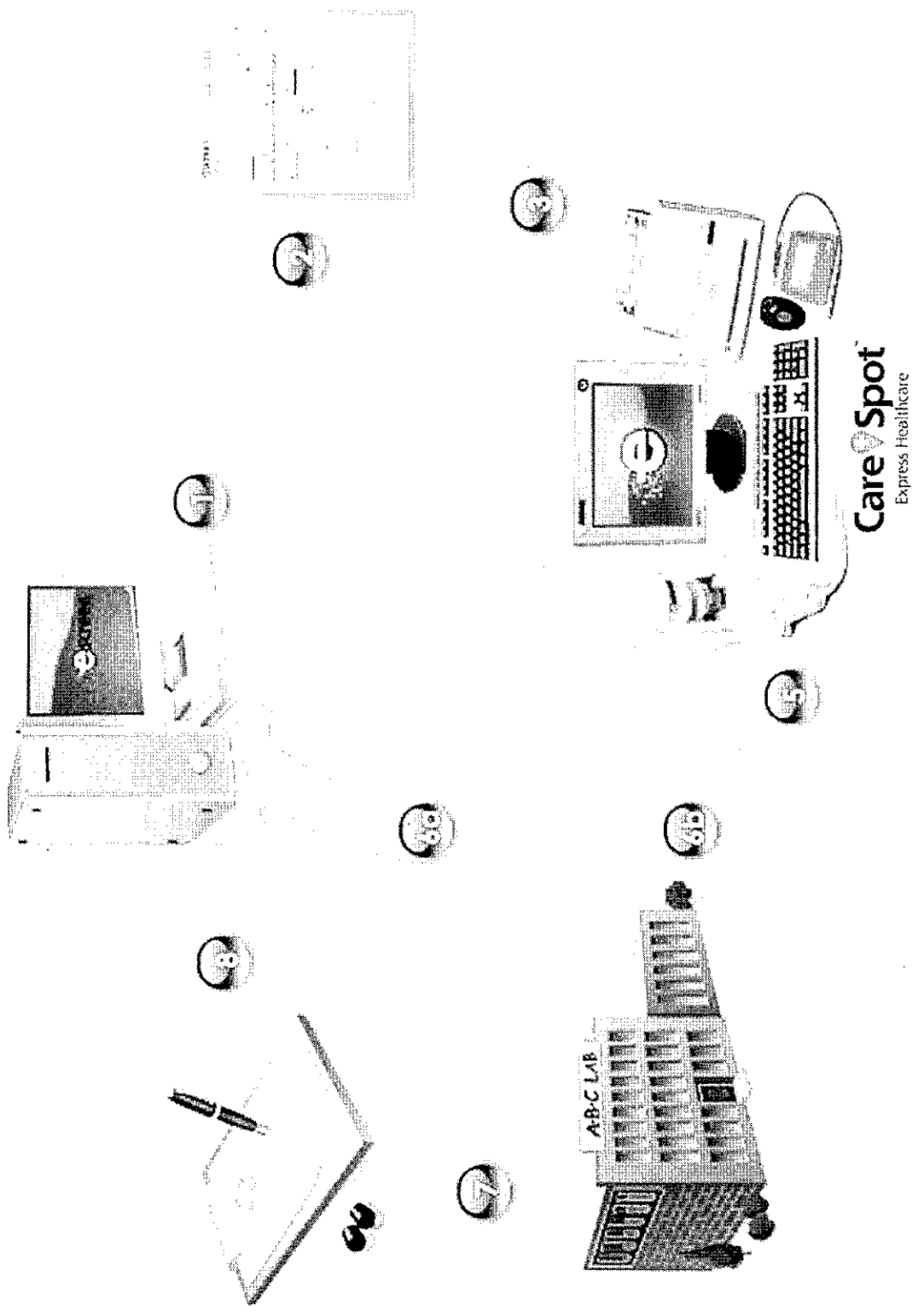
- Hiring managers access drug test results from a secure MyeScreen.com Inbox
- Track donor/event status - enforce testing window, per/policy (no more calling CareSpot collection sites for status updates)
- Immediate notification of expired events
- Create customized statistical reports
- Email notifications upon test completion and at other steps in the process
- Manage random drug testing programs and physicals
- Pre-schedule drug test/BAT/medical services/physical exam events
- One electronic platform for entire drug testing program (DOT and NON DOT)
- Select a location from all the CareSpot service centers
- Manage "blended" programs – eScreen consolidates data across all test types

Additional Employer Options

- **Employer can participate in a Consortium (Meets DOT requirements)**
 - Companies under 50 employees and need to have their employees involved in the DOT required Random Drug Screen pool
 - Manage list and receive random drug screen donor list on a quarterly basis electronically
 - Online reports available
- **Employer can enroll in a random program**
 - Random Generator - Use a random generator to load in their employees and generate a random list based on their set criteria
 - Enhanced Random Program - Set up an automatic random program by loading in the employee listing and set parameters and the randoms are performed accordingly
- **Scheduling an event**
 - For all drug screens an employer can go in to MyeScreen and register a donor, select a center and print out what is called an ePassport
 - The donor now shows up at the center with the ePassport and the center will scan the form and the employer and donor information will be selected and the test can then be performed
 - Employer can now track real-time where the testing is in the process (scheduled, at the center, completed, sent to lab, processing, result reported and so forth)



Scheduling Process for our CareSpot Customers





ePassport™



AI113204625

For Donor Use:

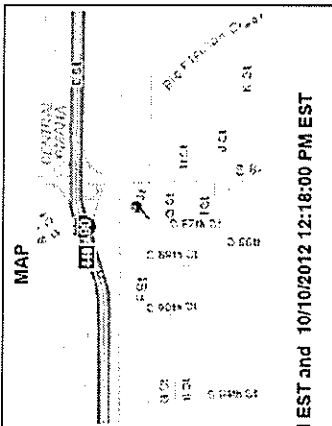
Clinic Information:

CompChoice
9630 F ST

OMAHA, NE 68127
PH: 402-898-5600
FAX: 402-898-5605

DON'T FORGET!

- Take ePassport and Photo ID
- All other documents provided by employer
- Call clinic to confirm their hours of service



Scheduled Time: Between 10/4/2012 12:18:06 PM EST and 10/10/2012 12:18:00 PM EST

For Clinic Use:

Use eScreen Scheduled Event Account

Scan the ePassport barcode into eScreen123.

Confirmation #: AI113204625

Regulation: HCH-DOT

Reason for Test: Pre-employment

Services to be performed:

eCup

Scheduled Event Details will appear.

Donor Information

Name: John Smith

eScreen Acct #: 160300-0

Employer or Service:

Agent Name:

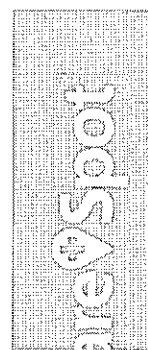
Additional Requirements/Notes:

Testing - RuO

Bill services to:

eScreen, Inc
PO Box 25902
Overland Park, KS 66225

Contact eScreen Client Services with questions: (800) 881-0722 opt. 5




MyeScreen.com

Product Demonstration

MyeScreen.com is a web-based application that links the employer to all points in the employee screening process through a closed-loop, integrated solution.

www.myescreen.com

CareSpot


Web Notification Certificate

Printed on: 5/12/2010 10:42:05 AM

From: Test Clinics 1

To: IABC

attn: Jane Harding

19 Overlook Drive

Overland Park KS66210

Phone: 555-555-2354

Fax:

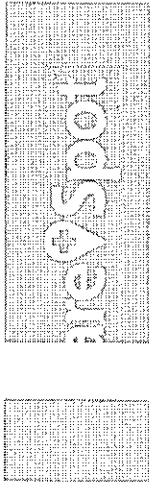
Please visit <http://www.myscreen.com> and use the following userid and password to access your results

UserID:	1304052
Password:	27785


This is an example of what a new MyeScreen.com account user may receive from the clinic partner that set up the account.

It details how to start the first time login process and provides the temporary user name and password.

When a new MyeScreen.com account is set up – the primary user must complete a first time login and confirmation process. This process is **ONLY** completed once. The new user will go to: www.myscreen.com



First Time Login for New Account



MyScreen

PLEASE LOG-IN

If you are a member of MyScreen please use the fields below to sign in.

User Name:

Password:

[Forgot Your Username or Password](#)

If you are having problems signing in, please click [here](#).

By signing in you are agreeing to our terms and conditions [Terms and Conditions](#)

If you are not currently a member and would like to explore the possibility of becoming an eScreen client please [CONTACT US](#).

Computer Alert: This is your first login to MyScreen.com

In the next screen, you will be asked a couple of questions that will help us personalize your MyScreen.com. On-line, when you log in to the name to be used for logging in to MyScreen.com, you will be asked to choose your own password, enter your email address and activate your services that will increase your productivity.

You may create a personalized password with a minimum of eight characters including one digit.

You will soon discover the many benefits of using MyScreen.com. One of the most significant values is our email notification service. This service is designed to help you manage your time and resources. When you log in, a message will also contain a link to the MyScreen.com website to take you directly to the login screen. By clicking on the link in your email, you will be taken directly to the information posted for your review.

Your personalized MyScreen will start as soon as your complete your first login. Any results that have been received prior to your first login will be displayed during your first login.

© 2001 - 2009 eScreen, Inc.
 Disclaimer: Internet Explorer 5.0 or higher is
 required for access to MyScreen.com

When the new user goes to the MyScreen.com Login, the user will enter the TEMPORARY user name and password provided by the clinic that set up the account.

This will take the user to a "congratulations" screen that should be reviewed. Click Next.

First Time Login for New Account

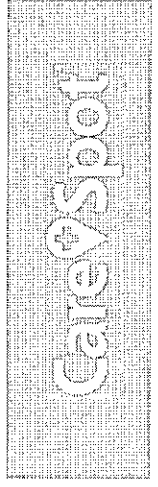
New User Setup	
User Name:	<input type="text"/>
NOTE: Passwords must be between 8 and 15 characters with 1 uppercase letter, 1 lowercase letter, and 1 number or special character.	
Password:	<input type="text"/>
Re-Type Password:	<input type="text"/>
First Name:	<input type="text"/>
Last Name:	<input type="text"/>
Email Address:	<input type="text"/>
Confirm Email:	<input type="text"/>
<input type="button" value="Save"/>	

At the New User Setup screen, the new user will create his/her own User Name and Password.

Complete the remaining fields and click Save.

The final congratulations screen will confirm that the new user has successfully set up the new account and can begin using MyeScreen.com with the new user name and password he/she just created. Click Next.

Congratulations! You have successfully created your account and are now ready to use MyeScreen.com	
When you are ready to start using MyeScreen, Click Next	
Thank You, Your MyeScreen Staff	
<input type="button" value="Next"/>	



Account Log-In

PLEASE LOG-IN

If you are a member of MyeScreen please use the fields below to sign in. If you are not currently a member and would like to explore the possibility of becoming an eScreen client please [contact us](#).

User Name:

Password:

LOG IN

RESET

If you are having problems signing in, please click [here](#).

By signing in you are agreeing to our terms and conditions. [Terms and Conditions](#)

At the MyeScreen.com main page, log in to a secure account with the newly created User Name and Password.

Access MyeScreen.com 24/7 via the web.

Home

Inbox

Drug Test Reports

Messaging

Administration

Random Generator

Scheduling

Help

Documents

Order Supplies

Account
Information

Log Off



Results

0 Positive
0 Negative
0 Other
0 Pending
0 New Total

Physicals

5 Completed

Backgrounds

0 Ordered
0 Pending
0 Completed

Messages

6 Total Message(s)
0 Unread message(s)
0 Unread High-priority message(s)

New Unread High-Priority Messages

No unread high-priority messages

MyScreen.com's main page – "MyScreen Today!" displays the Menu navigation on the left hand side of the screen. This screen is used for an at-a-glance summary of results and messages available for viewing.

Home

Inbox

Drug Test Reports

Messaging

Administration

Random Generator

Scheduling

Help

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User Inbox

The Inbox allows employers to receive, view and print confirmed drug and alcohol tests as well as monitor donor status during the screening process.

The Test Result column allows the user to monitor the status of each test in real-time. When a box appears around a donor's name, click on it to open the Specimen Results Certificate.

Inbox

Remove Checked Check All Uncheck All Print Checked

Results

Donor Name	COC	SSN#	Test Reason	Client	Test	Collection Date/Time	Test Result	Notes	Print
donor, test	984984802	111-11-1111	Pre-employment	Region 3 Area #3	CPL	13-2008 9:30:37 AM CST	RECEIVED AT LAB		
Smith, David	0054341287		Random	BROOKINGS	CPL	13-2008 9:30:37 AM CST	NEGATIVE		
Jones, Bob	0049563585		Random	SPRINGFIELD OR	CPL	13-2008 9:30:37 AM CST	NEGATIVE		
Brown, Sue	0049563586		Random	SPRINGFIELD OR	CPL	13-2008 9:30:37 AM CST	NEGATIVE		
Evans, Mike	6304066982		Random	BROOKINGS	CPL	13-2008 9:30:37 AM CST	NEGATIVE		
Doe, Jane	0049569054		Random	ROSEBURG	CPL	13-2008 9:30:37 AM CST	NEGATIVE		
Hall, John	6201647725		Random	ROSEBURG	CPL	13-2008 9:30:37 AM CST	POLICY VIOLATION		

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Find Test Result
Summary Report

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Statistics

DOT MMS

Analyte Statistics
Positive Only

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Find Test Result

Donor SSN:

Donor Name:

Chain of Custody #:

Other ID:

Search

Find Test Result

To retrieve a confirmed test result (Specimen Results Certificate) that has been purged from the pending Inbox, the user can search by donor SSN, name, Chain of Custody number or other ID in the Find Test Result module.

Summary Report - Drug Test Reports

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 - Find Test Result
 - Summary Report**
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Summary Report

Sort By: Custody Control Form Type: Both Date: Today Range: 1/7/2008 to 1/7/2008 Run Download

Save a Copy Print Email Search Review & Comment Sign

Screen 123 Summary Report

Report printed on: 1/7/2008 4:45:41 PM	Collection Date/Time	Final Verification Date/Time	Result
Donor Name	CCF	SSN#	Client
Regulation	Reason	Test	

Summary Report

A user can enter a date or date range and retrieve a summary of the drug tests for that specific period.

Turnaround Time Report - Drug Test Reports

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Date: Today

Type: Full Report

Range: 1/7/2008

to 1/7/2008

Run Report

Save a Copy

Print

Email

Search

Review & Comment

Sign

Select Text

96%

Esseen 123

Turnaround Time Report

Turnaround time for

ROSEBURG

During the period

1/7/2008 - 1/7/2008

Report printed 1/7/2008

Donor Name	SSN	Collection Time	Report Time	Test	Turnaround Time
Average turnaround time:					

Track Turnaround Time Stats

View and print a record that tracks the turnaround time from which a collection was started to the time the result was made available to the employer.

DOT MIS Report - Drug Test Reports

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DOT MIS Report

Date	Today	Type	DOT	Range	1/7/2008	Run
<div> Save a Copy Print Email Search Review & Comment Sign </div>						
<div> Select Text 125% </div>						
U.S. DEPARTMENT OF TRANSPORTATION DRUG AND ALCOHOL TESTING MIS DATA COLLECTION FORM Calendar Year Covered by this Report						
I. Employer Company Name _____ Doing Business As (DBA) Name (if applicable) _____ Address _____ Name of Certifying Official _____ Signature _____ Telephone (_____) _____ Date Certified _____ Prepared by (if different) _____ Telephone (_____) _____ C/TPA Name and Telephone (if applicable) _____ Check the DOT agency for which you are reporting MIS data and complete the information on that same line as appropriate EXERCISE A Motor Carrier Form 2						

DOT MIS Report

Users can generate and print a DOT MIS Report based on a date, time period or date range. The bottom portion of this report will be automatically populated with statistical information based on dates set by the user. This will be printed out and the top portion of the form completed manually.

Analyte Statistics Report - Drug Test Reports

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Statistics Report

Date: Today Type: Both Range: 9/1/2010 Run

Save a Copy Print Email Search 9/1/2010 Review & Comment Sign

100% 100%

MyScreen Analyte Statistics Report

Report printed on: 9/1/2010 2:05:03 PM

Analyte Statistics for MyScreen Training
from 9/1/2010 - 9/1/2010

Verified Negative by Drug	Precmployment	Reasonable Cause	Random	Post Accident	Return to Duty	Follow Up	Promotion	Transfer	Other
Totals	0	0	0	0	0	0	0	0	0
Verified Positive by Drug	Precmployment	Reasonable Cause	Random	Post Accident	Return to Duty	Follow Up	Promotion	Transfer	Other
Totals	0	0	0	0	0	0	0	0	0

Analyte Statistics Report

Users can generate and print a report that will display statistics from their drug and alcohol testing program based on negative and positive numbers by reason for test for a specified date range. This can be generated for DOT, NON-DOT or both.

Positive Only -- Drug Test Reports

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DOT HHS

Analyze Statistics

Positive Only

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Positives Only Summary Report

Sort By: Custody Control Form ▾ Type: Both ▾ Date: Today ▾ Range: 1/8/2008 to 1/8/2008 Run Download

Save a Copy Print Email Search 90% Review & Comment Sign

Screen 123 Positives Only Summary Report

Report printed on: 1/8/2008 1:46:48 PM

Donor Name	CCF	SSN#	Client	Regulation	Reason	Test	Collection Date/Time	Final Verification Date/Time	Result
------------	-----	------	--------	------------	--------	------	----------------------	------------------------------	--------

Positive Only Summary Report

Users can generate and print a report that will display all the confirmed positive tests for the date range selected.

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Messaging Inbox

Inbox		Sent Items		Period: All	
Compose New		Delete			
From	Subject	Date Sent			
<input type="checkbox"/> myeScreen Support	Maintenance reminder	9/1/2007 1:03:33 PM			
<input type="checkbox"/> myeScreen Support	test	10/23/2007 3:56:15 PM			
<input type="checkbox"/> myeScreen Support	qatest	10/24/2007 4:24:21 PM			
<input type="checkbox"/> myeScreen Support	test	12/4/2007 2:31:54 PM			
<input type="checkbox"/> myeScreen Support	test	12/4/2007 2:51:27 PM			
<input type="checkbox"/> myeScreen Support	test	12/4/2007 3:00:09 PM			

Messaging Inbox

This tool allows the user to view messages sent FROM eScreen corporate office, monitor messages sent TO eScreen corporate office and to open and read all incoming messages.

Users may compose new messages, reply to received messages and delete messages in the messaging Inbox.

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Email Notification Settings

Save Cancel

Current Result Email Settings:	Result Email Reporting is currently turned off
Result Email Notification User:	None Selected
Result Email Address:	
Current Randoms Email Notification Settings:	Randoms Email reporting is currently turned off
Randoms Email Notification User:	None Selected
Randoms Email Address:	

eMail Notification Settings

Allows the user to receive an eMail message prompting them to check their Inbox on MyeScreen.com.

For security and confidentiality reasons, test result information is NOT provided in eMail Notifications. However, it does provide a link that takes the user to the MyeScreen.com login page when there is new information to review.

User has control over setting up the receiver's email address and also activating and deactivating this feature.

User Manager - Administration

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User Manager

☒ Account Enabled

User | Services |

User Name: hntesling

Client Account: 610983 - 0

NOTE: Passwords must be at least 8 characters with 1 numeric digit.

Password:

Re-Type Password:

NOTE: Password hint is an optional reminder that only has meaning to you. It should NOT give away your password!

Password Hint:

First Name:

John

Last Name:

Doe

Email Address:

Confirm Email:

Please select Access Level privileges on the Services tab.

User Manager

This administrative tool allows admin users the capability to add, disable and edit users for the MyeScreen.com application.

There is no limit as to how many users can be set up. The Services tab allows the user to select (or restrict) the features available to each MyeScreen.com user.

Random Generator

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Random Generator

General Information - Step 1

Next Step

Company Name:	ABC Company
Printed Comments:	02 West Territory Random List
DOT Type:	<input type="radio"/> DOT <input type="radio"/> Non-DOT <input type="radio"/> Other
Pool by:	<input type="radio"/> Percents <input type="radio"/> Numbers

Download

Download a sample template

Helpful hints:

Both **Company Name** and the **Printed Comments** will appear at the beginning of the randomized report. If you are selecting a range of people based on percentages such as 50 percent of the employee population, use percents. If you know the exact number of people that you need for your randomizing sample, select Numbers.

The Random Generator tool provides employers with the ability to upload a list of employees (using an Excel® spreadsheet) into the eScreen system and then set parameters for the randomization of those names to create a random pool list.

From Step 1 – enter the information to create a report header, select type of random to be pulled and then select to either pull percent or numbers.

Click Next Step.

Population to pull - Step 2

[Back](#) [Next Step](#)

☒ I would like to pull 5 % for drug and 3 % for alcohol. I will run this process

Yearly **Yearly** Quarterly Monthly Weekly

☐ I would like to pull % for drug and % for alcohol for one time.

I would like 5 people selected as alternates.

Helpful hints:

If you are only doing one time randoms , select the second option.
If you are going to be doing randoms multiple times a year, select the first option.

The employer completes the required fields for numbers or percent of donors to be selected and chooses the frequency of the random pool.

Verify Information - Step 3

Please Confirm your random generator selections.

You have selected 5 % employees for drug and 3 % for alcohol Yearly with 5 alternates. With these settings you can expect the following if you had 100 employees:

- 5 People selected for drug test
- 3 People selected for a drug test will be selected to take an alcohol test
- 5 People selected for alternates.

Is this information correct. Click ☒ Yes or ☐ No.

Helpful hints:

The example listed is included to help you understand how many employees will be selected at your settings provided that your employee list had 100 people listed on it.

Verify the Random Generator selections.

Upload CSV File - Step 4

[Back](#)[Next Step](#)

File to upload

☐ First row contains headings.

Helpful Hints:

Click browse to help you find your csv file on your computer.

If the first row of your csv file has column headings, click the "First row contains headings" option.

The user browses and selects from their own PC files to upload the appropriate Excel® file with the list of names for the random pool.

The wizard-driven program takes the information provided and randomly selects names to produce a display record for use by the employer to implement their Random Drug Testing Program.

Click Next Step.

Random Generator

Random Generator - Results

Download CSV File

Done

Save a Copy

Print

Email

Search

Review & Comment

Sign

125%

125%

Screen 123

Random Sample Report

Company Name:

ABC Company

Report Date:

1/16/2008 9:46 AM

Printed Notes:

Q2 West Territory Random List

Test Type:

NonDOT

Frequency:

Yearly

Employee	Drug	Alcohol	Alternate
John Doe	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tim Robbins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mary Smith	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sue Browning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kathy Lee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jim Johnston	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bob Thomas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sara Towers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Katie Goodman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lee Chow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chris Tomlin	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

The final report can be viewed, printed and/or downloaded to the user's personal files. The selection can also be exported into a common spreadsheet format for ease of notification or use with other systems.



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Select Clinic

Show Default Clinics

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Select	Clinic Name	Phone	Address	City	State	ZIP
<input type="checkbox"/>	<input type="checkbox"/> Test Clinics1	8008810722	7500 W 110th St	Overland Park	KS	66210

☐ = Installed

☐ = Installed \$\$\$

☐ = Uninstalled in Network

☐ = Electronic Chain

☐ = Out of Network

☐ = Hover for Details

Select Clinic

If the user is working with a collection partner that offers more than one clinic location, they will appear here. The user can click and select the collection location.

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Settings Information

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Confirm Scheduled Event

Note: By pressing "Confirm Scheduled Event", you are scheduling this event.

Configuration:

☒ Immediate (Start time is current time.)
☐ Future (Start time must be specified)

Hours Type:

Donor has Business Days to complete test.
 EST (Please select donor time zone)

Notifications:

☐ Donor is allowed to take test up to 7 days after the test time has expired
☐ Do not display expiration time on the ePassport
☐ Send Email when donor has completed the event
☐ Send Email if the donor fails to take test by the event time
☐ Send Email notification 2 hours before scheduled event expires.

Email Address:

Scheduler Contact Info:
 Please enter the contact information in case the donor has questions
 Contact First Name
 Contact Last Name
 Contact Phone

Additional Notes for ePassport:

Settings Information

From this screen, the user can override the company settings on event time expiration (if necessary). The user will select the amount of time the donor will have to complete the event (expiration period)

The user can also activate the notifications tool so that an email update will be sent at specific stages during the event's process.

Done

Print ePassport

ePassport Notification Options

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Print out this sheet and send with the Donor to the Clinic.

OR

Email the ePassport to the donor.

Email:

☐ Do you want to send a text message reminder along with the email?

Cell Phone: ()

Option: 1 - Enter a required Standard cell phone and text message area number.

Note: If you select the option to send a text message reminder to the donor, the donor will receive a text message instructing them to check their email to download the ePassport.

Send

Save eCopy

Print

Email

Search

125

122%

Review & Comment

Sign

IT Select Text

122%

escreen.

ePassport™

For Donor Use:

Clinic Information:

MAP



AI1948896AV

ePassport

The ePassport is a document that is given to the donor and contains all the event information. The donor should present to the clinic with the ePassport, which may be printed or emailed to the donor. A reminder can also be sent to the donor via a text message.

The barcode on the ePassport is electronically scanned at the collection site (into eScreen's clinic software; eScreen123) and the drug test and/or alcohol test collection process begins.



ePassport™



AI1948896AV

For Donor Use:

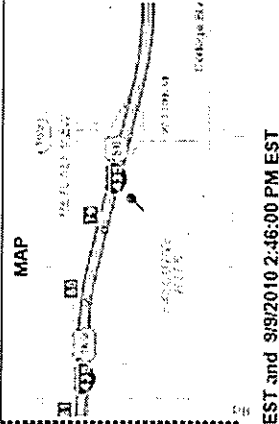
Clinic Information:

Test Clinic:
7502 W 112th St
Cra 560
Overland Park, KS 66210
800-881-0722

DON'T FORGET!

- ePassport
- Photo ID
- All other documents provided by employer
- Call clinic to confirm their hours of service

Scheduled Time: Between 9/1/2010 2:45:37 PM EST and 9/9/2010 2:45:00 PM EST



For Clinic Use:

Scan the ePassport barcode into eScreen123.

Confirmation #: AI1948896AV

Regulation: NON-DOT

Reason for Test: Pre-employment

Services to be performed:

eCup Intra-Test

Scheduled Event Details will appear.

Donor Information

Name: Joe Thompson

Other ID:

eScreen Acct #: 10-222

Employer Name: MyScreen Training

Additional Requirements/Notes:

Contact eScreen Client Services with questions: (800) 881-0722 ext. 5

ePassport

The barcode on the ePassport is electronically scanned at the collection site (into eScreen's clinic software; eScreen123) and the drug test and/or breath alcohol process begins.

Scheduling

SCHEDULING

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First Name: John
 Last Name: Smith
 SSN: - -
 Other ID:
 Confirmation #: AI10638290R
 Start Date: / /
 End Date: / /
 Filter Status by: All

Search Done

Name	Confirmation #	Test	Status	Clinic Name	Clinic Phone	Start Date/Time	End Date/Time
Smith, John	AI10638290R	eCup Instant Test	Expired	Test Clinics1	800-881-0722	7/30/2009 10:59:13 AM	7/31/2009 10:59:00 AM

A user can view all the scheduled events for a specific day or date range by using the Scheduled Event History option.

A user can update the test date, cancel the test, edit the donor information and reprint the ePassport by clicking on the Select button next to the donor's name.

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Scheduled Event Information

Confirmation #: AF10038290R

Scheduled Event History

[Reprint ePassport](#) [Done](#)
This event expired more than 7 days ago. Please schedule a new event.

Scheduled Services/Status:

eScreen eReader instant test **Expired** Reason for Test: Pre-employment

Client:

Donor Name: MyScreen Training
Social Security Number: John Smith
Date Of Birth: 375-57-4747
12/12/1988 (MM/DD/YYYY)

Day Phone: (846) 464-6464 Ext. 6
Evening Phone: Ext. 0
Other ID:

Clinic:

Clinic Address: Test Clinics1
Clinic Phone #: 7500 W 110th St Ste 500 Overland Park, KS 66210
(800) 088-1072

Start Date:

Expiration Date: 07/30/2009 10:59 AM
07/31/2009 10:59 AM

Configuration:

☒ Do not display expiration time on the ePassport

☐ Donor is allowed to take test up to 7 days after the test time has expired

☐ Send email When Donor has completed the event.

☐ Send Email if the donor fails to take the test by the event time.

☐ Send Email notification 2 hours before scheduled event expires

E-Mail Address:

Additional Notes for ePassport:

Once the user selects the scheduled event, all the details of the event can be viewed, a reprint of the ePassport can be printed, and the history tab can be opened to show all the activity on that event.

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DOCUMENTS

Generate ePassport

For those users that do not utilize the Scheduling tool, they can still create a non-scheduled, customer-specific ePassport that is given to the donor to present at the eScreen collection facility.

This ePassport is also scanned at the collection site and ensures the result is reported correctly to the employer location.

ePass

Email

Send Email

Date

Save a Copy Print Email Search

Select Text 130% Review & Comment Sign

e-screen.

Applicant / Donor Information

Please present this information sheet to the clinic listed below for drug screen collection services:

ABC Clinic
 123 Main Street
 Overland Park, KS 66210
 913-222-5555

☐ Follow-up

☐ Post-accident

☐ Periodic Medical

☐ Pre-employment


☐ Return-to-duty

☐ Promotion

☐ Reasonable suspicion/cause

☐ Transfer

☐ Other



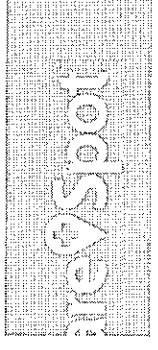
CID483720

In most cases, (since this ePassport is NOT event specific), this document is printed and copies are handed out to donors as needed for drug screens. The ePassport can be filled in manually by the employer for type of test, reason for test and donor's name.

Links of Interest

Links

- eScreen 123 demo for center processing
 - www.escreen.com/eScreen123forCollectionSites
- eReader demo
 - www.escreen.com/eReaderProcess
- MyeScreen demo
 - www.escreen.com/eScreen-MyeScreenForEmployers
- Overall eScreen
 - www.myescreen.com
- MyeScreen
 - <https://www.myescreen.com>
- eScreen Customer Service: 1-800-881-0722 option 5



Care+SpotTM

Express Healthcare