

**RFP #012-018**

**CITY CLERK  
CITY OF KEY WEST FLORIDA  
CITY HALL, 1300 WHITE ST.  
KEY WEST, FLORIDA 33040**

Antonio Gandia MD, FACEP

# Table of Content

---

Tab I	Cover Letter/Management Summary
Tab II	Medical Qualification Experience/C.V.
Tab III	Cost of Service
Tab IV	Commitment to Clinical Performance/Business Plan
Tab V	References
Tab VI	Physician Group Involvement
Tab VII	Acceptance Conditions
Tab VIII	Required Form Submittals

**TAB 1**  
**COVER LETTER/MANAGEMENT**  
**SUMMARY**

Antonio Gandia  
MD, FACEP  
954-326-1946  
agandiamd@gmail.com

## LETTER OF INTENT

### EXPERIENCE AND HISTORY IN EMS

Thank you for allowing me to participate in the RFP process at Key West Fire Rescue Department. It is an honor and pleasure to be considered for the position of Medical Director to Fire Rescue. I have been involved in the Fire/EMS service since 1991.

My first involvement in EMS was with North Lauderdale Fire Rescue where I served as Medical Director during their transition from Broward County EMS. At that time, I was also the Medical Director for a local EMT/Paramedic School and we were able to establish a Paramedic class that ultimately served to staff the North Lauderdale Fire Rescue Department. We recently had the opportunity to run a similar Paramedic class at Key West Fire Rescue graduating eighteen Paramedics. I continued to be active in local, state and national EMS issues and projects. I have been member of numerous committees including many with the Florida College of Emergency Physician, AHA and many within the county, most recently I was appointed to the Florida Department of Health EMS Advisory Council, a 15 member committee that gives recommendations directly to the Governor. In the 1990's I was Co-Founder and Medical Director for the Broward EMS Invitational Competition. This

was an excellent educational tool for EMS and has continued its tradition celebrating it's 23<sup>rd</sup> years this year. An offshoot of that has been the Broward EMS Conference that now has attendance of nearly 500 participants.

As my involvement continued I was elected President of the Florida Association of EMS Medical Directors. During my tenure I was able to establish two position papers from this organization, one was on the transport of STEMI patients to direct Cath facilities and the other was the EMS transport of Stoke patients to the most appropriate Stroke facility.

During this time NLFR was one of 19 EMS systems in the country that was involved in the treatment of acute MI with thrombolytics. This ultimately led to the hospitals moving towards active participation in Cath Centers. Soon after this we got involved in the Stroke Act in Florida, as one of the leaders for the AHA/ASA we helped pass the Stroke Act. I was honored and fortunate to receive the Stroke Advocate of the Year award at the International Stroke Conference in San Diego, and one of the first Emergency Medicine physician to win this award. Later that year I was awarded the Distinguished Service Award by the Florida AHA.

We continued to move forward with innovations in EMS by starting the first project with CPAP in the pre-hospital arena. We were able to secure some funding and vendor support to pilot the CPAP protocols which is now standard of care. With these projects Broward County was becoming a leader in EMS in our state. In 2006 I was awarded with the honor of being named EMS Medical Director of the Year by the Department of Health.

Throughout this time we continue to attempt to bring all our agencies in Broward County to review and adopt a "Common Protocol". I was one of the senior authors and editors to the "Broward County Common Protocol".

This was a great countywide project and with great collaboration we manage to bring all agencies to contribute and adopt similar protocols. In addition, we were able to present our protocol to a publishing company and negotiate a deal to get these protocols in book form and at a greatly reduced price for the county.

Educationally I have been involved in training EMT/Paramedic students since 1990, I have had teaching appointments and still maintain appointments at University of Miami Miller School of Medicine, Nova Southeastern Medical School, FIU medical school, preceptor for Barry University PA programs and continue to maintain Medical Directorships at EMT/Paramedic schools.

In addition I am the Pre-Hospital Medical Director to the Emergency Medicine Program at Mount Sinai Medical Center Residency Program. These doctors in training rotate with me during their EMS rotation block and join me at most of the EMS agencies that we are involved with.

They are an excellent resource for the Medics and ultimately they find a mutual respect for each other.

I have been involved in small to medium size EMS systems, and with my 30 years of local experience I have been able to create some longstanding relationships locally and at the State level. In 2011 I was awarded the Ralph Marrison Lifetime Achievement Award for Outstanding Contribution in the field of EMS.

For the most part of my career in Emergency Medicine I have been involved in Pre-Hospital Emergency Medicine. I have been fortunate to be involved in the local, state and national EMS arena with wonderful experiences and education.

Personally, I am the proud father of three adult children, one is studying to be a nurse, one is a mechanical engineer and my eldest son is a proud



TAB II  
MEDICAL QUALIFICATION  
EXPERIENCE/C.V.



## LIST OF QUALIFICATIONS

- EMERGENCY PHYSICIAN IN BROWARD COUNTY SINCE 1988
- EMERGENCY DEPT MED DIR SINCE 1991
- BOARD CERTIFIED IN EMERGENCY MEDICINE
- FELLOW AMERICAN COLLEGE OF EMERGENCY PHYSICIAN
- EMS MEDICAL DIRECTOR SINCE 1991  
NORTH LAUDERDALE FIRE RESCUE  
MARGATE COCONUT CREEK FIRE RESCUE  
LIGHTHOUSE POINT FIRE RESCUE  
MIRAMAR FIRE RESCUE
- EMS EDUCATOR
- AUTHOR/EDITOR EMS PROTOCOLS
- ACTIVE INVOLVEMENT IN FIRE/EMS LOCALLY, STATEWIDE AND NATIONALLY
- MEMBER FLORIDA DEPARTMENT OF HEALTH EMS ADVISORY COUNCIL
- Co-Chair Medical Care Committee-EMS Advisory Council Department of Health
- Broward County EMS Advisory Council Member.
- Broward County EMS Advisory Council-Secretary/Treasurer



American  
Heart  
Association®

# PALS

## Training Center Faculty

Dr. Antonio Gandia

has been appointed as a  
Pediatric Advanced Life Support  
Training Center Faculty  
for the American Heart Association.

Nationwide Health LLC.

TC Name

09/2018-09/2020

Term

Richard Matherly

TC Coordinator

Florida

Region



# ACLS Training Center Faculty

Dr. Antonio Gandia

has been appointed as an  
Advanced Cardiovascular Life Support  
Training Center Faculty  
for the American Heart Association.

Nationwide Health LLC.

TC Name

09/2018-09/2020

Term

Richard Matherly

TC Coordinator

Florida

Region

# American Board of Physician Specialties

*The Board of Certification in  
Emergency Medicine*

*affirms that*

## Antonio Bandia, M.D.

*has met all requirements of this Board and is hereby conferred  
as a Diplomate of this Board in the Specialty of*

### Emergency Medicine

**Certificate Number**

03-1784

**Certified Since**

2003

**Recertified**

2013

**Expiration Date\***

December 31, 2021

*William J. Garity, D.O., FAAIM, ABPS Chair*

*David J. Lovinski, M.D.*

*Lee Maxwell-Schmidt, M.D., FAAP, FACEP, BCEM Chair*

*William R. Schoore, ABPS Chief Executive Officer*



*William J. Garity*  
William J. Garity, D.O., FACSFP, ABPS Vice-Chair

*David R. Meece*  
David R. Meece, M.D., FAAP, FACEP, BCEM, Vice Chair

*Andrea Balboa Cook*  
Andrea Balboa Cook, ABPS Asst. Director of Certification

From: Antonio Ganda cagmxg@aol.com  
Subject: Dea  
Date: September 10, 2018 at 12:30 PM  
To: cagmxg@aol.com



Form DEA-223 (8/2016)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BG1692183	09-30-2021	\$731

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	PRACTITIONER	08-29-2018

GANDIA, ANTONIO  
ANTONIO GANDIA  
2845 AVENTURA BLVE  
AVENTURA, FL 33180-0000

DEPARTMENT OF JUSTICE  
U.S. DEPARTMENT OF JUSTICE  
DRUG ENFORCEMENT ADMINISTRATION  
WASHINGTON D.C. 20537

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

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

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

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

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

Sent from my iPhone



# Provider

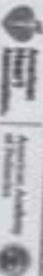


## Arctic Circle

The above provider has successfully completed the training and testing requirements to participate with the provider of the program and has been assigned to the following location: **020710017**

020710018  
Arctic Circle Program Site

## PEDIATRIC ADVANCED LIFE SUPPORT



## PALS Provider

The above provider has successfully completed the training and testing requirements to participate with the provider of the program and has been assigned to the following location: **020700018**

020700019  
Pediatric Advanced Program Site

## HEALTHCARE PROVIDERS

## Healthcare Provider



## Arctic Circle

The above provider has the training and testing requirements to participate with the provider of the program and has been assigned to the following location: **020710017**

020710018  
Arctic Circle Program Site

## ADVANCED CARDIOPULMONARY LIFE SUPPORT

Arctic Circle  
Finger County BOCG 5114 #20024

020710017  
Finger County, FL 32110 (981) 479-4028

Medical Career Institute

Richard Gonzalez 561-514-0500

020710018

020710019

## PEDIATRIC ADVANCED LIFE SUPPORT

Arctic Circle  
Finger County BOCG 5114 #20024

020710017  
Finger County, FL 32110 (981) 479-4028

Medical Career Institute

Richard Gonzalez 561-514-0500

020710018

020710019

## HEALTHCARE PROVIDERS

Arctic Circle  
Finger County BOCG 5114 #20024

020710017  
Finger County, FL 32110 (981) 479-4028

Medical Career Institute

Richard Gonzalez 561-514-0500

020710018

020710019



## Antonio Gandia, MD

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

Name: **Antonio Gandia, MD, FACS**     **Hoboken, NJ, FACS**  
 Title: **Chief**

Chairman,  
 ATLS Subcommittee

ACS Chairman,  
 State/Provincial  
 Committee on Trauma

ATLS Course Director

Date of Issue: 11/19/2004

Date of Expiration: 11/19/2008



AMERICAN COLLEGE  
 OF SURGEONS

Inspiring Quality.  
 Highest Standards.  
 Better Outcomes.



### Antonio Gandia, MD

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

Date: 11/19/2004

Expiration Date: 11/19/2008

Name: **Antonio Gandia, MD, FACS**

Hoboken, NJ, FACS

Chairman,  
 ATLS Subcommittee

ACS Chairman,  
 State/Provincial  
 Committee on Trauma

CS 1000-08 Course Director ATLS ID 111904

Replacement ATLS cards are available for a \$19 USD fee.



# THE AMERICAN COLLEGE OF EMERGENCY PHYSICIANS

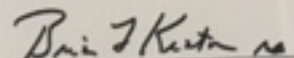
*We certify that*

ANTONIO GANDIA, MD, FACEP

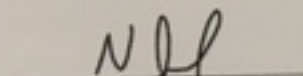
*Having fulfilled the requirements has been elected a*

FELLOW OF THE AMERICAN COLLEGE OF EMERGENCY PHYSICIANS

*October 2008*

  
Brian F. Keaton, MD, FACEP  
Chairman



  
Nick Jouriles, MD, FACEP  
President



American College of

AC# 7514313

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
01/07/2017	ME 53887	566098



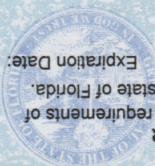
**QUALIFICATION(S):**  
DISPENSING PRACTITIONER

The **MEDICAL DOCTOR** named below has met all requirements of the laws and rules of the state of Florida.

Expiration Date: **JANUARY 31, 2019**  
**ANTONIO GANDIA**  
2845 AVENTURA BLVD  
AVENTURA, FL 33180

DATE	LICENSE NO.	CONTROL NO.
01/07/2017	ME 53887	566098

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
DIVISION OF MEDICAL QUALITY ASSURANCE  
AC# 7514313



The **MEDICAL DOCTOR** named below has met all requirements of the laws and rules of the state of Florida.  
Expiration Date: **JANUARY 31, 2019**  
**ANTONIO GANDIA**

LICENSEE SIGNATURE

*[Signature]*

Celeste M. Philip, M.D., M.P.H.  
Surgeon General and Secretary

*[Signature]*

Rick Scott  
GOVERNOR

QUALIFICATION(S):  
Dispensing Practitioner

DISPLAY IF REQUIRED BY LAW

**TAB III**  
**COST OF SERVICE**  
**ANNUAL FEE FOR SERVICE**

# **COST/FINANCIAL PROPOSAL**

**COST:**

The cost would be \$40,000 dollars per year to be paid in 12 equal installments each month.

This includes the med/mal insurance as requested in RPF.

TAB IV  
COMMITMENT TO CLINICAL  
PERFORMANCE/BUSINESS PLAN

Duties and Responsibilities of the Medical Director will be but not limited to the following:

1. Supervise and accept direct responsibilities for the medical performance of the paramedics and EMT's working for the City. Medical Director will retain the ultimate authority to permit and/or prohibit any paramedic or EMT to use advanced life support or other emergency medical procedures. The area of responsibility will include, but not limited to, on-duty field personnel, on-duty command personnel, and dispatch personnel.
2. To continually evaluate the medical capability of the paramedics and EMT's of the Key West Fire Department and offer advice regarding the appropriate levels and standards of care that should be achieved. This evaluation will be accomplished through written testing, performance-based testing, and direct observation during patient transport and treatment events.
3. Develop medically correct EMS Protocols that permit specified ALS procedures be used when field paramedics cannot establish communication with a physician at a receiving hospital, or when a delay in patient care would potentially threaten the life or health of the patient. Furthermore, these orders will also state allowed ALS procedures that may be performed before establishment of communication with a physician at a receiving hospital.
4. To annually review the EMS Protocols for accuracy within local, state, and federal standards of care guidelines. To accept responsibility for the medical correctness of any standing order that he/she authorizes for use and for properly instructing regarding the correct use of the Standing Orders.
5. Develop EMS Protocols that ensure the transport of patients to facilities that offer a type of level of care appropriate to the patient's condition (e.g. Trauma Transport Protocols).

6. Develop medically correct EMS Protocols, which permit EMT's to perform specified advance BLS procedures. These procedures will include but not limited to, normal day to day BLS functions, automatic/semiautomatic defibrillation, esophageal intubations, and inter-facility monitoring and maintenance of non-medicated intravenous therapy.
7. Prepare and maintain a written document that outlines any deviations to the Trauma Transport Protocol including the circumstances and Medical Director's opinion.
8. Create, authorize, and ensure adherence to detailed written operating procedures regarding all aspects of the handling of medications, fluids and controlled substances, and accepts responsibility that the security procedures meet Chapters 499 and 893 F.S. and 64J-2 F.A.C.
9. Ensure that all EMT's and paramedics in the system are trained in the use of the trauma scorecard methodology as provided in Section 64J-2 F.A.C
10. Develop and/or approved a forty (40) hour EMT and forty (40) hour paramedic refresher course for the biennial certification process, which is based on the 24/48 shift, worked by field personnel.
11. Develop and/or approve order selected topics as required by local, state and federal laws,(e.g communicable diseases, SIDS,ect.)
12. Develop and/or participate in a patient care Quality Assurance program to assess the medical performance of paramedics and EMT's. Auditing of personnel will include but in not limited to a prompt run report review, direct observation on emergency scenes as well as on transport units and comparison of performance standards for drugs, equipment, protocols, and procedures.
13. Notify the Bureau of EMS in writing when there is a substitution of equipment or medication as directed by Section 64J- 2 F.A.C.
14. Conduct periodic review sessions KWFD personnel regarding medical management of individual medical cases.



15. Recommend and/or approve equipment, medication and Standing Orders for use by KWFD that meet or exceed Section 64J F.A.C..
16. Provide the system with continuous on-line medical control twenty-four (24) hours per day, seven (7) days per week, which shall include medical direction to personnel, resolve systems conflict, and provide services in an emergency as defined in Section 252.34 (3).
17. Establish an emergency administrative call schedule in which an appointed physician will be on call during periods of vacations, holidays, and other occasions where the Medical Director may be unavailable for consultation/direction.
18. Serve as liaison between KWFD senior management and the department's occupational physician about annual employee physicals, medical clearance's and matters involving health and wellness.
19. Develop and maintain a system to review and evaluate new medications EMS equipment and innovative EMS patient care to the City of Key West.
20. Review emergency medical procedures for possible elimination of medications, equipment and treatment modalities that no longer provide effective and efficient care and treatment for emergency patients.



# Medical Director for Fire Rescue

## RFP 012-18

### STATEMENT OF WORK

#### A. SERVICES TO BE PROVIDED

The Medical Director shall perform duties including advising, consulting, training, counseling and overseeing services, which will include administrative and management functions. In order to optimize medical direction of Key West Fire-Rescue Emergency Medical Services, the physician(s) functioning as Medical Director will at a minimum:

The provider will comply with all components of State of Florida Administrative Rule 64J-1.004 and Florida Statute Chapter 401.

Serve as a patient advocate in the City of Key West EMS system. [L]  
[SEP]

Set and ensure compliance with patient care standards including communications standards and medical protocols.

Develop and implement protocols and standing orders under which the pre-hospital care provider functions.

Identify treatment modalities for the inclusion into medical treatment protocols. Develop and implement an agenda for the provision of current medical direction.

Evaluate and provide feedback on new or existing EMS technologies for the inclusion into the system.

Ensure the appropriateness of initial qualifications of pre-hospital personnel involved in patient care.

Ensure that the qualifications of pre-hospital personnel involved in patient care are maintained on an ongoing basis through education, testing, and credentialing. In addition, periodic validation of skill proficiency of personnel and entry level medical training and credentialing of pre-hospital personnel based on local and recognized national standards.

Set and/or approve medical standards for individuals at a higher level of patient care responsibility (e.g. Captains', Lieutenants', or "specialty" paramedics). Alternatively, for all pre-hospital providers, maintain official authority to limit the medical activities of patient care providers for cause secondary to deviation from established clinical standards of practice or by not meeting training standards.

Develop and implement an effective quality improvement program for continuous system and patient care improvement.

Based on review of current pre-hospital and appropriate medical literature and trends, provide a monthly forum for evaluation of possible application and/or inclusion of current therapies.

Maintain liaison with the medical community including, but not limited to hospitals, emergency departments, physicians, other pre-hospital providers/agencies and nurses, and maintain regular contact with ED directors. Attend the all trauma CQI meetings where a Key West

Fire Rescue incident is on the agenda Attend, and actively participate in Key West Fire Rescue CQI meetings. Report to the Professional Standards Division Chief the results of the meetings.

Interact on a continued basis with state, regional and local EMS authorities to ensure standards, needs and requirements are met and resource allocation is optimized.

Support the coordination of activities such as automatic aid, disaster planning and management, hazardous materials response, stroke and cardiac alerts.

Promulgate public education and information on the prevention of emergencies. [L]  
[SEP]

Maintain knowledge levels appropriate for an EMS Medical Director through continued education as required in 64J-1 F.A.C.

Provide for a Medical Director “off-line” coverage when unavailable. These arrangements will be made by the Medical Director and made known to Key West Fire-Rescue EMS staff officers (e.g. EMS Division, Assistant Chief-Operations, etc.) at least 24 hours in advance. The expectation is that a formal relationship exists between the provider and the covering physician and that the City of Key West approves of the coverage.

Develop policies and protocols to keep Key West Fire-Rescue as a premier provider of out-of-hospital medical care.





Date: September 12, 2018

## Proposed Training

- ACLS
- PALS
- AMLS
- PHTLS
- Stroke Training with R.A.C.E. scoring methodology
- Instructor Classes for ACLS, PALS, to establish in-house training for greater efficiency and savings
- Community Paramedic Program initiative and training.
- 12 Lead EKG review and training
- Advance airway and Surgical airway training with RSI
- Level A Florida EMS Instructor, on-line
- Level B Florida EMS Instructor, on-line
- Patient Assessment, on-line
- HIV/AIDS Awareness, on-line
- Burn Management, on-line
- State of Florida EMT refresher, on-line (offered to any KWFR employee)
- State of Florida Paramedic Refresher, on-line, (offered to any KWFR employee)
- Disaster Management
- Will establish any courses that would be requested and needed by KWFR Fire Rescue with the educational resources of INCEP and the Mount Sinai Medical Center Emergency Medicine Training Program. These can be done in house or via on-line platform. Examples such as Fire Officer I/II and others.
- With our affiliation agreements with SEMA and others we can offer the ability to the staff whom which to continue their educations to receive AS and BS degrees in various programs.



## TRANSITION PLAN

- **Seamless:** Proposer has been involved in Broward's EMS systems for over 25 years and is well aware of local and State protocols and how they have developed.
- **Key West Fire Rescue** would continue with the current protocols and will be reviewed as customary and involve **Key West FR** in collaborative review with other local EMS systems. Proposer will follow states statue 64J as to review and revision as necessary.
- **Medical Director** will meet immediately with **Administrative staff**, many of which are familiar with **Proposer**, and subsequently meet with the local crews of each station and **City**.
- **Proposer** will immediately represent **Key West Fire Rescue** at local and State committees.
- **Proposer** will meet with each of the specialty units within **Key West Fire Rescue** and discuss operations and plans for the future
- **Proposer** will evaluate **Key West Fire Rescue's** potential for research opportunities and involve the **Emergency Medicine Residency Program** of **Mount Sinai Medical Center** for collaboration and help in developing potential projects. In addition will look for potential grant projects within the county and State there is a focus on rural agencies as it relates to grants.



TAB V  
REFERENCES



**REFERENCES:**

Fire Chief Rodney Turpel  
North Lauderdale Fire Rescue  
6151 Bailey Road  
North Lauderdale, Fl. 33068  
Cell: 402-943-9356

EMS Battalion Chief Bill McGrath  
North Lauderdale Fire Rescue  
6151 Bailey Road  
North Lauderdale, Fl. 33068  
Cell: 954-895-4315

Fire Chief Dan Booker  
Margate Coconut-Creek Fire Rescue  
1811 Banks Road, Margate, FL.33063  
Cell: 954-325-7113

EMS Chief Luis Villar  
Margate Coconut-Creek Fire Rescue  
1811 Banks Road, Margate, FL.33063  
Cell:954-299-7959

Fire Chief J. Johnson  
Marathon Fire Rescue  
8900 Overseas Highway  
Marathon, Fl. 33050  
Cell: 561-352-7954

- **HOSPITAL AFFILIATIONS**

Mount Sinai Medical Center  
Miami Beach, FL.-current

University Hospital and Medical Center  
Tamarac, FL.,-current

West Boca Medical Center  
Coconut Creek Campus  
Coconut Creek, FL., current

Florida Medical Center  
Lauderdale Lakes, FL.  
Davie Campus, -current

Palmetto Hospital  
Hialeah, FL., past

- **FIRE RESCUE MEDICAL DIRECTION:**

Margate Coconut Creek Fire Rescue  
Margate FL., present

North Lauderdale Fire Rescue  
North Lauderdale FL., present

Lighthouse Point Fire Rescue  
Lighthouse Pointn FL.,- passed

Miramar Fire Rescue  
Miramar FL., passed

TAB VI  
PHYSICIAN GROUP INVOLVEMENT

- Florida College of Emergency Physicians member 30 years
- FCEP EMS/Trauma Comm
- Florida Coll. EM Phys./Florida Hospital Assoc. Chair.  
Freestanding Emergency Department Committee
- Florida Assoc of EMS Med Director (past president/Exc. Comm  
member)
- Member Nominating Comm./Fl Assoc Med Dir. For State EMS  
Medical Director
- Member National Assoc. EMT
- Member Florida Assoc EMS Educators
- Member Florida Department of Health EMS Council
- Member Broward County EMS Coucil
- Vice President Greater Broward EMS Med. Dir Assoc.
- Member National Assoc. EMS Physicians
- Member Broward County EMS Sub Comm.

TAB VII  
ACCEPTANCE OF CONDITIONS



No exceptions

**TAG VIII**  
**REQUIRED FORM SUBMITTALS**

From: bmcgrath@semedicalacademy.com  
Subject: business license  
Date: September 7, 2018 at 5:20 PM  
To: Agandia cagmxg@aol.com

Bill McGrath MPS; NREMT-P  
Program Director  
888-983-2423



**2017 / 2018  
MONROE COUNTY BUSINESS TAX RECEIPT  
EXPIRES SEPTEMBER 30, 2018**

Business Name: SOUTHEASTERN MEDICAL ACADEMY  
Owner Name: INTERNATIONAL CONSULTING & EDUCATION PARTNERS LLC, WILLIAM  
Mailing Address: 17809 60TH LANE NORTH  
LOXAHATCHEE, FL 33470  
Business Location: 8900 OVERSEAS HWY  
MARATHON, FL 33050  
Business Phone: 888-983-2423  
Business Type: INSTRUCTION NON-REGULATED (EMT & PARAMEDIC TRAINING )

RECEIPT# 49110-114703

6

Tax Amount	Transfer Fee	Sub-Total	Penalty	Prior Years	Collection Cost	Total Paid
30.00	0.00	30.00	0.00	0.00	0.00	30.00

Paid 102-16-00006174 07/17/2017 30.00

THIS BECOMES A TAX RECEIPT  
WHEN VALIDATED

**Danise D. Henriquez, CFC, Tax Collector**  
PO Box 1129, Key West, FL 33041

THIS IS ONLY A TAX.  
YOU MUST MEET ALL  
COUNTY AND/OR  
MUNICIPALITY PLANNING  
AND ZONING REQUIREMENTS.

**MONROE COUNTY BUSINESS TAX RECEIPT**  
P.O. Box 1129, Key West, FL 33041-1129  
**EXPIRES SEPTEMBER 30, 2018**

Business Name: SOUTHEASTERN MEDICAL ACADEMY

RECEIPT# 49110-114703

Business Location: 8900 OVERSEAS HWY  
MARATHON, FL 33050

Owner Name: INTERNATIONAL CONSULTING &  
Mailing Address: EDUCATION PARTNERS LLC, WILLIAM  
17809 60TH LANE NORTH  
LOXAHATCHEE, FL 33470

Business Phone: 888-983-2423  
Business Type: INSTRUCTION NON-REGULATED (EMT &  
PARAMEDIC TRAINING)

6

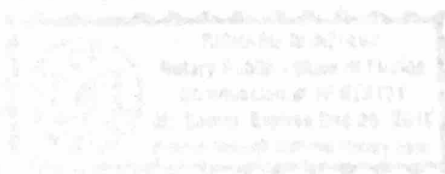
Tax Amount	Transfer Fee	Sub-Total	Penalty	Prior Years	Collection Cost	Total Paid
30.00	0.00	30.00	0.00	0.00	0.00	30.00

**Paid 102-16-00006174 07/17/2017 30.00**

By: *[Signature]*

Amount paid in full before tax on the 13<sup>th</sup> day of September 2018

NOTARY PUBLIC - State of Florida - Judge



**ANTI-KICKBACK AFFIDAVIT**

STATE OF Florida )

: SS

COUNTY OF Lee )

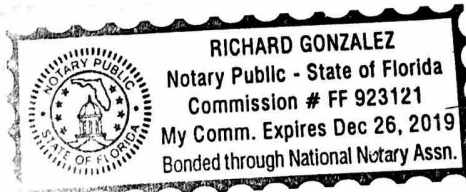
I, the undersigned hereby duly sworn, depose and say that no portion of the sum herein bid will be paid to any employees of the City of Key West as a commission, kickback, reward or gift, directly or indirectly by me or any member of my firm or by an officer of the corporation.

By: Antonio GANDIA

Sworn and subscribed before me this 12 day of September 2018

NOTARY PUBLIC, State of Florida at Large

My Commission Expires:



\*\*\*\*\*

**EQUAL BENEFITS FOR DOMESTIC PARTNERS AFFIDAVIT**

STATE OF Florida )

: SS

COUNTY OF Lee )

I, the undersigned hereby duly sworn, depose and say that the firm of \_\_\_\_\_

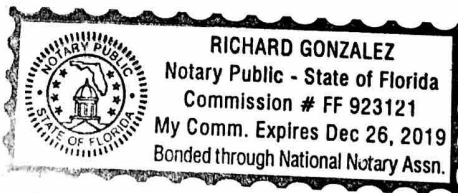
Antonio Gaudin  
provides benefits to domestic partners of its employees on the same basis as it provides benefits to employees' spouses, per City of Key West Code of Ordinances Sec. 2-799.

By: Antonio Gaudin / [Signature]

Sworn and subscribed before me this 12 day of September 2018

NOTARY PUBLIC, State of Florida at Large

My Commission Expires:



[Signature]

\*\*\*\*\*

**CONE OF SILENCE AFFIDAVIT**

STATE OF Florida )

SS

COUNTY OF Lee )

I, the undersigned hereby duly sworn, depose and say that all owner(s), partners, officers, directors, employees and agents representing the firm of Antonio Gardin have read and understand the limitations and procedures regarding communications concerning City of Key West Code of Ordinances Sec. 2-773 Cone of Silence.

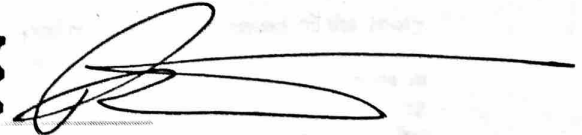
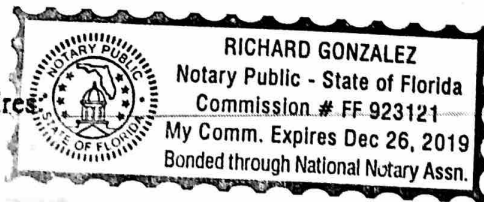
By: Antonio Gardin / 

Sworn and subscribed before me this

12 day of September 2018

NOTARY PUBLIC, State of Florida at Large

My Commission Expires



\*\*\*\*\*

**SWORN STATEMENT UNDER SECTION 287.133(3)(A)  
FLORIDA STATUTES ON PUBLIC ENTITY CRIMES**

*THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICER AUTHORIZED TO ADMINISTER OATHS.*

1. This sworn statement is submitted with Bid or Proposal for RFP #012-018

2. This sworn statement is submitted by Antonio Gandia  
(name of entity submitting sworn statement)

whose business address is 8900 OVERSEAS HWY  
Munithon, FL 33050

and (if applicable) its Federal Employer Identification Number (FEIN) is \_\_\_\_\_

(If the entity has no FEIN, include the Social Security Number of the individual

signing this sworn statement \_\_\_\_\_

3. My name is \_\_\_\_\_  
(please print name of individual signing)

and my relationship to the entity named above is \_\_\_\_\_

4. I understand that a "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 or contract for goods or services to be provided to any public or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, material misrepresentation.

5. 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 any federal or state trial court of record relating to charges brought by indictment information after July 1, 1989, as a result of a jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.

6. I understand that an "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 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.





**CITY OF KEY WEST INDEMNIFICATION FORM**

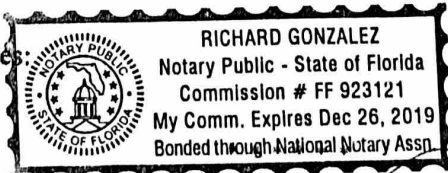
To the fullest extent permitted by law, the VENDOR expressly agrees to indemnify and hold harmless the City of Key West, their officers, directors, agents and employees (herein called the "indemnitees") from any and all liability for damages, including, if allowed by law, reasonable attorney's fees and court costs, such legal expenses to include costs incurred in establishing the indemnification and other rights agreed to in this Paragraph, to persons or property, caused in whole or in part by any act, omission, or default by VENDOR or its subcontractors, material men, or agents of any tier or their employees, arising out of this agreement or its performance, including any such damages caused in whole or in part by any act, omission or default of any indemnitee, but specifically excluding any claims of, or damages against an indemnitee resulting from such indemnitee's gross negligence, or the willful, wanton or intentional misconduct of such indemnitee or for statutory violation or punitive damages except and to the extent the statutory violation or punitive damages are caused by or result from the acts or omissions of the VENDOR or its subcontractors, material men or agents of any tier or their respective employees.

Indemnification by VENDOR for Professional Acts. VENDOR hereby agrees to indemnify the City of Key West and each of its parent and subsidiary companies and the directors, officers and employees of each of them (collectively, the "indemnitees"), and hold each of the indemnitees harmless, against all losses, liabilities, penalties (civil or criminal), fines and expenses (including reasonable attorneys' fees and expenses) (collectively, "Claims") to the extent resulting from the performance of VENDOR's negligent acts, errors or omissions or intentional acts in the performance of VENDOR's services, or any of their respective affiliates, under this Agreement. If claims, losses, damages, and judgments are found to be caused by the joint or concurrent negligence of the City of Key West and VENDOR, they shall be borne by each party in proportion to its negligence.

VENDOR: Antonio gandia SEAL:  
8100 OVERSEAS HWY, Marathon FL.  
Address  
[Signature]  
Signature  
Antonio GANDIA  
Print Name  
IND. PRCEP  
Title  
DATE: September 12, 2018

NOTARY PUBLIC, State of Florida at Large

My Commission Expires:



[Signature]

If Sole Proprietor or Partnership

IN WITNESS hereto the undersigned has set his (its) hand this 12<sup>th</sup> day of September 2018

[Signature]  
Signature of Bidder

NO FACEP, [initials]  
Title

If Corporation

IN WITNESS WHEREOF the undersigned corporation has caused this instrument to be executed and its seal affixed by its duly authorized officers this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

(SEAL)

\_\_\_\_\_  
Name of Corporation

By \_\_\_\_\_

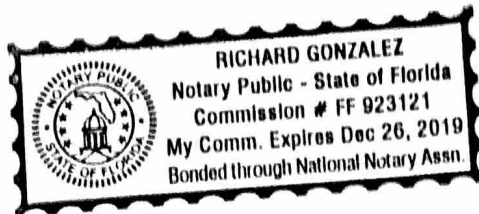
Title \_\_\_\_\_

Attest \_\_\_\_\_  
Secretary

Sworn and subscribed before me this 12 day of September 2018

NOTARY PUBLIC, State of Florida, at Large

My Commission Expires: 12/26/19



[Signature]

7. I understand that a "person" as defined in Paragraph 287.133(1)(8), Florida Statutes, means any natural person or 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 for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

8. 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).

Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor any affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989, AND (Please indicate which additional statement applies.)

There has been a proceeding concerning the conviction before a hearing of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer did not place the person or affiliate on the convicted vendor list. (Please attach a copy of the final order.)

The person or affiliate was placed on the convicted vendor list. There has been a subsequent proceeding before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer determined that it was in the public interest to remove the person or affiliate from the convicted vendor list. (Please attach a copy of the final order.)

The person or affiliate has not been put on the convicted vendor list. (Please describe any action taken by or pending with the Department of General Services.)

*[Signature]*  
(signature)  
Sept 12, 2018  
(date)

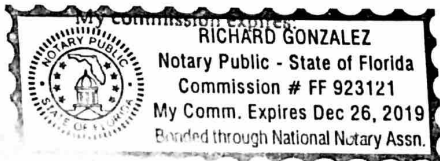
STATE OF Florida

COUNTY OF Lee

PERSONALLY APPEARED BEFORE ME, the undersigned authority,

Antonio Cordia who, after first being sworn by me, affixed his/her  
(name of individual signing)

signature in the space provided above on this 12 day of September, 2018



*[Signature]*  
NOTARY PUBLIC  
\*\*\*\*\*