



**COMMONWEALTH OF KENTUCKY**  
**CABINET FOR HEALTH SERVICES**  
**CERTIFICATE OF NEED**

Certifies that CITY OF DRY RIDGE  
is authorized to initiate proposal number CON #041-07-3687-(1) as described below

NAME DRY RIDGE FIRE DEPARTMENT

LOCATION 31 BROADWAY DRY RIDGE, KY 41035

SCOPE Establish a Class I ALS/BLS ground ambulance service to serve the City of Dry Ridge and Grant County utilizing two (2) vehicles

CAPITAL EXPENDITURE \$157,000.00

Pursuant to KRS 216B.010 to 216B.131 and 216B.990(2) and the regulations promulgated thereunder, this Certificate of Need is issued contingent upon implementation of the proposal within time limits set by regulation. This Certificate of Need is not transferable and is issued to the person and location as indicated. The Cabinet for Health Services reserves the right to revoke this Certificate in the event the applicant fails to fulfill the conditions specified in the regulations.

January 29, 2001  
Date Issued

December 20, 2000  
Date Approved

JH Gray  
Director, Office of Certificate of Need

Certificate # 00-149

# Kentucky Board of Emergency Medical Services

Commonwealth of Kentucky

Certifies that CITY OF DRY RIDGE  
is authorized to operate DRY RIDGE FIRE DEPARTMENT  
located at 31 BROADWAY, DRY RIDGE, KY 41035  
satellites \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COPY

Pursuant to KRS 311.6523 and 311.624 and the regulations promulgated thereunder, until April 30, 2002, unless suspended or revoked for substantial violation of any of the statutes under which issued, or any of the rules and regulations adopted by the Kentucky Board of Emergency Medical Services. This license is not transferable and is restricted to the specifically identified location (s) and service (s).

**Ambulance Service**  
**CLASS: I TYPE: BLS /ALS**

2  
Vehicles

Geographic Area Served:  
CITY OF DRY RIDGE AND GRANT COUNTY

1641  
License Number

April 12, 2001  
Effective Date



KBEMS 2 7/01

A handwritten signature in black ink, appearing to be "J. B. ...", written over a horizontal line.

Executive Director  
KY Board of Emergency Medical Services



**KENTUCKY BOARD OF  
EMERGENCY MEDICAL SERVICES**  
COMMONWEALTH OF KENTUCKY  
275 EAST MAIN STREET, HS1E-F  
FRANKFORT, KY 40621-0001



Chairperson Mr. Mark Bailey

Executive Director Mr. Brian Bishop

Dry Ridge Fire Department  
31 Broadway  
Dry Ridge, Kentucky 41035  
(859) 824-9158

April 12, 2001

The Kentucky Board of Emergency Medical Services is responsible for issuing licenses to provider of ambulance services under KRS 311.652-658. This letter will serve to establish Dry Ridge Fire Department as a **Basic Life Support** provider utilizing two ambulances, license #1641 until April 30, 2002. According to your Certificate of Need, you are allowed to operate in Dry Ridge and Grant County. A copy of your license will be processed by month's end.

Please feel free to contact this office if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Brian K. Bishop".

Brian K. Bishop  
Executive Director  
KY Board of Emergency Medical Services



"An Equal Opportunity Employer M/F/H

MEMORANDUM  
KENTUCKY AMBULANCE SERVICE

TO FILES:

FROM: KEITH L. SMITH, NORTH CENTRAL ADVISOR/INSPECTOR

VISIT AT: Dry Ridge Fire Department  
31 Broadway  
Dry Ridge, KY 41035

TYPE OF SERVICE: ADVANCED & BASIC LIFE SUPPORT SERVICE

DATE OF VISIT: 4-9, 5-4-2001

PURPOSE OF VISIT: INITIAL LICENSING VISIT  LICENSING CONSULTATION   
RELICENSING VISIT  OTHER (Specify)   
FOLLOW-UP VISIT (FUV)  (Specify) ALS Upgrade

PRESENT AT SERVICE ON THIS DATE:

SERVICE STAFF

EMS STAFF


<u>NAME</u>	<u>TITLE</u>	<u>NAME</u>	<u>TITLE</u>
Jeff Nantz	Director	KEITH L. SMITH	ADVISOR/INSPECTOR

COMMENTS

A licensing inspection/ALS upgrade inspection was conducted on 4-9, 5-4-2001.

Upon inspection, the service was found to be meeting minimum state licensing requirements.

I therefore recommend that Dry Ridge Fire Department be licensed as a Class I ALS/BLS service using two (2) ambulances.

  
\_\_\_\_\_  
SIGNED

5-12-01  
\_\_\_\_\_  
DATE

(EMS Branch - 12/94)

**KENTUCKY  
APPLICATION FOR  
AMBULANCE SERVICE LICENSING**

Initial  
New # 1641

↓ Initial

<b>FOR EMS BRANCH USE ONLY</b>	
RECEIVED:	<u>4/4/01</u>
AMOUNT:	<u>80<sup>00</sup></u>

License # \_\_\_\_\_ Medicare Provider # \_\_\_\_\_ Medicaid Provider # \_\_\_\_\_

PLEASE CHECK TYPE OF SERVICE PROVIDED:

<input checked="" type="checkbox"/> CLASS I	<input type="checkbox"/> CLASS II	<input type="checkbox"/> CLASS III	<input type="checkbox"/> AIR
<input type="checkbox"/> BLS Only	<input type="checkbox"/> (BLS Only)	<input type="checkbox"/> (ALS Only)	<input type="checkbox"/> BLS Only
<input checked="" type="checkbox"/> ALS/BLS			<input type="checkbox"/> ALS/BLS
<input type="checkbox"/> Specialty			<input type="checkbox"/> Specialty

I. Name of service: DRY RIDGE FIRE DEPT.

If there has been a name change, please list effective date: \_\_\_\_\_

Address of physical location: 31 BROADWAY

City/State/Zip: DRY RIDGE KY. 41035

Telephone Number: (859) 824-9158 Fax Number: (859) 824-3598

Service Director: JEFF NANTZ

Mailing Address (If different from physical location):  
\_\_\_\_\_  
\_\_\_\_\_

E-Mail Address: jeffeng16@yahoo.com

Medical Director: DR. STEVEN B. STERNBERG

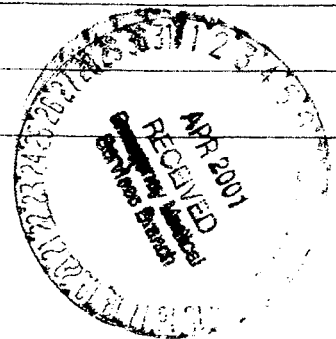
Office Address of Medical Director: 19 SOUTH MAIN ST. DRY RIDGE KY. 41035

Office telephone number of medical director: 859-824-7111

Address(es) of all satellites:

All satellites (substations) operated by the above service in the same geographic location should be listed below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Survey Report Form

For

CLASS I GROUND AMBULANCE PROVIDERS

Based on 902 KAR 14:080

Dry Ridge Fire Department

NAME OF SERVICE				
31 Broadway	Dry Ridge	41035	Grant	(859) 824-9158
STREET ADDRESS	CITY	ZIP CODE	COUNTY	TELEPHONE
Mr. Jeff Nantz	ALS/BLS			
DIRECTOR	TYPE OF SERVICE(S) LICENSED			
	April 9, 2001 <del>May 4, 2001</del>		1641	April 30, 2002
	SURVEY DATE(S)	PREVIOUS SURVEY DATE	LICENSURE #	EXPIRATION DATE
INITIAL SURVEY <input checked="" type="checkbox"/>				
OR				
RE-SURVEY <input type="checkbox"/>				
	Keith L. Smith			
	SURVEYOR(S)			

FOR LISTING OF PERSONNEL AND VEHICLES, SEE ATTACHED

This survey form is for Class I Ground Ambulance Providers. This survey form does not apply to Class II Ground Ambulance Providers or Air Ambulance Providers. Check the type of licensure to determine which portions of this form apply to the service being surveyed.

Emergency Medical Services Branch  
 CLASS I GROUND AMBULANCE PROVIDERS SURVEY REPORT FORM  
 FOR VEHICLES

Dry Ridge Fire Department

NAME OF AMBULANCE SERVICE

31 Broadway, Dry Ridge

LOCATION (CITY and/or COUNTY)

4-9-01, 5-4-01

DATE OF SURVEY

Keith Smith

SURVEYOR

VEHICLES LISTING

#	YEAR	MAKE	MODEL &/OR TYPE	UNIT NO.	LICENSE NO.
					SERIAL NO.
1.	1992	Ford	Type 3	EC 2	Temp 1FDKE30M3NHA58879
2.	2000	Ford	Type 3	EC 1	Temp 1FDWE35F81HA69270
3.					
4.					
5.					
6.					
7.					
8.					
9.					

\* IF APPLICABLE

Emergency Medical Services Branch  
 CLASS I GROUND AMBULANCE PROVIDERS SURVEY REPORT FORM  
 FOR PERSONNEL

Dry Ridge Fire Dept.

NAME OF AMBULANCE SERVICE

31 Broadway , Dry Ridge

LOCATION (CITY and/or COUNTY)

4-9, 5-4-2001

Keith L. Smith

DATE OF SURVEY

SURVEYOR

DRIVER	ATTENDANT	NO	NAME	AGE	EMT #	EXPIRATION DATE	PARAMEDIC #	EXPIRATION DATE	CPR EXPIRATION DATE
		1	Norris Stacey		18984	12/01	1272	12/01	
		2	Kevin Soas		7196	6/02	550	6/02	
		3	Elizabeth Stokley		44822	6/01	TC612	6/01	
		4	Jerry Brush		43602	6/02			
		5	Patrick Spare		31905	5/02			
		6	Johnathan Morrisey		13664	5/02			
		7							
		8							
		9							
		10							
		11							
		12							