ATTACHMENT #1

NAVMED P-117, CHANGE 107
U.S. Navy Manual of the Medical Department
NAVMED P-117
29 October 1992

Department of the Navy
NAVMED P-117
CHANGE 107

Subj: Off-duty Remunerative Professional Employment (Regulatory)

1. General. Off-duty remunerative professional civilian employment, including self-employment (hereto referred to as off duty employment) of active duty Medical Department officers is subject to policies herein stated by the chief, Bureau of Medicine and Surgery, and policies applicable to all members of the naval service as stated by the Secretary of the Navy (SECNAVINST 5370.2 series) and the Chief of Naval Personnel (BUPERSMAN 34205000). No Medical Department officers on active duty shall engage in any off-duty employment without first obtaining the permission of the commanding officer.

2. Guideline

a. Medical Department officers on active duty are in a 24-hour duty status and their military duty takes precedence on their time, talents, and attention.

b. Permission for an officer to engage in off-duty employment shall be based on a determination by the commanding officer that the permission requested is consistent with these guidelines and that the proposed employment will not interfere with the officer's military duties. If approved, employment will normally not exceed 16 hours per week. Periods in excess of 16 hours per week can be authorized only if the commanding officer finds that special circumstances exist which indicate that no conflict with military duties will occur, notwithstanding the addition hours. Permission to engage in off-duty employment maybe withdrawn at any time.

c. A Medical Department officer in off-duty employment shall not assume primary responsibility of the care of any critically ill person on a continuing basis as this will inevitably result in compromise of responsibilities to the patient or the primacy of military obligations.

d. Medical Department officer trainees are prohibited from off-duty employment. Other Medical Department Officers a re discouraged from off-duty employment. No officer shall request or be granted administrative absence for the primary purpose of conducting off-duty employment.

e. Off-duty employment shall not be conducted on military premises, involve expense to the Federal government, nor involve use of military equipment, personnel, or supplies. Military personnel may not be employed by Medical Department officers involved in off-duty employment.

f. Off-duty employment shall not interfere, nor be in competition, with local civilian practitioners in the health professions and must be carried out in compliance with all applicable licensing requirements. To ensure this, a statement shall be provided form the appropriate local professional association indicating that there is a need for the individual's service in the community. Local licensing requirements are the responsibility of officers wishing to engage in private practice. Those engaging in private practice are subject to all requirements of the Federal Narcotic law, including registration and payment of tax.

g. There may be no self-referral from the military setting to their off-duty employment on the part of military Medical Department officer.

h. No Medical Department office on active duty in off-duty employment may solicit or accept a fee directly or indirectly for the care of member, retired member, or dependent of such members of the uniformed services as are entitled to medical or dental care by those services. Indirect acceptance shall be interpreted to include those fees collected by an emergency room or walk-in clinic staffed by military medical officer. Entitled members must be

screened and identified as such by the facility and their charges reduced to reflect that portion of the charges which are accounted for by the military medical office's services. Nor may such a fee be accepted directly or indirectly for the care of Department of Veterans Affairs beneficiaries.

i. The Assistant Secretary of Defense (Health Affairs) has decreed that it will be presumed that a conflict of interest exists and hence, CHAMPUS payments will be disallowed in any claim of a CHAMPUS provider who employs an active duty military member or civilian employee. The only two exceptions are:

(1) Indirect payments to private organizations to which physicians of the National Health Service Corps (NHSC) are assigned (but direct payments to the NYSC physician would still be prohibited).

(2) Payments to a hospital employing Government medical personnel in an emergency room provided the medical care was not furnished directly by the Government personnel.

j. Subsidiary obligations arising out of off-duty employment, such as appearances in court or testimony before a compensation board, which take place during normal working hours, shall be accomplished only while on annual leave.

k. These guidelines do not apply to the provision of emergency medical assistance in isolated instances. Also excluded are non-remunerative community services operated by nonprofit organizations for the benefit of all the community and deprived persons, such as a drug abuse program, program volunteer, venereal disease centers, and family planning centers.

l. Medical Department officers are expected to be aware of and comply with all other status and regulations pertaining to off-duty employment. Where doubt exists as to whether all applicable constraints have been considered, consultation should be effected with the local naval legal service office.

3. The local command has primary responsibility of control of off-duty employment by Medical Department officers. Guidelines above serve as a basis for carrying out this responsibility.

4. Medical Department officer requesting permission to engage in off-duty employment shall submit their request to the commanding officer on NAVMED 1610/1, Off-duty Remunerative Professional civilian Employment Request, and shall sign the Statement of Affirmation thereon in the commanding officer's presence of designee. Approval or disapproval by the commanding officer shall be indicated in the appropriate section of NAVMED 1610/1. Medical Department officers shall advise their off-duty employers that as military members they are required to respond immediately to call for military duty that may arise during schedule off-duty employment. The commanding officer's approval of an officer's request for off –duty employment may not be granted without written certification from the off-duty employer that he or she accepts the availability limitations placed on the Medical Department officer.

5. The requester shall inform the commanding officer in writing of any deviation in the stated request prior to the inception of any such changes.

6. Permission shall be withdrawn at any time by the commanding officer when such employment is determined to be inconsistent with the above guidelines. Where permission is withdrawn the officer affected shall be afforded and opportunity to submit to the commanding officer a written statement containing the Medical Department officer's views or any information pertinent to the discontinuance of the employment.

7. Reports are not required to be submitted to BUMED by field activities. However, during Medical and Dental Inspectors General visits or other administrative onsite visits, local command compliance with this article will be reviewed. In addition, adequate records should be maintained to provide summarized information as may be necessary for monitoring and evaluating the functioning of this program by BUMED or higher authority.

ATTACHMENT #2

SOLICITATION NUMBER N62649-16-T-0468
HEALTH EXAMINATION AND IMMUNIZATION/SCREENING REQUIREMENT FORM

After contract award, but prior to performing services, the contract health care worker shall have this form completed by a licensed medical practitioner and submitted to NH Yokosuka Materials Management Department. All health care workers providing services under this contract must meet all the requirements specified under the "required documentation" column of this form.*

COPIES OF TITER LABORATORY RESULTS MUST BE ATTACHED TO THIS FORM

IMMUNIZATION/ SCREENING	REQUIRED DOCUMENTATION	DATES and RESULTS (to be completed by examining licensed practitioner)	
VARICELLA (CHICKENPOX)	Reliable history of chickenpox disease, OR	Hx:	
	2-dose vaccine series, OR	Dates of Shots: 1. 2.	
	Positive titer	Titer/Date:	
MEASLES/ MUMPS/ RUBELLA (MMR)	MMR live virus 2-dose vaccine series (only 1 dose required if born in or before 1957 or if history of childhood immunizations is reliable), OR	Dates of Shots: 1. 2.	
	Positive titers	Titers/Date:	
HEPATITIS B	HBV 3-dose vaccine series AND positive titer, OR HBV 3-dose vaccine series with negative titer AND repeat 3-dose HBV series with repeat titer AND in the case of persistent negative titer, counseling by licensed practitioner regarding implications of non-response	Dates of Shots: 1. 2. 3. Titer/Date:	Dates of Repeat Shots: 1. 2. 3. Titer/Date: Counseling provided:
TETANUS/ DIPHTHERIA	Tetanus/Diphtheria (TD) booster, OR	Date of TD booster:	
	Tetanus/Diphtheria/Pertussis (Tdap) within the preceding 10 years.	Date of Tdap:	
TUBERCULOSIS	Two-step Tuberculin Skin Test (TST), OR One Blood Assay for Mycobacterium Tuberculosis (BAMT), OR An annual evaluation if known TST reactor, including chest x-ray within 1 year if new hire	2-Step TST dates: 1st test: 1st result: 2nd test: 2nd result: CXR Date: Pos: Neg:	BAMT date: Result: Date/result of last annual eval:
LATEX	Latex sensitivity screening questionnaire administered	Date of evaluation: Results: Sensitive Not sensitive	
	If latex sensitivity suspected, follow with appropriate allergy testing	Date of test: Results:	

_____ [Name of Contract Health Care Worker] has presented for a physical examination.

He/She is applying for the position of **DENTAL TECHNICIAN (ASSISTANT)**

He/She was examined on _____ [date] and found to be in good health, meeting the immunization/ screening required above, and is free of any medical condition or infectious disease that may prevent his/her ability to perform services for the position described above. YES NO [Circle YES or NO]

Provider's Signature: _____ Provider's Name: _____

Facility/Address: _____

Phone Number: _____ Date: _____

*The facility shall identify any incumbent HCWs who are not required to complete this documentation.

ATTACHMENT #3

CITIZENSHIP REQUIREMENTS

Excerpt from SECNAV M-5510.30 of June 2006, Appendix F. For a full copy of the Manual go http://doni.daps.dla.mil/SECNAV%20Manuals1/5510.30.pdf.

1. All documents submitted as evidence of U. S. citizenship **must be original documents or certified copies**. Uncertified copies are not acceptable. The following documents are acceptable proof of citizenship:

a. The original U. S. birth certificate with a raised seal issued at the time of birth from one of the 50 states, or outlying territories or possessions.

b. A hospital birth certification (clinic and commercial birth center certification is not permitted) with an authenticating raised seal or signature provided all vital information is given.

c. A delayed birth certificate provided it shows the birth record was filed within one year after birth, it bears the registrar's seal and signature, and cites secondary evidence such as a baptismal certificate, certificate of circumcision, affidavits of persons having personal knowledge of the facts of the birth or other official records such as early census, school or insurance.

d. U.S. Passport (current or expired) or U.S. passport issued to individual's parent in which the individual is included.

e. FS-240 Report of Birth Abroad of a Citizen of the United States of America/Consular Report of Birth.

f. FS-545 Certification of Birth issued by a U.S. Consulate or DS-1350 the Department of State Certification.

g. INS N-550/570 U.S. Immigration and Naturalization Service Naturalization Certificate.

h. INS N-560/561 U.S. Immigration and Naturalization Service Certificate of Citizenship. If the individual does not have a Certificate of Citizenship, the original Certificate of Naturalization of the parent(s) may be accepted if the naturalization occurred while the individual was under 18 years of age (or under 16 years of age before 5 October 1978) and residing permanently in the U.S.

i. Certificate of birth issued by the Canal Zone government indicating U.S citizenship is only acceptable if verified by direct government inquiry to: Vital Records Section, Passport Services, 1111 19th Street NW, Suite 510, Washington, D.C. 20522-1705.

j. DD 372, Verification of Birth is acceptable for military members (officer and enlisted) provided the birth data is listed and verified by the Department of Vital Statistics.

k. DD 1966, Application for Enlistment into the Armed Forces of the United States are acceptable provided the documents sighted are listed and attested to by a recruiting official.

2. If none of the above forms of evidence are obtainable, a notice from the registrar issued by the state with the individual's name, date of birth, which years were searched for a birth record and that there is no birth certificate on file for the applicant should be presented. *****The registrar's notice must be accompanied by the best combination of the following secondary evidence**:**

a. Baptismal certificate

b. Census record

c. Certificate of circumcision

d. Early school record

e. Family Bible record

f. Doctor’s record of post-natal care

g. Newspaper files and insurance papers

** NOTE: These documents must be early public records showing the date and place of birth, created within the first five years of life. The individual may also submit an Affidavit of Birth, Form DSP-10A, from an older blood relative, i.e., a parent, aunt, uncle, sibling, who has personal knowledge of the birth. It must be notarized or have the seal and signature of the acceptance agent.*

ATTACHMENT #4

PERSONAL QUALIFICATIONS SHEET
SOLICITATION NUMBER: N62649-16-T-0468
POSITION TITLE: **DENTAL TECHNICIAN (ASSISTANT)**

1. Every item on this Personal Qualifications Sheet must be addressed. Please sign and date where indicated. Any additional information required may be provided on a separate sheet of paper (indicate by number and section the question(s) you are responding to.

2. The information you provide will be used to determine your technical acceptability. In addition to this Personal Qualifications Sheet, please submit letters of recommendation as described in Item VIII. of this form.

3. After contract award, all of the information you provide will be verified during the credentialing process. At that time, you will be required to provide the following documentation verifying your qualifications: Professional Education Degree, Release of Information, Personal and Professional Information Sheet, all medical licenses held within the preceding 10 years, continuing education certificates, and employment eligibility documentation. If you submit false information, your contract may be terminated for default. This action may initiate the suspension and debarment process, which could result in the determination that you are no longer eligible for future Government contracts.

4. Health Certification. Individuals providing services under Government contracts are required to undergo a physical exam no more than 60 days prior to beginning work. The exam is not required prior to award but is required prior to the performance of services under this contract. By signing this form, you have acknowledged this requirement.

5. Practice Information:

	Yes	No
a. Have you ever been the subject of a malpractice claim?*	___	___
b. Have you ever been a defendant in a felony or misdemeanor case?*	___	___
c. Has your license or certification to practice ever been revoked or restricted in any state?*	___	___
d. Have you been hospitalized for any reason during the past 5 years?*	___	___
e. Are you currently receiving or have you in the past ever received , therapy for any received, therapy for any alcohol related program?*	___	___
f. Have you ever been unlawfully involved in the use of controlled substance?*	___	___
g. Are you currently receiving or have you in the past ever received therapy for any Drug-related condition?*	___	___
h. Do you currently have or in the past have you ever had an alcohol dependency?*	___	___

*If any of the above is answered "yes" attach a detailed explanation. Specifically address the disposition of the claim or charges for numbers (a) and (b) above, and the State of the revocation for (c) above.

PRIVACY ACT STATEMENT
Under 5 U.S.C. 552a and Executive Order 9397, the information provided on this page and the remainder of the Personal Qualifications Sheet is requested for use in consideration of a contract; disclosure of this information is voluntary; failure to provide this information may result in the denial of the opportunity to enter into a contract.

SIGNATURE Date: MM/DD/YYYY

ATTACHMENT #4 (Continued)

PERSONAL QUALIFICATIONS SHEET
SOLICITATION NUMBER: N62649-16-T-0468
POSITION TITLE: **DENTAL TECHNICIAN (ASSISTANT)**

I. GENERAL INFORMATION:

NAME (LAST, FIRST, MIDDLE)

SSN

ADDRESS

PHONE / FAX

E-MAIL

II. PROFESSIONAL EDUCATION

DEGREE FROM (NAME OF SCHOOL AND LOCATION

DATE OF DEGREE (MM/DD/YYYY)

III. PROFESSIONAL LICENSURE (LICENSE MUST BE CURRENT, VALID, AND UNRESTRICTED)

STATE DATE OF EXPIRATION (MM/DD/YYYY

LICENSE NUMBER

IV. APPROVED CONTINUING EDUCATION

TITLE OF COURSE	COURSE DATES	CE HRS

V. BASIC LIFE SUPPORT (Optional) Certification in American Heart Association Basic Life Support (BLS) for Healthcare Providers; American Heart Association Healthcare Provider Course; American Red Cross CPR (Cardio Pulmonary Resuscitation) for the Professional Rescuer; or equivalent.

TRAINING TYPE LISTED ON CARD: _____

EXPIRATION DATE (MM/DD/YYYY): _____

VI. PROFESSIONAL EMPLOYMENT: List your current and preceding employers. Provide dates as month/year. If more space is required, please use a separate sheet of paper. Identify any medical experience.

a. Name and Address of Present Employer From To

_____ _____ _____

_____

_____

Work performed: _____

_____

_____

b. Name and Address of Present Employer From To

_____ _____ _____

_____

_____

Work performed: _____

_____

_____

c. Name and Address of Present Employer From To

_____ _____ _____

_____

_____

Work performed: _____

_____

_____

Are you are currently employed on a Navy contract? Yes___ No___

If YES, where is your current contract and what is the position? _____

When does the contract expire? _____

VII. ADDITIONAL MEDICAL CERTIFICATION, DEGREES OR LICENSURE: This should include advanced education such as a Master's Degree.

Type of Certification, Degree or License and Date of Certification or Expiration

_____
_____
_____
_____
_____
_____

VIII. PROFESSIONAL REFERENCES

Provide two letters of recommendation from professional peers or supervisors attesting to your clinical and professional skills, competencies, patient rapport, training abilities, etc. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference. Reference letters must have been written within the preceding 5 years.

IX. ADDITIONAL MEDICAL CERTIFICATION, DEGREES OR LICENSURE

Type of Certification, Degree or License and Date of Certification or Expiration

_____

_____

_____

X. ADDITIONAL INFORMATION

Provide any additional information you feel may enhance your ranking, such as your resume, curriculum vitae, commendations or documentation of any awards you may have received, prior military experience, etc.

XII. I hereby certify the above information to be true and accurate:

_____

SIGNATURE Date: MM/DD/YYYY

ATTACHMENT #5

SOLICITATION NUMBER N62649-16-T-0468
APPLICATION FOR NAVY CONTRACT POSITIONS
THIS IS NOT A CIVIL SERVICE POSITION

I. IMPORTANT INFORMATION

Cutoff Date/Time for receipt of applications: 12 Sep 2016, 1100 hours

Send applications to: ***FOR US MAIL**
Ashore Contract Division (Code 224)
Contracting Department
NAVSUP Fleet Logistics Center (FLC) Yokosuka
Site Atsugi, Japan
PSC 477, Box 4
FPO AP 96306
OR
Kazuhiko.yamazaki.JA@fe.navy.mil)
OR

***FOR JAPANESE MAIL**
Ashore Contract Division (Code 224)
Contracting Department
NAVSUP Fleet Logistics Center (FLC) Yokosuka
Site Atsugi, Japan
Box 4, Bldg. 987,
Ohgami, Ayase, Kanagawa 252-1101 Japan

A. NOTICE. This position is set aside for individual **DENTAL TECHNICIAN (ASSISTANT)**in accordance with DFARS 237.104. Applications from active duty Navy personnel, civilian employees of the Navy, or persons currently performing medical services under other Navy contracts will not be considered without the prior approval of the Contracting Officer.

B. POSITION SYNOPSIS. The Government is seeking to place under contract a **DENTAL TECHNICIAN (ASSISTANT)**as required in this solicitation.

II. OTHER INFORMATION FOR OFFERORS

After your application is reviewed, the Government will do at least one of the following: (1) Call you to negotiate your price, (2) Ask you to submit additional papers to ensure you are qualified for the position, (3) Make contract award from your application. If you are the successful applicant, the contracting officer will notify you of the contract award. This contract will record the negotiated price, your promise to perform the work described in the Statement of Work, how you will be paid, how and by whom you will be supervised, and other rights and obligations of you and the Navy.

Upon notification of contract award, you will be required to obtain a physical examination at your expense. The physician must complete the questions in the physical certification, which will be provided with the contract. You will also be required to obtain the liability insurance specified in Attachment (6) – Pricing Sheet. Before commencing work under a Government contract, you must notify the Contracting Officer in writing that the required insurance has been obtained.

A complete, sample contract is available upon request.

Any questions must be directed to Mr Kazuhiko. Yamazaki who may be reached at 315-264-3548 (DSN)
-or 0467-63-3548 (Commercial in Japan)

ATTACHMENT #6

PRICING SHEET
SOLICITATION NUMBER: N62649-16-T-0468
POSITION TITLE: DENTAL TECHNICIAN (ASSISTANT)

PERIOD OF PERFORMANCE: Services are initially required from 25 Sep 2016 through 24 Sep 2017, and two option years. The Contracting Officer reserves the right to adjust starting and ending dates of performance contingent upon actual award date. Unless you submit a written objection, the Contracting Officer will utilize your hourly price for the last priced option period as the hourly price for an option period added prior to award in order to create a four year contract.

PRICING INFORMATION: Insert the price per hour that you want the Navy to pay you. You may want to consider inflation when pricing the option period. The Government will award a contract that is neither too high nor too low. Your price should be high enough to retain your services but not so high as to be out of line when compared to the salaries of other **DENTAL TECHNICIAN (ASSISTANT)** in the Yokosuka, Japan Area. The Government will neither award a contract at a price that is too high or too low.

Please note that if you are awarded a Government contract position, you will be responsible for paying all applicable federal, state and local taxes. The Navy does not withhold any taxes. Your proposed prices should include the amount you will pay in taxes.

In addition, before commencing work under a contract, the health care worker shall obtain the following required levels of insurance at his or her own expense: (a) Automobile Liability – Auto liability insurance written on the comprehensive form of policy. Provide coverage of at least $200,000 per person and - $500,000 per occurrence for bodily injury and $20,000 per occurrence for property damage. The price that you propose for the base period will be added to the proposed price for all option periods for the purposes of price evaluations.

Limitation of Payment for Personal Services: Under the provisions of 10 U.S.C 1091 and Department of Defense Instruction (DODI) 6025.5, "Personal Service Contracting" implemented 6 January 1995, the total amount of compensation pain to an individual direct health care provider in any year cannot exceed the full time equivalent annual rate specified in 3 U.S.C. 102.

Item No.	Description		Qty	Unit	U/P ($/hr)	Total amount
0001	Basic Year	30 Sep 2016~29 Sep 2017	2088	HRS	_____	_____

NOTE: INSERT THE PRICES STATED ABOVE IN SECTION B OF THIS SOLICITATION.

Print Name: _____

Signature: _____ Date: _____

ATTACHMENT 7

SOLICITATION NUMBER N62649-16-T-0468
SYSTEM FOR AWARD MANAGEMENT (SAM) CONFIRMATION SHEET

All contractors must be registered in the System for Award Management (SAM) as a prerequisite to receiving a Department of Defense (DoD) contract. You may register in SAM through the World Wide Web at http://www.SAM.gov. This website contains all information necessary to register in SAM. Please note, because SAM is a federally mandated and funded program, there is no cost to registrants for registering in SAM.

You will need to obtain a DUNS (Data Universal Numbering System) number prior to registering in the SAM database. This DUNS number is a unique, nine-character company identification number. Even though you are an individual, not a company, you must obtain this number. Please contact Dun & Bradstreet at 1-800-333-0505 to request a number or request the number via internet at http://fedgov.dnb.com/webform.

The SAM also requires several other codes as follows:

CAGE Code: A Commercial and Government Entity (CAGE) code is a five-character vendor ID number used extensively within the DoD. If you do not have this code, one will be assigned automatically after you complete and submit the SAM form.

US Federal TIN: A Taxpayer ID Number or TIN is the same as your Social Security Number.

NAICS Code: A North American Industry Classification System code is a numbering system that identifies the type of products and/or services you provide. Please refer the NAICS Code at http://www.census.gov/eos/www/naics/

SOCIO-ECONOMIC FACTORS
Up to 3 of the choices provided may be checked. Even though you are an individual, you are considered a business under this category, so check any (up to 3) that may apply. For example, any woman applying for this position would be considered a "Woman Owned Business;" just as any Veteran would be a "Veteran Owned Business." If both apply (or more), all would be checked.

If you encounter difficulties registering in SAM, contact the SAM Helpdesk at 866-606-8220 for US calls, and 334-206-7828 for international callers. This contact information is posted on the SAM Homepage at https://www.sam.gov/portal/public/SAM. You are encouraged to apply for registration immediately upon receipt of the Notice of Contracting Opportunity. Any contractor who is not registered in SAM will NOT get paid.

Complete the following and submit with initial offer:

Name: _____

Company: _____

Address: _____

_____

E-mail: _____

SYSTEM FOR AWARD MANAGEMENT (SAM) INFORMATION:

Date SAM application was submitted: _____

Assigned DUN & BRADSTREET #: _____

Assigned CAGE Code: _____