NOTICE OF CONTRACTING OPPORTUNITY

APPLICATION FOR NAVY CONTRACT POSITIONS

GENERAL SURGEON

**SRRB UID: (**68093185080**)**

 [KW-01-18]

[07 Aug 2018]

THIS IS NOT A CIVIL SERVICE POSITION

**I. IMPORTANT INFORMATION: CUTOFF DATE AND TIME FOR RECEIPT OF APPLICATIONS IS 3:00 PM EASTERN TIME, ON OR BEFORE 05 SEPTEMBER 2018. SEND APPLICATIONS TO THE FOLLOWING ADDRESS:**

NAVAL MEDICAL LOGISTICS COMMAND

ATTN: CODE Tameka Davis

693 NEIMAN STREET

FORT DETRICK, MD 21702-9203

E-MAIL: kara.e.williams5.civ@mail.mil/ Tameka.n.davis6.civ@mail.mil)

Note: The term “Health Care Worker” (HCW) refers to the applicant.

A. NOTICE. This action utilizes an Individual Set Aside (ISA) type of contract for procurement of General Surgery (Critical Care-Trauma) services. Applications from companies will not be considered; additionally, 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. The Government’s intent is to make one selection from this notice.

B. POSITION SYNOPSIS General Surgeon (Critical Care-Trauma): The individual/applicant must (1) meet all the requirements contained herein; and (2), competitively win this contract award. The position is for a period beginning from the start date with an full -year option period and one partial-year option period, not to exceed 2 years and 1 month. The contract may be renewable each year at the option of the Navy.

Location. Services shall be provided in the Trauma Center in support of Naval Medical Center Camp Lejeune, NC.

Regular Duty hours: The HCW shall normally provide services in the assigned clinical area for a 12 hour shift (to include a 1 hour uncompensated meal break). Shifts may begin at any time during the day, and any day of the week, to include weekends and holidays. Specific days and daily start time will be scheduled one (1) week in advance by the Commanding Officer. End of shift times will be adjusted at the discretion of the government given daily clinical volume. Any changes in the schedule shall be coordinated between the HCW and the Government.

On Call hours: Historical data indicates the HCW shall respond to a minimum of 5 overnight calls (including weekends and holidays) per month to cover general and trauma surgery. The HCW shall respond to a call within 30 minutes of receipt; but may choose to use the Call Room available for the on-duty general surgeon. Call rotation will be variable by month, depending on the number of general surgeons available.

Back up on call hours: Historical data indicates the HCW shall respond to a minimum of 5 overnight back up calls (2nd call) per month to cover general and trauma surgery. Backup Call rotation will be variable by month, depending on the number of general surgeons available.

Leave accrual. Ten (10) hours of personal leave are accrued by the HCW at the end of every two-week period worked. The HCW shall be compensated by the government for these periods of authorized planned absence. This leave shall be used for both planned (vacation) and unplanned (sickness) absences.

Holidays. Unless scheduled for on-call duties, the HCW’s services shall not be required on Federal holidays. The HCW shall be compensated for Federal holidays in accordance with paragraph below.

Unless providing on-call services, the HCW will also receive a paid holiday benefit. If additional holidays are created as a result of an Executive Order, the benefit will also be extended to the HCW. The Government will compensate the Contractor for the number of hours the HCW is normally scheduled to work on the day on which the holiday is observed. If the HCW is not normally scheduled for duty on the day a holiday is observed, the HCW will not be compensated for the holiday. For example, if the HCW works ten (10) hours per day, Tuesday through Friday, the HCW will not receive compensation for a Monday holiday, since the HCW is not normally scheduled to work on Mondays.

Due to the nature of medical personal services which require Government supervision, the need for access to Composite Health Care System (CHCS)/ Armed Forces Health Longitudinal Technology Application (AHLTA), and patients that present only at the Military Treatment Facility (MTF), the contract does not lend itself to allow for telecommuting.

**II. STATEMENT OF WORK -**

**See attachment VII**

A. MINIMUM PERSONAL QUALIFICATIONS. To be qualified for this position the HCW must:

1. Possess a Doctorate Degree in Medicine from an accredited college approved by the Liaison Committee on Medical Education and Hospitals of the American Medical Association, a Doctorate Degree in Osteopathy from a college accredited by the American Osteopathic Association, or permanent certification by the Educational Commission for Foreign Medical Graduates (ECFMG).

2. Have successfully completed a residency program in Surgery which has been approved by the

Accreditation Council for Graduate Medical Education or the Committee on Postdoctoral Training of the American

Osteopathic Association or those Canadian training programs approved by the Royal College of Physicians and

Surgeons of Canada or other appropriate Canadian medical authority.

3. Possess a current unrestricted license to practice medicine in any one of the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands. The HCW is responsible for complying with all applicable state licensing regulations.

4. A minimum of 2 years within the preceding 4 years experience in caring for trauma patients.

5. Possess Advanced Cardiac Life Support (ACLS) certification.

6. Possess Advanced Trauma Life Support (ATLS) certification.

7. Possess and maintain current certification in American Heart Association Basic Life Support (BLS) for Health Care Providers; American Heart Association Health Care Provider course; American Red Cross CPR (Cardio Pulmonary Resuscitation) for the Professional Rescuer; or an equivalent MTF course. HCWs, not currently in possession of current certification, must acquire certification prior to initiating contract performance. Web based classes do not meet these standards. A copy of the BLS instruction (BUMEDINSTR 1500.15E) may be obtained from the World Wide Web at: [http://www.med.navy.mil/directives/Pages/BUMEDInstructions.aspx](https://www.med.navy.mil/directives/Pages/BUMEDInstructions.aspx)

8. Provide two letters of recommendation written within the last two years attesting to clinical skills. A minimum of one of the letters must be from a supervisor or clinical peer. The other letter must be from either a clinic or hospital administrator, or a practicing physician. Reference letters shall attest to the quality and quantity of experience. The letters may also address patient rapport and the communication skills between practitioner and patient and among peers. Recommendation letters must include name, title, phone number, date of reference, address and signature of the individual providing reference.

9. Represent an acceptable malpractice risk to the Navy.

10. Be in good standing and under no sanction or suspension listing by the Federal Government.

11. Possess U.S. citizenship which is necessary to gain access to DON IT systems and sensitive information (see Attachment III).

12. If awarded a contract, the HCW will be required to obtain a physical examination and immunizations at their own expense prior to initiation of contract performance. The physician must complete the immunization and health examination form provided as Attachment VI.

B. Factors to be used in a Contract Award Decision. Applicants meet all minimum qualifications listed in the paragraph above entitled “Minimum Personal Qualifications” will be ranked against all other qualified candidates using the following criteria (listed in descending order of importance). The "Personal Qualification Sheet", letters of recommendation, additional experience & continuing medical education hours, and, if the HCW has prior military services, DD214 will be used to evaluate these items.

1. Experience and relevant certifications in excess of the minimum required experience, in positions relevant to the qualifications and duties of the contract position. The Government will evaluate the quantity, currency, quality, and relevancy of the experience based on the information you provide in the Personal Qualifications Statement, or other supporting documentation you submit.

2. The Government will consider the letters of recommendation regarding clinical skills required in section II.A.8 more important. Those letters may enhance your ranking if they substantively address items such as clinical skills, completion of relevant advanced medical training, professionalism, or specific areas of expertise, etc.

C. Instructions for Completing the Application. To be qualified for this contract position, the HCW must submit the following:

1. \_\_\_\_\_ A completed Personal Qualifications Statement (Attachment I)

2. \_\_\_\_\_ A completed Pricing Sheet (Attachment II)

3. \_\_\_\_\_ Proof of Citizenship Requirements (Attachment III) Please submit copies with the application. If the

 HCW is awarded a contract, they will be required to present originals upon check-in.

4. \_\_\_\_\_ System for Award Management Sheet (Attachment IV)

5. \_\_\_\_\_ Proof of Small Business Representation (Attachment V)

6. \_\_\_\_\_ Two letters of recommendation per Section A, above.

7. \_\_\_\_\_ Physical certification requirements (only if awarded per Section A, above. Attachment VI)

D. OTHER INFORMATION FOR OFFERORS.

After your application is reviewed, the Government will do at least one of the following: (1) Contact you to negotiate your price, or (2) Ask you to submit additional information to ensure you are qualified for the position, (3) Notify you that you are either not qualified for the position or that you are not the highest qualified individual, or (4) Make contract award from your application. If you are the successful applicant, the Contracting Officer will electronically provide to you a formal government contract for your signature. The Contract will record the proposed/quoted price, your promise to perform the work described above, how you will be paid, how and by whom you will be supervised, and other rights and obligations of the Navy and you. Since the resulting contract will be a legally binding document, you should review it carefully before you sign.

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 II, 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.

Questions concerning this package may be addressed at (301) 619-7467 Kara Williams (Contract Specialist phone number), or via the e-mail address and reference provided in Section I, page 1.

We look forward to receiving your application.

 **ATTACHMENT I**

**PERSONAL QUALIFICATIONS SHEET**

GENERAL SURGEON (Critical Care-Trauma)

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 and to determine ranking of applicants. In addition to this Personal Qualifications Sheet, please submit two letters of recommendation as described in this form.

3. After contract award, all of the information you provide will be subject to verification after award. At that time, you will be required to provide the following documentation to verify your qualifications: Professional Education Degree, Release of Information, Personal and Professional Information Sheet for Privileged Providers, all licenses and certifications held since qualifying degree including all voluntary/involuntary lapses of license(s) and expired/inactive licenses, continuing education certificates, and U.S. citizenship documentation. If you submit false information, the following actions may occur: 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 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/Medical Information:

 Yes No

5.1. Have you ever been the subject of a malpractice claim? \* \_\_\_ \_\_\_

5.2. Have you ever been a defendant in a felony or misdemeanor case? \* \_\_\_ \_\_\_

5.3. Has your license or certification to practice ever been revoked or restricted

In any state? \* \_\_\_ \_\_\_

5.4. Do you have any physical handicap or condition that could limit your clinical

practice? \_\_\_ \_\_\_

5.5. Have you been hospitalized for any reason during the past 5 years?\* \_\_\_ \_\_\_

5.6. Are you currently receiving or have you in the past ever received, therapy for any

alcohol related program?\* \_\_\_ \_\_\_

 5.7 Have you ever been unlawfully involved in the use of controlled substance?\* \_\_\_ \_\_\_

5.8. Are you currently receiving or have you in the past ever received therapy for any

drug-related condition?\* \_\_\_ \_\_\_

5.9. a. Are you a U.S. Citizen? \_\_\_ \_\_\_

 b. If yes, do you hold dual citizenship or passport from a \_\_\_ \_\_\_

 foreign country?\*

\*If any of the above is answered "yes" attach a detailed explanation. Specifically address the disposition of the claim or charges for numbers 5.1 through 5.8 above, and the State of the revocation for number 5.3 above. If you hold a dual citizenship or have a passport issued from a foreign country, address which country the dual citizenship is held and/or which foreign country has issued you a passport **Personal Qualifications Sheet – GENERAL SURGEON (CRITICAL CARE-TRAUMA)**

**SRRB UID:** 68093185080

I. General Information:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last First Middle

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

II. Education Requirements:

a. Medical Program:

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

Name of Accredited School Graduation Date:

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

Address/Location of Program:

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

ECFMG Certification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

III. Professional Licensure and Board Certification:

a. Possess and maintain a current unrestricted license to practice as a medicine in any one of the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands. The HCW is responsible for complying with all applicable state licensing regulations.

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

Name of State License/Certification State Received Date Received

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

Name of State License/Certification State Received Date Received

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

Name of State License/Certification State Received Date Received

b. List applicable Board Certification

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

 Title of Certification Date of Certification (mm/dd/yy)

c. List applicable fellowships

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

 Title of Certification Date of Certification (mm/dd/yy)

IV. Certifications:

a. I am currently certified in Basic Life Support (BLS) or will be certified in Basic Life Support prior to contract start-date.

YES\_\_\_\_\_\_\_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_\_\_\_\_\_\_

b. I am currently certified in Advance Cardiac Life Support (ACLS) or will be certified in ACLS prior to contract start-date.

YES\_\_\_\_\_\_\_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_\_\_\_\_\_\_

b. I am currently certified in Advance Trauma Life Support (ATLS) or will be certified in ATLS prior to contract start-date.

YES\_\_\_\_\_\_\_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_\_\_\_\_\_\_

V. 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 obtained in a military setting.

Name and Address of Present Employer From To

(1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Position Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Performed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Names and Addresses of Preceding Employer

 From To

(2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Position Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Performed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Names and Addresses of Preceding Employer

 From To

(3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Position Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Performed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you are currently employed on a Navy contract? If so, where is your current contract and what is the position? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VI. Letters of Recommendation:

Provide two letters of recommendation written within the last two years attesting to clinical skills. A minimum of one of the letters must be from a supervisor or clinical peer. The other letter must be from either a clinic or hospital administrator, or a practicing physician. Reference letters shall attest to the quality and quantity of experience. The letters may also address patient rapport and the communication skills between practitioner and patient and among peers. Recommendation letters must include name, title, phone number, date of reference, address and signature of the individual providing reference.

VII. Additional Information:

Provide any additional information you feel may enhance your ranking based on Section II.B. “Factors to be used in a Contract Award Decision”, such as your resume, curriculum vitae, commendations or documentation of any awards you may have received, etc.

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.

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mm/dd/yy)

(Signature) (Date)

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

Name (Printed)

**ATTACHMENT II**

**PRICING SHEET**

PERIOD OF PERFORMANCE

Services are required from 10 September 2018 through 09 September 2019, as the base period of performance. The Contracting Officer reserves the right to adjust the start and end dates of performance. Services may also be extended by exercise of Option Periods. The Government reserves the right to award a contract inclusive of the base period and any number of the options outlined below.

PRICING INFORMATION

 (a) Monthly Rates: Insert the price per month that you want the Navy to pay you. You may want to consider inflation rates when pricing the option periods. Bidders shall also provide a blended rate for the following; on-call, call back, scheduled hours, and holidays. The Government will award a contract that is neither too high nor too low. Your price would be high enough to retain your services but not so high as to be out of line when compared to the salaries of other General Surgeons in the Camp Lejeune, NC area. Please note that if you are awarded a Government contract position, you will be responsible for paying all federal, state and, local taxes. The Navy does not withhold any taxes. Your proposed prices should include the amount you will pay in taxes.

 (b) Limitation of Payment for Personal Services: Under the provisions of 10 U.S.C 1091 and Department of Defense Instruction (DODI) 6025.5, "Personal Services Contracting" implemented 6 January 1995, the total amount of compensation paid 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.

 (c) Liability Insurance: Before commencing work under a contract, you shall obtain the following required levels of insurance at your own expense: (a) General Liability - Bodily injury liability insurance coverage written on the comprehensive form of policy of at least $500,000 per occurrence, and (b) 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.

 (d) Price Proposal:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Line Item | Description | Quantity | Unit | Unit Price | Total Amount |
|  | The offeror agrees to perform, on behalf of the Government, the duties of one full-time General Surgeon in support of the NMCCL in accordance with this application and the resulting contract. |  |  |  |  |
| 0001 | Base Period: 10 Sept 18 – 09 Sept 19(Includes initial training) | [12] | Monthly | $\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_ |
| 1001 | Option Period I: :10 Sept 19 – 09 Sept 20 | [12] | Monthly | $\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_ |
| 2001 | Option Period II: :10 Sept 20 – 30 Sept 20 | [.66] | Monthly | $\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |  |

* Partial months of performance shall be prorated

Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ATTACHMENT III**

PROOF OF CITIZENSHIP REQUIREMENTS

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

4. 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.

5. 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 IV**

**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**](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.** Entities registering in SAM must submit a [notarized letter](https://www.fsd.gov/fsd-gov/answer.do?sysparm_kbid=d2e67885db0d5f00b3257d321f96194b&sysparm_search=kb0013183) appointing their authorized Entity Administrator.

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. The NAICS Code for General Surgeon services is [621111]

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ATTACHMENT V**

**SMALL BUSINESS PROGRAM REPRESENTATIONS**

As stated in paragraph I.A. of this application this position is set-aside for individuals. As an individual you are considered a Small Business for statistical purposes. If you are female, you are considered a woman-owned small business. If you belong to one of the racial or ethnic groups in section B, you are considered a small disadvantaged business. To obtain further statistical information on Women-Owned and Small Disadvantaged Businesses you are requested to provide the additional information requested below.

NOTE: This information will not be used in the selection process nor will any benefit be received by an individual based on the information provided.

Check as applicable:

Section A.

 ( ) The offeror represents for general statistical purposes that it is a woman-owned small business concern.

( ) The offeror represents, for general statistical purposes, that it is a small disadvantaged business concern as defined below.

 ( ) The offeror represents for general statistical purposes that it is a service disabled veteran owned small business.

## Section B.

Complete if offeror represented itself as disadvantaged in this provision.] The offeror shall check the category in which its ownership falls:

\_\_\_ Black American

\_\_\_ Hispanic American

\_\_\_ Native American (American Indians, Eskimos, Aleuts, or Native Hawaiians)

\_\_\_ Asian-Pacific American (persons with origins from Burma, Thailand, Malaysia, Indonesia, Singapore, Brunei, Japan, China, Taiwan, Laos, Cambodia (Kampuchea), Vietnam, Korea, The Philippines, U.S. Trust Territory of the Pacific Islands (Republic of Palau), Republic of the Marshall Islands, Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, Guam, Samoa, Macao, Hong Kong, Fiji, Tonga, Kiribati, Tuvalu, or Nauru)

\_\_\_ Subcontinent Asian (Asian-Indian) American (persons with origins from India, Pakistan, Bangladesh, Sri Lanka, Bhutan, the Maldives Islands, or Nepal)

Offeror’s Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Please print)

ATTACHMENT VI Contracted Health Care Worker Examination and Immunization Verification Form

health, meeting the immunization and screening required above, and free of any medical condition or infectious disease that may prevent his/her ability to perform services as a Health Care Worker.

Provider’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Provider’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **This section for Navy use only**

Completed form and accompanying documentation reviewed and found complete.

Reviewer’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

# NAVMED 6260/91 (08/2017)

Attachment VII – Statement of Work

STATEMENT OF WORK

SRRB UID: 68093185080

**General Surgeon (Critical Care-Trauma)**

Note 1: A. The use of Commanding Officer means: Commanding Officer, Naval Medical Center (NMC) Camp Lejeune, NC, or a designated government representative, e.g., Contracting Officer’s Representative (COR), Department Head, etc.

NOTE 2: The terms “contractor” and “health care worker” are synonymous and mean the individual identified in block 7 on the SF26 who is providing services under this contract.

NOTE 3: The term “MTF” refers to the Military Treatment Facility or other Federal Medical Treatment Facility at which services are performed.

1. STATEMENT OF WORK.

1.1. The health care worker (HCW) shall provide, in accordance with this statement of work, comprehensive General Surgeon (Critical Care-Trauma) services in support of the NMC Camp Lejeune (NMCCL), NC.

1.2. During the term of the contract the HCW agrees to provide, on behalf of the Government, the services of a General Surgeon (Critical Care-Trauma) for treatment of active duty military personnel, their dependents, eligible Navy civilian employees, and other eligible beneficiaries, in accordance with the terms and conditions of the contract.

1.3. While on duty, the HCW shall not advise, recommend, or suggest to individuals authorized to receive services at Government expense that such individuals should receive services from the HCW when he or she is not on duty, or from a partner or group associated in practice with the HCW, except with the express written consent of the Commander. The HCW shall not bill individuals entitled to those services rendered pursuant to this contract.

1.4. The HCW shall be physically capable of standing for extended periods of time and capable of normal ambulation.

1.5. The HCW shall comply with Executive Order 12731, October 17, 1990, (55 Fed. Reg. 42547), Principles of Ethical Conduct for Government Officers and Employees, and shall also comply with DoD and other Government regulations implementing this Executive Order.

1.6. Suits arising out of Medical Malpractice. The HCW is serving at the military treatment facility under a personal services contract entered into under the authority of Section 1091 of Title 10, United States Code. Accordingly, Section 1089 of Title 10, United States Code shall apply to personal injury lawsuits filed against the HCW based on negligent or wrongful acts or omissions incident to performance within the scope of the contract. The HCW is not required to maintain medical malpractice liability insurance. In the event of a claim or lawsuit relating to the HCW's performance of duties under the Contract, the parties shall follow the procedures established in SECNAVINST 6300.3A, a copy of which can be viewed at http://doni.daps.dla.mil/default.aspx.

1.6.1. The HCW providing services under the Contract shall be rendering personal services to the Government and shall be subject to day-to-day supervision and control by Government personnel. Supervision and control is the process by which the individual HCW receives technical guidance, direction, and approval with regard to the requirements of the Contract.

1.7. Except as provided in this clause, the HCW are not prohibited from conducting a private practice of their professions or from engaging in other employment. However, the HCW shall not, simultaneously with performance under the Contract, engage in other employment that creates a conflict of interest, violates federal law, or potentially compromises the quality of their work under the Contract. Further, such private practice or other employment shall not be conducted during those hours in which the HCW are required to render services under the Contract. The HCW shall make no use of the Government facilities or property provided under the Contract in connection with other employment. (NAVMED P-117, Chapter 1, Article 1-22 applies (http://www.med.navy.mil/directives/Pages/NAVMEDP-MANMED.aspx).

1.8. The HCW shall be neat, clean, well groomed, and in appropriate clothing when in patient care and public areas. All clothing shall be free of visible dirt and stains and shall fit correctly. Fingernails shall be clean and free from dirt, and hair shall be neatly trimmed and combed. HCW shall display an identification badge, which includes the HCW’s full name and professional status (furnished by the Government) on the right breast of the outer clothing. Security badges provided by the Government shall be worn when on duty. In addition to the identification badge, the HCW shall self-identify as a Contractor in all meetings, telephone conversations, and formal and informal written correspondence with Government personnel.

1.9. The HCW shall read, write, speak and understand the English language fluently.

1.10. The HCW shall arrive for each scheduled shift in a well-rested condition and shall have had at least 6 hours of rest immediately prior to reporting for the shift.

1.11. The HCW shall become acquainted with and obey all station regulations, shall perform in a manner to preclude the waste of utilities, and shall not use Government property for personal business. All motor vehicles operated on these installations by the HCW shall be registered with the base security service according to applicable directives. Eating by the HCW is prohibited in patient care areas and is restricted to designated areas. Smoking is prohibited in all facilities; the HCW shall comply with the rules and regulations of the MTF.

1.12. The HCW shall comply with all MTF checkout processes. These processes include returning Government property, i.e., identification badges, pagers, cellular phones, etc., to the MTF upon the HCW’s last day of service. Failure to do so promptly may result in delay of payment of the final invoice.

1.13. All financial, statistical, personnel and technical data which is furnished, produced or otherwise available to the Contractor during the performance of the Contract are considered confidential business information and shall not be used for purposes other than performance of work under the Contract. Such data shall not be released by the Contractor without prior written consent of the COR. Any presentation of any statistical or analytical materials, or any reports based on information obtained from studies covered by the Contract, will be subject to review and approval by the COR before publication or dissemination.

1.14. The Secretary of the Navy has determined that the illegal possession or use of drugs and paraphernalia in a military setting contributes directly to military drug abuse and undermines Command efforts to eliminate drug abuse among military personnel. The policy of the Department of the Navy (including the Marine Corps) is to deter and detect drug offenses on military installations. Measures to be taken to identify drug offenses on military installations, and to prevent introduction of illegal drugs and paraphernalia, include routine random inspection of vehicles while entering or leaving with drug detection dogs when available, and random inspection of personal possessions on entry or exit. If there is probable cause to believe that the HCW has been engaged in use, possession, or trafficking of drugs, the HCW may be detained for a limited period of time until he or she can be removed from the installation or turned over to local law enforcement personnel having jurisdiction. When illegal drugs are discovered in the course of an inspection or search of a vehicle operated by the HCW, the HCW and vehicle may be detained for a reasonable period of time necessary to surrender the individual and vehicle to appropriate civil law enforcement personnel. Action may be taken to suspend, revoke, or deny installation driving privileges. Implicit with the acceptance of the Contract is the agreement by the HCW to comply with all Federal and State laws as well as regulations issued by the Commanding Officer of the military installation concerning illegal drugs and paraphernalia.

1.15. Due to the nature of medical personal services which require Government supervision, the need for HCW access to CHCS/AHLTA, and patients that present only at the MTF, the Contract does not lend itself to allow the HCW to telecommute.

1.16. Comply with the standards of the Joint Commission, applicable provisions of law and the rules and regulations of any and all Governmental authorities pertaining to licensure and regulation of health care personnel and medical treatment facilities, the regulations and standards of medical practice of the MTF and the bylaws of the hospital's medical staff. Adhere to and comply with all Department of the Navy, Bureau of Medicine and Surgery and local Clinic instructions and notices that may be in effect during the term of the Contract.

2. DUTY HOURS.

2.1. Regular Duty hours: The HCW shall normally provide services in the assigned clinical area for a 12 hour shift (to include a 1 hour uncompensated meal break). Shifts may begin at any time during the day, and any day of the week, to include weekends and holidays. Specific days and daily start time will be scheduled one (1) week in advance by the Commanding Officer. End of shift times will be adjusted at the discretion of the government given daily clinical volume. Any changes in the schedule shall be coordinated between the HCW and the Government. The total of all On-Call, Call-Back, scheduled hours, and holidays shall not exceed 160 hours per month.

2.2 On Call hours: Historical data indicates the HCW shall respond to a minimum of 5 overnight calls (include weekends and holidays) per month to cover general and trauma surgery. The HCW shall respond to a call within 30 minutes of receipt; but may choose to use the Call Room available for the on-duty general surgeon. Call rotation will be variable by month, depending on the number of general surgeons available.

2.2.1. Back up on call hours: Historical data indicates the HCW shall respond to a minimum of 5 overnight back up calls (2nd call) per month to cover general and trauma surgery. Backup Call rotation will be variable by month, depending on the number of general surgeons available.

2.2.2. On Call and Back up On Call are not separately priced.

2.3. When required, to ensure completion of services that extend beyond the normal close of business, the HCW shall remain on duty in excess of the scheduled shift. The HCW will be given an equal amount of compensatory time to be scheduled upon mutual agreement of the HCW and the Commanding Officer. The HCW shall use all compensatory time within two (2) pay-periods. All unused compensatory leave will be forfeited, if not used at the end of the period of performance. If the Contract is terminated, there will be no reimbursement for any accrued compensatory time balance. In the event the HCW gives notice, all compensatory time must be used within the notice period or forfeited. This provision is not intended to apply to the time required to complete routine tasks (e.g., completion of paperwork or routine administrative tasks at the end of a shift), which are to be completed as part of the shift.

2.4. Unless scheduled for on-call duties, the HCW’s services shall not be required on Federal holidays. The HCW shall be compensated for Federal holidays in accordance with paragraph 3.5. below.

2.5. The Commanding Officer or designated Government representative will supervise the HCW.

3. ABSENCES AND LEAVE.

3.1. Planned absences from assigned duties shall be requested with 15 working days advance notice, in writing, to the Commander. Ten (10) hours of personal leave are accrued by the HCW at the end of every two-week period worked. The HCW shall be compensated by the government for these periods of authorized planned absence. This leave shall be used for both planned (vacation) and unplanned (sickness) absences.

3.2. Unless otherwise negotiated between the Contracting Officer, the Supervisor and the HCW, the MTF will administer the HCW’s leave in accordance with the guidelines for Federal civil service employees. These guidelines relate to, among other topics, annual leave, administrative leave, Leave Without Pay (LWOP) and holidays.

3.3. If the HCW is absent for three (3) or more consecutive days due to illness, he or she may be required by the Commanding Officer to provide written documentation from a qualified health care provider that he or she is free from communicable disease and the cause of the HCW's current illness. The Government reserves the right to examine and/or re-examine any HCW who meets this criterion.

3.4. At the discretion of the Commanding Officer, up to 40 hours of accrued leave may be carried over from one fiscal year to the next, as long as the balance carried over is used by 31 December of that same calendar year. This contingency for leave carry over does not apply if the following option period is not exercised by the Government or during the last option year of the contract. This position is for a period beginning from the start date through 30 September of the same fiscal year with options to extend the contract for a total of two years and one month. The contract will be renewable each fiscal year at the option of the Navy. If the contract is terminated for default, there will be no reimbursement for any accrued leave balance. In the event that the HCW gives notice of employment termination, all accrued annual leave must be used within that notice period, or forfeited. Unplanned leave (i.e. leave taken for sickness) taken during this period shall be supported by a physician's statement of illness upon request.

3.5. Unless providing on-call services, the HCW will also receive a paid holiday benefit. If additional holidays are created as a result of an Executive Order, the benefit will also be extended to the HCW. The Government will compensate the Contractor for the number of hours the HCW is normally scheduled to work on the day on which the holiday is observed. If the HCW is not normally scheduled for duty on the day a holiday is observed, the HCW will not be compensated for the holiday. For example, if the HCW works ten (10) hours per day, Tuesday through Friday, the HCW will not receive compensation for a Monday holiday, since the HCW is not normally scheduled to work on Mondays.

3.6. A HCW with a bona fide medical emergency occurring while on duty or with an on-the-job injury will be provided stabilizing medical care according to the procedures of the MTF. The HCW will reimburse the Government for all medical services provided unless the HCW is otherwise entitled to Government medical services.

C.3.3.7. Continuing Education. The Commanding Officer may also grant authorization for planned absences to allow the HCW to attend continuing education courses. This is in addition to the personal leave specified above. The Government may compensate the HCW for these periods of authorized absence if the continuing education course(s) are determined to be a necessary expense by the Government.

3.7.1. Unless authorized in advance, the Government will not reimburse the HCW for the cost of any training and/or other related expenses (travel). If authorized, the Contractor shall be compensated for those expenses deemed reasonable using a Travel/Training Contract Line Item Number (CLIN) in Section B. The HCW shall provide proof of attendance and successful completion of continuing education to the Commanding Officer upon request.

3.7.1.1. The HCW shall submit an invoice in accordance with Wide Area Work Flow (WAWF) instructions itemizing expenses in amounts allowable by the COR. (See Section G.)

3.7.1.2. All reimbursements will be retrospective, payable only upon presentation of a properly prepared invoice (as specified by the facility) to the COR. The Government shall reimburse the HCW only for actual training costs incurred, and any authorized travel expenses deemed reasonable.

3.7.1.3. The Government reserves the right to require additional documentation, including memoranda from the HCW obtaining the training.

3.7.1.4. Such training shall not be conducted prior to the appropriate funding being applied to the Contract.

3.8. For unusual and compelling circumstances (e.g., weather emergencies) in which the Commanding Officer either excuses all facility personnel from reporting to work or dismisses all personnel early, the Commanding Officer is authorized to grant administrative leave to the HCW. This administrative leave may be compensated leave.

3.9. Furlough. Except as otherwise provided in this paragraph or unless specifically authorized in a DoD Appropriations Act or a continuing resolution, the obligation of the Contractor to perform services under the Contract, and the Government's obligation to pay for such services, shall be suspended during a Government furlough. In the event of a Government furlough, the Commander will determine which Contractor employees are considered "essential" and therefore must report to work. Only Contractor employees deemed "essential" by the Government shall be compensated for services rendered during a furlough. All other Contractor employees will be furloughed until the Government shutdown ends or the COR notifies them that they have become "essential" employees.

3.10. Jury Duty. Administrative leave may be granted for a HCW selected to serve jury duty. Requests for administrative jury duty leave shall be submitted to the Commanding Officer in the same manner as planned leave is requested. The HCW is required to provide the Commanding Officer with as much written notice as possible prior to reporting for jury duty, and is responsible for supplying documentation regarding the necessity for and length of absence for jury duty. A HCW whose position is deemed critical by the Commanding Officer may be issued a written request for the court to excuse the HCW from jury duty. The HCW shall be compensated by the Government for these periods of authorized administrative leave.

4. DUTIES AND RESPONSIBILITIES. The HCW shall perform a full range of duties consistent with their labor category, education, training, experience, clinical privileges, and assigned position.

4.1. Administrative duties: The HCW shall perform limited administrative duties which include maintaining clinical workload, participating in educational programs and participating in clinical staff quality assurance functions and process action team, as prescribed by the Commanding Officer. Administrative duties shall include, but are not limited to, the following:

* 1. Maintain a level of productivity comparable with that of other individuals performing similar services.

4.1.2. Comply with the standards of the Joint Commission, applicable provisions of law, and the rules and regulations of any and all governmental authorities pertaining to licensure and regulation of health care personnel and medical treatment facilities, the regulations and standards of medical practice of the MTF and the bylaws of the MTF’s medical staff. Adhere to and comply with all Department of the Navy, Bureau of Medicine and Surgery and local instructions and notices which may be in effect during the term of the contract.

4.1.3. Participate in peer review and performance improvement activities. Actively participate in the command’s performance improvement program by participating in meetings to review and evaluate the care provided to patients, identify opportunities to improve the care delivered, and recommend corrective action when problems exist.

4.1.4. Practice aseptic techniques as necessary. Comply with infection control guidelines to include the proper handling, storage, and disposal of infectious wastes, the use of universal precautions to prevent the spread of infections.

4.1.5. Function with an awareness and application of safety procedures.

4.1.6. Perform efficiently in emergency patient situations following established protocols, remaining calm, informing appropriate persons, and documenting events. Anticipate potential problems/emergencies and make appropriate interventions. Notify supervisor, director, or other designated person regarding problems that the HCW is unable to manage.

4.1.7. Apply an awareness of legal issues in all aspects of patient care and strive to manage situations in a reduced risk manner.

4.1.8. Participate in the implementation of the Family Advocacy Program as directed. Participation shall include, but not be limited to, appropriate medical examination, documentation, and reporting.

4.1.9. Exercise awareness and sensitivity to patient/significant others' rights, as identified within the institution.

4.1.10. Maintain an awareness of responsibility and accountability for own professional practice.

4.1.11. Participate in continuing education to meet own professional growth.

4.1.12. Attend and/or comply with all annual training classes required by the Command, to include but not limited to online annual training provided by the MTF: disaster training, infection control, maintaining Joint Commission compliance, Sexual Harassment, Bloodborne Pathogens, Fire and Safety, Chemical, Biological, Radiological, Nuclear and Explosives (CBRNE), and all other required training.

4.1.13. Participate in the provision of in-service training to clinic staff members. Provide training and/or direction as applicable to supporting Government employees (e.g., hospital corpsmen, students, etc.).

4.1.14. Attend and participate in various meetings as directed.

4.1.15. Perform timely, accurate, and concise documentation of patient care. Maintain documentation of all treatment provided in accordance with clinic directives, and prepare such records and reports as may be required. All records and reports must be legible. Abbreviations must be only those listed in local instructions.

4.1.16. Operate and manipulate automated systems such as CHCS, AHLTA, and Clinical Information System (CIS), participate in clinical staff Performance Improvement (PI) and Risk Management (RM) functions, as prescribed by the Commanding Officer. Maintain DoD email account as directed. The HCW shall be responsive to all email and voicemail communications.

4.1.17. As commensurate with the position, exercise appropriate delegation of tasks and duties in the direction and coordination of health care team members, patient care, and clinic activities.

4.1.18. Comply with the HIPAA (Health Insurance Portability and Accountability Act) privacy and security policies of the treatment facility. Providers shall obtain/maintain a National Provider Identifier (NPI) in accordance with DOD and MTF policy/instruction, as applicable. <https://nppes.cms.hhs.gov/>

4.1.19. Be officially evaluated at least semi-annually on performance and adherence to requirements of this contract.

4.1.20. Participate in executing the Emergency Preparedness Plan (drills and actual emergencies) as scheduled by the MTF (typically semiannually). The MTF shall prepare a personnel re-call list with personal contact information for all military, civil service and contract employees in advance for an actual emergency. The HCW shall provide personal contact information to the designated supervisor upon commencement of services. Should an emergency occur, the HCW shall be contacted with shift information and for accountability purposes.

4.1.21. Possess and maintain current certification in American Heart Association Basic Life Support (BLS) for Health care Providers; American Heart Association Health care Provider course; American Red Cross CPR (Cardio Pulmonary Resuscitation) for the Professional Rescuer; or an equivalent MTF course. HCWs, not currently in possession of current certification, must acquire certification prior to initiating contract performance. Web based classes do not meet these standards. A copy of the BLS instruction may be obtained from the World Wide Web at: <http://navymedicine.med.navy.mil/Files/Media/directives/1500-15c.pdf>.

* 1. Clinical duties.

4.2.1. The HCW shall perform a full range of General Surgeon services in accordance with clinical privileges granted by the commanding officer in support of NMCCL. A complete listing may be obtained from your Contracting Officer Representative (COR).

4.2.2. PERFORMANCE IMPROVEMENT/QUALITY ASSURANCE. The HCW shall:

4.2.2.1. Participate with their supervisor in departmental and hospital performance improvement activities/risk management programs as prescribed, and make recommendations on improvement of work methods and organizational features.

4.2.2.2. Participate in pediatric staff quality assurance functions to include peer review and clinic performance improvement. Attend and contribute to scheduled meetings to review and evaluate the care provided to patients, identify opportunities to improve the care delivered, and recommend corrective action when problems exist.

4.3. ORIENTATION:

4.3.1. Undergo an orientation and shall complete mandatory Navy and DoD on-line training as required. Orientation may be waived for personnel who have previously provided service at the treatment facility. DoD on-line training may require that the HCW enter their Social Security Number to document and track compliance with training requirements. Orientation shall include familiarization with the facility, introduction to the Quality Improvement Program, introduction to MTF rules and regulations, introduction to military protocols such as military structure, time and rank, acquisition of parking permits, proper infection control protocols and clarification of rights and responsibilities.

4.3.2. Orientation shall consist of Command Orientation and Information Systems Orientation. Command orientation of up to 40 hours includes annual online training requirements for topics such as but not limited to fire, safety, infection control, family advocacy, Chemical, Biological, Radiological, Nuclear, and Explosive Events (CBRNE) Basic Awareness, and various Navy required on-line trainings. Information Systems Orientation of approximately 24 hours includes the CHCS/AHLTA, and the Ambulatory Data System (ADS). In addition, HCWs identified as CHCS and/or AHLTA Super-users shall undergo an additional 8 hours of information systems orientation.

4.4 Credentials Requirements.

4.4.1. Upon award, the HCW shall complete a Credentials Record (CR) prior to performance of services. Completed CR must be forwarded 30 days prior to performance of duties to the MTF’s Medical Staff Services Office (MSSO). The CR, maintained at the MTF, contains specific information with regard to qualifying degrees and licenses, past professional experience and performance, education and training, health status, and current competency (i.e. within 2 years) as compared to specialty-specific criteria regarding eligibility for defined scopes of health care services. BUMED Instruction 6010.30, enclosure 6 details the CR requirements. BUMEDINST 6010.30 is available from the COR.

4.4.2. If, during the Government's evaluation of the CR a negative current clinical competency assessment is determined, it will bring the MTF’s consideration of the HCW’s application for credentialing/privileging to an immediate close. Since granting credentialing/privileging is required as a condition of employment under this contract, a negative current clinical assessment will result in the issuance of a contract termination notice by the contracting officer under the clause at FAR 52.249-12.

4.4.3. If clinical privileges are summarily suspended or are being held in abeyance, pending an investigation into questions of professional ethics or conduct, performance under this contract may be suspended until clinical privileges are reinstated. No reimbursement shall be made and no other compensation shall accrue to the HCW so long as performance is suspended or clinical privileges are held in abeyance. The denial, suspension, limitation, or revocation of clinical privileges based upon practitioner impairment or misconduct will be reported to the appropriate licensing authorities of the state in which the license is held IAW BUMEDINST 6025.13.

4.5. Background Investigations. By fulfillment of this position, the HCW will have access to Department of Navy (DON) Information Technology (IT) systems and/or perform IT-related duties with varying degrees of independence, privilege and/or ability to access and/or impact sensitive data and information. Therefore, the HCW shall be subject to Information Technology (IT)/Sensitive Information (SI) security requirements which include national and local background checks and a credit check in accordance with Secretary of Navy (SECNAV) Manual 5510.30, as well as a criminal background check in accordance with the Crime Control Act of 1990. It should be noted that in order to receive access to the DON IT system(s) and the sensitive data necessary to perform the duties for this position, the HCW must be a U.S. citizen. The HCW shall be required to complete the paperwork necessary for the Government to complete the background investigations.

5. FAILURE AND/OR INABILITY TO PERFORM.

5.1. This contract may be found voidable at the option of the Government if the contractor fails to provide the requested physical certification or privileges are not granted to the HCW by the Commander.

5.2. Should the HCW be unable to perform duties under the contract due to medical or physical disability for more than 13 consecutive days, performance under the contract may be suspended by the Contracting Officer until such medical or physical disability is resolved. If performance under the contract is so suspended, no reimbursement shall be made and no other compensation, including annual/sick leave, shall accrue to the HCW so long as performance is suspended.

5.3. Any HCW demonstrating a health or safety risk to patients or staff may be immediately removed from service. In the event of such a removal, the Contracting Officer may issue a stop work order until the situation is resolved,

5.4. Any HCW demonstrating impaired judgment shall be removed from providing health care services. The Government reserves the right to remove any employee who, in the judgment of a licensed physician, is impaired by drugs or alcohol.

5.4.1. Any HCW with alcohol or drug abuse problems may be allowed to return to work under the terms of the contract only with prior Government approval.

6. PERSONNEL QUALIFICATIONS. The HCW is required to possess the following minimum levels of professional and technical experience. The specialized experience included as part of the required qualifications shall have been obtained in the fields of endeavor indicated by the following applicable labor category:

**General Surgeon (Critical Care-Trauma)**

6.1. SPECIAL REQUIREMENTS. The HCW shall:

6.1.1. Possess a Doctorate Degree in Medicine from an accredited college approved by the Liaison Committee on Medical Education and Hospitals of the American Medical Association, a Doctorate Degree in Osteopathy from a college accredited by the American Osteopathic Association, or permanent certification by the Educational Commission for Foreign Medical Graduates (ECFMG).

6.1.2. Have successfully completed a residency program in Surgery which has been approved by the

Accreditation Council for Graduate Medical Education or the Committee on Postdoctoral Training of the American

Osteopathic Association or those Canadian training programs approved by the Royal College of Physicians and

Surgeons of Canada or other appropriate Canadian medical authority.

6.1.3. Possess a current unrestricted license to practice medicine in any one of the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands. The HCW is responsible for complying with all applicable state licensing regulations.

6.1.4. A minimum of 2 years within the preceding 4 years experience in caring for trauma patients.

6.1.5. Possess Advanced Cardiac Life Support (ACLS) certification.

6.1.6. Possess Advanced Trauma Life Support (ATLS) certification.

6.1.7. Possess and maintain current certification in American Heart Association Basic Life Support (BLS) for Health Care Providers; American Heart Association Health Care Provider course; American Red Cross CPR (Cardio Pulmonary Resuscitation) for the Professional Rescuer; or an equivalent MTF course. HCWs, not currently in possession of current certification, must acquire certification prior to initiating contract performance. Web based classes do not meet these standards. A copy of the BLS instruction (BUMEDINSTR 1500.15E) may be obtained from the World Wide Web at: [http://www.med.navy.mil/directives/Pages/BUMEDInstructions.aspx](https://www.med.navy.mil/directives/Pages/BUMEDInstructions.aspx)

6.1.8. Provide two letters of recommendation written within the last two years attesting to clinical skills. A minimum of one of the letters must be from a supervisor or clinical peer. The other letter must be from either a clinic or hospital administrator, or a practicing physician. Reference letters shall attest to the quality and quantity of experience. The letters may also address patient rapport and the communication skills between practitioner and patient and among peers. Recommendation letters must include name, title, phone number, date of reference, address and signature of the individual providing reference. Please note that the successful awardee will need to provide letters of clinical competency within five days of award.

6.1.9. Represent an acceptable malpractice risk to the Navy.

6.1.10. Be in good standing and under no sanction or suspension listing by the Federal Government.

6.1.11. Possess U.S. citizenship which is necessary to gain access to DON IT systems and sensitive information (see Attachment III).

6.2. REGULATORY COMPLIANCE REQUIREMENTS.

6.2.1. Within 60 days prior to performance of services by the HCW, the HCW shall obtain, at their own expense, documentation of required immunizations and physical testing, and a statement from the HCW's licensed medical practitioner or a report of a physical examination. The physical examination and immunization documentation shall indicate that the HCW is free from mental or physical impairments that would restrict the HCW from providing the services described herein. The requirements are provided on the HEALTH EXAMINATION AND IMMUNIZATION/SCREENING REQUIREMENT FORM, the current version of which is available at: http://www.med.navy.mil/sites/nmlc/Public\_Docs/Physical%20Exam%20and%20Immunization%20Form.pdf. The Contractor shall always obtain the current version from the web page and shall have the form completed in its entirety in accordance with its instructions. The facility shall identify any incumbent HCW who is not required to complete this documentation after Contract award. Declinations shall only be permitted based on either the HCW’s religious convictions or medical contraindications (as documented by a qualified health care provider). The Hepatitis B vaccine declination can be found on the World Wide Web at http://www.osha.gov/SLTC/etools/hospital/hazards/bbp/declination.html.

6.2.1.1. Except for the HCW who decline Hepatitis B vaccine as given above, the Hepatitis B requirements given in the HEALTH EXAMINATION AND IMMUNIZATION/SCREENING REQUIREMENT FORM, provide that the HCW must either show a positive titer or demonstrate persistent non-response to the vaccine. The HCW may be approved for service at the MTF prior to achieving a Hepatitis B positive titer or demonstrating a persistent nonresponse according to the following provisions:

6.2.1.1.1. The HCW must receive the first vaccination of his/her initial vaccination series prior to commencing service under the Contract and must complete the series not later than 6 months after commencing service and, if a negative titer is obtained, must complete the second series within another 6 months; or

6.2.1.1.2. The HCW who has completed his/her initial series and obtained a negative titer must commence his/her second vaccine series prior to commencing service and must complete the second series not later than 6 months after commencing service.

6.2.1.1.3. The HCW approved according to the provisions above will be considered persistent non-responders until there is evidence to the contrary and will be counseled by a licensed practitioner regarding the implications of nonresponse.

6.2.1.1.4. If the HCW fails to comply with the applicable schedule above, the Contract may be terminated if so directed by the Contracting Officer.

6.2.2. Except as provided in paragraph 6.2.3 or 6.2.4 below, or unless the HCW is otherwise entitled to

Government medical services (e.g., an eligible beneficiary), no medical tests or procedures required by the Contract may be performed in the MTF. Expenses for all required tests and/or procedures shall be borne by the Contractor at no additional expense to the Government.

6.2.3. The HCW shall agree to undergo personal health examinations and such other medical and dental examinations at any time during the term of the Contract, as the Commanding Officer may deem necessary for preventive medicine, medical surveillance, performance improvement, or privileging purposes. These examinations will be provided by the Government. If the Contractor chooses, these examinations may be provided by private physician or dentist, at no expense to the Government.

6.2.4. It is essential that the HCW be vaccinated annually against influenza according to Bureau of Medicine and

Surgery, (BUMED) and Centers for Disease Control (CDC) guidelines aimed at reducing the impact of influenza disease in health care settings. The Government will provide the influenza vaccine free of charge. If the HCW chooses to be immunized by the Government, the HCW shall sign a waiver releasing the Government from legal liability in accordance with local procedures and policies. Alternately, the HCW may obtain the vaccine at another facility, with the HCW bearing the total cost, and provide proof of vaccination to the Government. If the HCW declines vaccination, a signed declination form shall be provided to the Government in accordance with CDC recommendations and MTF policies.

6.2.5. A HCW who does not show a positive antibody titer after immunization and appears to have a "non-immune" status must report varicella exposure to the COR. In accordance with CDC Recommendations, the HCW may be removed from patient care duties beginning on the tenth day following exposure and remain away from work for the maximum incubation period of varicella (21 days). In this instance, the HCW will be considered to be in a leave status.

6.2.6. Prior to reporting for service at an MTF, each contract HCW shall be screened at Contractor expense for risk of exposure to tuberculosis (TB) as part of the Health Examination and Immunization/Screening Requirement Form in 6.2.1. If the HCW is determined to have a low risk of exposure, no further screening or testing is required under this Contract. The initial screening may be waived, at the discretion of the MTF, if the Contractor provides evidence of a prior low risk assessment by a licensed physician. If the initial screening results in a determination that the

HCW has an increased risk of exposure to TB, the Contractor is responsible for ensuring that the HCW receives targeted screening and testing in accordance with CDC Guidelines for Health-Care Settings and submitting timely records of subsequent screening or testing to the COR.

6.2.7. BLOODBORNE PATHOGEN ORIENTATION PROGRAM. The HCW shall participate in the Command’s Bloodborne Pathogen Orientation Program. The HCW shall also participate in all required annual training and in periodic training for all procedures that have the potential for occupational exposure to bloodborne pathogens.

6.2.8. MANAGEMENT OF HIV POSITIVE HCWs. The human immunodeficiency virus (HIV) positive HCW will be managed in accordance with the current CDC guidelines and Section 503 of the Rehabilitation Act (29 U.S.C. 793) and its implementing regulations (41 CFR Part 60-741).

6.2.9. PREVENTION OF THE TRANSMISSION OF HIV. The HCW shall comply with the CDC’s “Universal Precautions” for the prevention of the transmission of the HIV virus.

6.2.10. MANAGING THE CLINICAL RISK IN THE WORK ENVIRONMENT. The work environment inherently involves risks typically associated with the performance of clinical procedures. The HCW may be exposed to contagious disease, infections and flying debris, requiring the wearing of personal protection equipment such as scrub attire, gloves, masks, and eye protection.