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PO Box 1408, Room 100
167 Lombard Ave.
Winnipeg
Manitoba
R3C 2Z1
Bid Fax: (204) 983-0338

SOLICITATION AMENDMENT MODIFICATION DE L'INVITATION

The referenced document is hereby revised; unless otherwise
indicated, all other terms and conditions of the Solicitation
remain the same.

Ce document est par la présente révisé; sauf indication contraire,
les modalités de l'invitation demeurent les mêmes.

Comments - Commentaires

Vendor/Firm Name and Address
Raison sociale et adresse du
fournisseur/de l'entrepreneur

Issuing Office - Bureau de distribution
Public Works and Government Services Canada -
Western Region
PO Box 1408, Room 100
167 Lombard Ave.
Winnipeg
Manitoba
R3C 2Z1

Title - Sujet Nursing Services	
Solicitation No. - N° de l'invitation H3551-123194/A	Amendment No. - N° modif. 001
Client Reference No. - N° de référence du client H3551-123194	Date 2013-08-07
GETS Reference No. - N° de référence de SEAG PW-\$WPG-207-8588	
File No. - N° de dossier WPG-2-35306 (207)	CCC No./N° CCC - FMS No./N° VME
Solicitation Closes - L'invitation prend fin at - à 02:00 PM on - le 2013-08-22	Time Zone Fuseau horaire Central Standard Time CST
F.O.B. - F.A.B. Plant-Usine: <input type="checkbox"/> Destination: <input checked="" type="checkbox"/> Other-Autre: <input type="checkbox"/>	
Address Enquiries to: - Adresser toutes questions à: Parker, LaVona	Buyer Id - Id de l'acheteur wpg207
Telephone No. - N° de téléphone (204) 984-2351 ()	FAX No. - N° de FAX (204) 983-7796
Destination - of Goods, Services, and Construction: Destination - des biens, services et construction:	

Instructions: See Herein

Instructions: Voir aux présentes

Delivery Required - Livraison exigée	Delivery Offered - Livraison proposée
Vendor/Firm Name and Address Raison sociale et adresse du fournisseur/de l'entrepreneur	
Telephone No. - N° de téléphone Facsimile No. - N° de télécopieur	
Name and title of person authorized to sign on behalf of Vendor/Firm (type or print) Nom et titre de la personne autorisée à signer au nom du fournisseur/ de l'entrepreneur (taper ou écrire en caractères d'imprimerie)	
Signature	Date

This Amendment 001 to solicitation H3551-123194/A is issued to answer questions from the industry and modify the solicitation as follows:

- Q1. In part 4 section 1.1.1.3ii (page 9), it states that each designated nurse must have a Heart and Stroke Foundation Basic Life Support for Healthcare Providers. Would current BLS Level "C" be accepted through other institutions (i.e. St. John Ambulance) that comply with current international protocols?
- A1. All nurses must have Heart and Stroke Foundation Basic Life Support for Healthcare Providers certification or the equivalent BLS level "C".
- Q2. On page 22, under CERTIFICATION REQUIREMENTS / COMPETENCIES, the RFP reads "All Contract Nurses must possess and maintain...an eChart certification with user ID/password". Would it be acceptable for proponents to submit proof of eChart certification with ID/Password prior to start of services?
- A2. The eChart component will be removed from the 1.1.1 Mandatory Technical Criteria but will be required in order to be on the active roster.

DELETE: Annex L

In its entirety

INSERT: Annex L

The Contractor must populate columns #1 - #6 with the appropriate information. Columns #7 and #8 are to be left blank. An electronic copy of this table can be obtained by contacting the Contracting Authority.

Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7	Column 8
name of Nurse	degree or diploma	years of northern experience with education program	years of northern experience without education	years of experience non-northern	certifications	Comments	score

Solicitation No. - N° de l'invitation

H3551-123194/A

Amd. No. - N° de la modif.

001

Buyer ID - Id de l'acheteur

wpg207

Client Ref. No. - N° de réf. du client

H3551-123194

File No. - N° du dossier

WPG-2-35306

CCC No./N° CCC - FMS No/ N° VME

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED