Annex D – Evaluation Criteria

Supplier: _____

HCV (Hepatitis C) Specialist services for CSC Atlantic Region
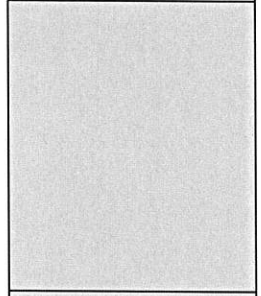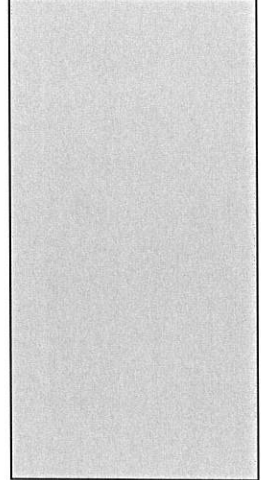
Mandatory Evaluation Criteria

1. Offers MUST meet all of the following mandatory requirements. Offers must be supported by proper and adequate detail, particularly where a mandatory item requires supporting evidence. Those not meeting all of these mandatory requirements will be given no further consideration.

2. The mandatory evaluation criteria are:

ATTENTION OFFERORS: WRITE THE RELEVANT PAGE NUMBER(S) FROM YOUR OFFER WHICH ADDRESSES THE ISSUE BESIDE THE CRITERIA BELOW.

The contractor must	Cross Reference to Proposal (page #)	FOR EVALUATION PURPOSES	
		Met/ Not Met	Comments
M1. Provide proof that he/she is licensed as a Physician with the College of Physicians and Surgeons of New Brunswick and Nova Scotia. A copy of the license must be included in the proposal.			
M2. Provide a signed declaration that he/she is a member in good standing with his/her respective provincial College of Physicians and Surgeons of New Brunswick and Nova Scotia, that there are no investigations or judgements against the proposed physician in any area of professional conduct, and that his/her license to practice medicine has no restrictions.			
M3. Provide proof of Fellowship in the Royal College of Physicians and Surgeons of Canada in a relevant specialty and/or sub-specialty (e.g., internal medicine, infectious diseases, gastroenterology, hepatology.)			
M4. Provide proof of medical professional insurance with the Canadian Medical Protective Association.			
M5. Have at least five years experience working as a Specialist in the treatment of Hepatitis C in governmental/institutional/community settings.			

Annex D – Evaluation Criteria

	N/A		
M6. Must satisfy the language requirement outlined in the Statement of Work. (SOW)			
The bidder will be deemed to have satisfied the language requirement by indicating their compliance to the requirement outlined in the SOW by checking Yes.			
Yes _____			

Mandatory Requirements: **Passed** _____   **Failed** _____

Evaluation Team

Department   Evaluator's Name (Print)   Signature   Date

_____   _____   _____

_____   _____   _____

_____   _____   _____