

TECHNICAL EVALUATION

Supplier: _____

Specialist services for CSC Atlantic Region

Mandatory Evaluation Criteria

- 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.
- 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 in good standing with his/her respective College of Physicians and Surgeons in the province of Nova Scotia. A copy of the license must be included in the proposal. This document must be provided each year before the option period is exercised.			
M2. Provide a signed declaration that he/she is a member in good standing with his/her respective provincial College of Physician and Surgeons, that there are no investigations or judgements against the proposed physicians in any area of professional conduct, and that his/her license to practice medicine has no restrictions. If there are current investigations, judgements or restrictions against the proposed physician, details of them must be provided as indicated in the form. Further details will be obtained from the Register of the College of Physicians and Surgeons of Nova Scotia, as required, by the Project Authority. This document must be provided each year before the option period is exercised.			
M3. Provide proof that he/she is currently authorized by Health Canada to prescribe methadone. This document must be provided each year before the option period is exercised.			

TECHNICAL EVALUATION

<p>M4. Provide a copy of a valid license for prescribing treatment for opiate dependence and other addictions. The physician will be responsible for maintaining such training/licensure in order to provide approved treatments and to acquire licensure/training if needed to provide treatments newly approved.</p>			
<p>M5. Provide proof of medical professional insurance. This document must be provided each year before the option period is exercised.</p>			
<p>M6. Must be able to obtain credentialing/privileges with the Cumberland Health Authority, Nova Scotia.</p>			
<p>M5. Provide a copy of his/her curriculum vitae (CV) that demonstrates his/her experience as a physician.</p>			

(For evaluation purposes only) **Mandatory Requirements:** **Passed** _____ **Failed** _____

Evaluation Team	_____	_____	_____
Department	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____