

# 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 an Optometrist in good standing with the Nova Scotia College of Optometrists. 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 the Nova Scotia College of Optometrists, that there are no investigations or judgements against the proposed contractor in any area of professional conduct, and that his/her license to practice optometry has no restrictions. If there are current investigations, judgements or restrictions against the proposed optometrist, details of them must be provided as indicated in the form. Further details will be obtained from the College of Optometrist 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 of professional insurance. This document must be provided each year before the option period is exercised.			
M4. Provide a copy of his/her curriculum vitae (CV) that demonstrates his/her experience as an optometrist.			

# TECHNICAL EVALUATION

(For evaluation purposes only)  
Mandatory Requirements: Passed \_\_\_\_\_

Failed \_\_\_\_\_

Evaluation Team

Department

Evaluator's Name (Print)

Signature

Date

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

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

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