

TECHNICAL EVALUATION

ANNEX D

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 BIDDERS: 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 Psychiatrist in good standing with his/her respective College of Physicians and Surgeons in the province of Nova Scotia and New Brunswick. A copy of the licenses must be included in the proposal. These documents 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 Physicians and Surgeons, 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. If there are current investigations, judgements or restrictions against the proposed physician, details of them must be provided and indicated in the form. Further details will be obtained from the Register of the College of Physicians and Surgeons of Nova Scotia and New Brunswick, as required, by the Project Authority. These documents must be provided each year before the option period is exercised.			
M3. Provide proof of Medical liability insurance			
M4. Have a minimum of one (1) year experience providing psychiatric forensic risk assessments.			

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M5. Provide a curriculum vitae (CV) that demonstrates experience with a forensic or correctional population

(For evaluation purposes only)

Mandatory Requirements: Passed _____

Failed _____

Evaluation Team

Department _____

Evaluator's Name (Print) _____

Signature _____

Date _____
