Supplier: _____

Community Psychiatric Services – Specialized Sex Offender Treatment – Greater Halifax Area

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. Membership in the College of Physicians and Surgeons of Nova Scotia			
M2. Minimum one year of experience working with sexual offenders.			
M3. Provide a copy of his/her license to practice medicine in the Province of Nova Scotia. This document must also be provided each year before the option period is exercised.			
M4. Provide a signed declaration that he/she is a member in good standing with the College of Physicians and Surgeons of 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. If there are current investigations, details will be obtained from the Register of College of Physicians and Surgeons of Nova Scotia, as required, by the Project Authority. This declaration must also be provided each year before the option period is exercised.			
M5. Provide proof of medical professional insurance			
M6. Have experience working in a forensic setting providing specialized assessment and treatment of sex offenders			
M7. Provide a curriculum vitae (CV) that demonstrates experience in a forensic setting and the treatment of sex offenders.			

Annex D – Evaluation Criteria

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

Evaluation Team

Department   Evaluator's Name (Print)   Signature   Date

_____ _____ _____ _____

_____ _____ _____ _____