



RETURN BIDS TO:
RETOURNER LES SOUMISSIONS À:
PWGSC/TPSGC Acquisitions
1045 Main Street
1st Floor, Lobby C
Unit 108
Moncton, NB E1C 1H1
Bid Fax: (506) 851-6759

SOLICITATION AMENDMENT MODIFICATION DE L'INVITATION

The referenced document is hereby revised; unless otherwise indicated, all other terms and conditions of the Solicitation remain the same.

Ce document est par la présente révisé; sauf indication contraire, les modalités de l'invitation demeurent les mêmes.

Comments - Commentaires

This document contains a security requirement.

Vendor/Firm Name and Address

Raison sociale et adresse du
fournisseur/de l'entrepreneur

Issuing Office - Bureau de distribution

NB / PEI Division - Moncton Acquisitions Office
1045 Main Street
1st Floor, Lobby C
Unit 108
Moncton, NB E1C 1H1

Title - Sujet Medical Consultant Services	
Solicitation No. - N° de l'invitation 51019-161003/A	Amendment No. - N° modif. 001
Client Reference No. - N° de référence du client 51019-161003	Date 2016-10-25
GETS Reference No. - N° de référence de SEAG PW-\$MCT-011-5212	
File No. - N° de dossier MCT-6-39039 (011)	CCC No./N° CCC - FMS No./N° VME
Solicitation Closes - L'invitation prend fin at - à 02:00 PM on - le 2016-11-03	
Time Zone Fuseau horaire Atlantic Daylight Saving Time ADT	
F.O.B. - F.A.B. Specified Herein - Précisé dans les présentes Plant-Usine: <input type="checkbox"/> Destination: <input type="checkbox"/> Other-Autre: <input checked="" type="checkbox"/>	
Address Enquiries to: - Adresser toutes questions à: Sharpe, Charlene A.	Buyer Id - Id de l'acheteur mct011
Telephone No. - N° de téléphone (506) 851-3467 ()	FAX No. - N° de FAX (506) 851-6759
Destination - of Goods, Services, and Construction: Destination - des biens, services et construction:	

Instructions: See Herein

Instructions: Voir aux présentes

Delivery Required - Livraison exigée	Delivery Offered - Livraison proposée
Vendor/Firm Name and Address Raison sociale et adresse du fournisseur/de l'entrepreneur	
Telephone No. - N° de téléphone Facsimile No. - N° de télécopieur	
Name and title of person authorized to sign on behalf of Vendor/Firm (type or print) Nom et titre de la personne autorisée à signer au nom du fournisseur/ de l'entrepreneur (taper ou écrire en caractères d'imprimerie)	
Signature	Date

Solicitation Amendment

Title: Medical Consultant Services

Solicitation Amendment No. **001**

This solicitation is hereby amended to provide the following questions and answers:

Q1. Are the requested services for the above referenced solicitation currently being provided or have they been provided previously? If so, please identify the means by which such services have been supplied (e.g., direct and or term employee, personal services contract, or contracted services through a company). If the services were contracted through a company, please provide the name of the contractor and the duration and dollar amount of the contract(s).

A1. The services have been provided previously by an employee physician who is now retired.

Q2. Please refer to section 6.1 Scheduled Services on page 22 of the RFP, would the Crown please clarify the amount of hours required per given work day?

A2. The hours are 7.5 per day.

Q3. Please refer to Annex E Evaluation Criteria Section 3: The proposed Doctor must have at least two (2) years of experience working with health and non-health professionals in the delivery of health care services for clients in the past five (5) years. Could the Crown please define a non-health professional?

A3. Examples of Non- health professionals include case managers, social workers, and military officers. Non- health professionals does not include a medical receptionist.

Q4. Could the Crown please confirm if all diagnostic equipment and medical supplies will be supplied in the Pembroke office?

A4. All medical supplies will be provided. Diagnostic equipment is not required as diagnosis is not part of the scope of work.

Q5. Could the Crown please provide details on the extent of the travel required, i.e. geographic area? Within Ontario?

A5. The travel is minimal and will be predominately within Ontario but not exclusively. For example training may be required to take place in Charlottetown, PEI.

AND

- (1) Reference: **Page 10 of 30, Article 5.1.3.4 Workers Compensation Certification – Letter of Good Standing**

DELETE: Article 5.1.3.4 Workers Compensation Certification – Letter of Good Standing in its entirety.

- (2) Reference: **Page 16 of 30, Article 7.9.2 SACC Manual Clauses**

DELETE: "A0285C, Workers Compensation, 2007/05/25".

Solicitation No. - N° de l'invitation
51019-161003/A
Client Ref. No. - N° de réf. du client
51019-161003

Amd. No. - N° de la modif.
001
File No. - N° du dossier
MCT-6-39039

Buyer ID - Id de l'acheteur
mct011
CCC No./N° CCC - FMS No./N° VME

If your bid has already been forwarded and you wish to revise same, this revision should be sent either in a sealed envelope and mailed to the above address or by facsimile (506) 851-6759 and reach the undersigned before the appropriate closing date. The solicitation number and the closing date are to be shown on the outside of the sealed envelope or on the facsimile transmission.

All other terms and conditions of the solicitation document remain unchanged.

All enquiries concerning this amendment are to be forwarded to:

Name Charlene Sharpe
Telephone No.: (506) 851-3467
Facsimile No: (506) 851-6759

(Derived from - Provenant de: XNB025D, 23/01/2008)