

APPLICATION FOR NAVY CONTRACT POSITIONS  
THIS IS NOT A CIVIL SERVICE POSITION

I. IMPORTANT INFORMATION: CUTOFF DATE AND TIME FOR RECEIPT OF APPLICATIONS IS 1500 HOURS EST (3:00 PM EST) ON OR BEFORE 01 NOV 2004. SEND APPLICATIONS TO THE FOLLOWING ADDRESS:

Naval Medical Logistics Command  
Attn: Code 02-24W  
1681 Nelson Street  
Fort Detrick, Frederick, MD 21702-9203

A. NOTICE. This position is set-aside for an individual Diagnostic Musculoskeletal Radiologist. Applications from companies or corporations will not be considered. Applications from active duty Navy personnel, civilian employees of the Navy, or persons currently performing medical services under other Navy contracts will not be considered without the prior approval of the Contracting Officer.

B. POSITION SYNOPSIS. The Government is seeking to place under contract, an individual who holds a current, unrestricted license to practice medicine in any one of the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands and is Board Certified in Radiology. This individual must also (1) meet all the requirements contained herein; (2) obtain and maintain delineated clinical privileges; and (3) competitively win this contract award.

You shall serve as a Diagnostic Musculoskeletal Radiologist, supplementing a staff of Navy Radiologists, providing care and services to inpatients and outpatients for the Radiology department located in the Naval Medical Center Portsmouth, VA.

You shall normally provide services Monday through Friday for an 8.5-hour shift (to include an uncompensated .5 hour for lunch) from 0730 to 1600 (7:30 A.M. to 4:00 P.M.). Your normal duty hours shall not exceed 160 hours per 4-week period. You shall not be required to provide services on the following 10 Federal holidays: New Year's Day, Martin Luther King's Birthday, Presidents Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, and Christmas Day, with the exception of providing on-call services which may occur on a holiday. The health care worker will be compensated by the Government for these planned absences. When required, to ensure completion of services that extend beyond the normal close of business, you shall remain on duty in excess of the scheduled shift. You shall be granted an equal amount of compensatory time to be scheduled upon mutual agreement between you and the Commander. You shall arrive for each scheduled shift in a well-rested condition and shall have had at least six hours of rest from all other duties as a Diagnostic Radiologist.

Additionally, you shall equitably share general radiology call coverage with other departmental radiologists. These services shall include performance, direct supervision, and/or interpretation of emergent diagnostic and therapeutic radiologic procedures in support of an in-house radiology resident. You shall normally provide general radiology call three to four days per month. Historical data indicate that the on-call radiologist receives an average of three to four calls per shift. Call requirements are variable and depend on the current number of radiologist staff and their availability to share call services. The call schedule will be provided 1 month in advance.

General call coverage hours are from 1600 to 0800 hours (4:00pm to 8:00am) weekdays and from 0800 to 0800 hours (8:00am to 8:00am) weekend days and holidays. Call services are provided via government provided pager in support of an in-house radiology resident. When paged, the contractor shall respond via telephone within 30 minutes. The number of incidences on call that require the contractor radiologist to report on-site to the MTF are few, averaging between one and two per month. Call requirements include on-site interpretation of all call studies performed in conjunction with the in-house radiology resident at the conclusion of the shift.

Your routine shifts and general call shall be assigned by the Commander or his/her designated representative based upon established departmental procedures to distribute work in a reasonable and equitable fashion. You shall accrue

10 hours of paid leave (i.e. vacation and sick leave) per 2-week period. You shall be fully compensated for these periods of authorized leave. Additionally, you shall be allotted up to 10 days annually for professional training (e.g., attendance for CME's). All costs associated with professional training (CME's) shall be borne by you. Any changes in the schedule, including time off for attendance at professional training, shall be coordinated between you and the Government with prior notification of the Department Head or his/her authorized representative. The Government will adjust your schedule accordingly. If the Navy terminates the contract or declines to exercise the option to renew, you shall be provided the opportunity to use any accrued paid leave. Leave without Pay (LWOP) may be granted after all paid leave has been exhausted for unusual and compelling circumstances (e.g. pregnancy) at the discretion of the Commander.

This position is for a period beginning from the start date (a date agreed upon by the successful applicant and the Government) through 30 September of the same year with options to extend the contract for a total of five years. The contract will be renewable each year at the option of the Navy.

## II. STATEMENT OF WORK

A. The use of "Commander" means Commander, Naval Medical Center, Portsmouth, VA, or designated representative, e.g., Technical Liaison, Department Head, or Radiology Service Line Leader.

B. THE RADIOLOGIST AS A PERSONAL SERVANT. The services you are providing under this contract shall be rendered as personal services for the Navy, performing an agency function by providing direct medical care required by the Navy for its health care beneficiaries. Prior to performance of services, you shall submit to the technical liaison credentialing documents as required. Your activities shall be subject to day-to-day supervision and control by Navy personnel in a manner comparable to the supervision and control exercised over Navy uniformed and civil service personnel engaged in comparable work. The term "supervision and control" is defined as that process by which you receive technical guidance, direction and approval with regard to an element of work or a series of tasks within the requirements of this contract. It is the intent of the parties that this personal service contract create an employer-employee relationship between you and the Navy. Accordingly, personal injury claims alleging negligence by you within the scope of your performance of this contract shall be processed as claims alleging negligence by DOD military or civil service employees. You are not required to maintain medical liability insurance.

C. DUTIES AND RESPONSIBILITIES. You shall perform a full range of Diagnostic Musculoskeletal Radiologist services for inpatients and outpatients in support of the Radiology Service Line using government furnished supplies, facilities and equipment within the assigned unit of the Medical Treatment Facility (MTF). Your productivity is expected to be comparable with that of other individuals performing similar services. You shall perform the following duties:

1. Provide a full range of radiology services to include routine and specialized imaging and diagnostic procedures, with emphasis on imaging of the musculoskeletal system. Additionally, you shall apply for, and perform, those privileges as outlined in BUMED Credentialing Instruction 6320.66D and granted by the MTF Commander.
2. Provide on-call radiology services as specified herein and notify MTF of findings.
3. Prescribe and dispense medications as delineated by the Pharmacy and Therapeutics Committee.
4. Promote preventive and health maintenance care, including annual physicals, positive health behaviors, and self-care skills through education and counseling.
5. Demonstrate awareness and sensitivity to patient/significant others' rights, as identified within the institution.
6. Demonstrate awareness of legal issues in all aspects of patient care and unit function and strive to manage situations in a reduced risk manner.
7. Participate in peer review and performance improvement activities.

8. Demonstrate appropriate delegation of tasks and duties in the direction and coordination of health care team members, patient care, and clinic activities.
9. Provide training and/or direction as applicable to supporting Government employees (i.e., hospital corpsmen, students, etc.) and Radiology Residents assigned to you during the performance of duties.
10. Serve as Academic Section Head of Musculoskeletal Imaging for the Radiology Residency Program. This includes developing curriculum, providing regular didactic lectures/case conferences, participation in appropriate research projects, and membership in relevant hospital committees.
11. Maintain an awareness of responsibility and accountability for own professional practice.
12. Participate in continuing education to meet own professional growth.
13. Participate in the provision of in-service training to clinic staff members.
14. Attend annual renewal of hospital provided annual training such as family advocacy, disaster training, infection control, sexual harassment, and bloodborne pathogens.
15. Participate in monthly meetings to review and evaluate the care provided to patients, identify opportunities to improve the care delivered, and recommend corrective action when problems exist. Should a meeting occur outside of your regular working hours, you shall be required to read and initial the minutes of the meeting.
16. Participate in the implementation of the Family Advocacy Program as directed. Participation shall include, but not be limited to, appropriate medical examination, documentation, and reporting.
17. Perform limited administrative duties which include maintaining statistical records of your workload, operate and manipulate automated systems such as Composite Health Care System (CHCS), participating in education programs, and participating in clinical staff quality assurance functions and Process Action Teams, as prescribed by the Commander.
18. Perform technical duties including developing CT and MRI scanning protocols and advanced imaging equipment procurement and evaluation.
19. The HCW shall comply with the HIPAA (Health Insurance Portability and Accountability Act) privacy and security policies of the treatment facility.

D. MINIMUM PERSONNEL QUALIFICATIONS. To be qualified for this position you must:

1. Possess a Doctorate Degree in Medicine from an accredited institution approved by the Liaison Committee on Medical Education and Hospitals of the American Medical Association, a Doctorate Degree in Osteopathy from a college accredited by the American Osteopathic Association, or permanent certification by the Educational Commission for Foreign Medical Graduates (ECFMG).
2. Have completed a residency training program in Radiology approved by the Accreditation Council for Graduate Medical Education or the Committee on Postdoctoral Training of the American Osteopathic Association or those Canadian training programs approved by the Royal College of Physicians and Surgeons of Canada or other appropriate Canadian medical authority.
3. Possess Board Certification in Radiology.
4. Possess a current, unrestricted license to practice medicine in any one of the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands.

5. Have documentation of current Drug Enforcement Agency (DEA) number.
6. Possess current certification in Basic Life Support (BLS).
7. Have at least 12 months experience within the preceding 36 months as a Diagnostic Radiologist in a setting of similar size and complexity.
8. Be eligible for U.S. employment.
9. Provide two letters of recommendation written within the last two years attesting to your clinical skills. A minimum of one of the letters must be from a physician supervisor. The other must be from either clinic or hospital administrators, or practicing physician. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference.
10. Represent an acceptable malpractice risk to the Navy.
11. Submit a fair and reasonable price, which has been accepted by the Government.

E. FACTORS TO BE USED IN A CONTRACT AWARD DECISION. If you meet the minimum qualifications listed in the paragraph above entitled "Minimum Personnel Qualifications" you will be ranked against all other qualified candidates using the following criteria, listed in descending order of importance. The "Personal Qualification Sheet," Letters of Recommendation and the DD 214 (if you possess prior military services) shall be used to evaluate these items.

1. Academic or research experience including basic or applied research and publications and adjunct academic appointments.
2. Either possess, or be eligible for, a Certificate of Added Qualifications in a recognized radiology subspecialty as determined by the American Board of Radiology or certification in a recognized radiology subspecialty as determined by the American Osteopathic College of Radiology; or completion of fellowship specialty training in one or more radiology subspecialties.
3. Quantity and quality of experience to perform the duties as specified herein.
4. Letters of recommendation required in item D.9, above, may enhance your ranking if they address such items as clinical skills, professionalism, or specific areas of expertise, etc.
5. Total Continuing Medical Education (CME) hours.
6. Experience in a DOD medical facility.

F. INSTRUCTIONS FOR COMPLETING THE APPLICATION. To be qualified for this contract position, you must submit the following:

1. \_\_\_\_\_ Two copies of a completed, "Personal Qualifications Sheet" (Attachment 1)
2. \_\_\_\_\_ A completed Pricing Sheet (Attachment 2)
3. \_\_\_\_\_ Two copies of employment eligibility documentation (Attachment 3)
4. \_\_\_\_\_ A completed CCR Application Confirmation Sheet (Attachment 4)
5. \_\_\_\_\_ A completed Small Business Program Representations Form (Attachment 5)
6. \_\_\_\_\_ Two letters of recommendation per paragraph D.9 above

G. OTHER INFORMATION FOR OFFERORS.

After your application is reviewed, the Government will do at least one of the following: (1) Call you to negotiate your price, (2) Ask you to submit additional papers to ensure you are qualified for the position, (3) Send you a letter to tell you that you are either not qualified for the position or that you are not the highest qualified individual, or (4) Make contract award from your application. If you are the successful applicant, the contracting officer will mail to you a formal government contract for your signature. This contract will record the negotiated price, your promise to perform the work described above, how you will be paid, how and by whom you will be supervised, and other rights and obligations of you and the Navy. Since this will be a legally binding document, you should review it carefully before you sign.

Upon award, an Individual Credentials File (ICF) shall be completed prior to performance of services. Completed ICF must be forwarded 30 days prior to performance of duties to the MTF's Professional Affairs Department. The ICF, maintained at the MTF, contains specific information with regard to qualifying degrees and licenses, past professional experience and performance, education and training, health status, and current competence as compared to specialty-specific criteria regarding eligibility for defined scopes of health care services. BUMED Instruction 6320.66D (or current version) detail the ICF requirements. A copy of this instruction may be obtained from the World Wide Web at: <http://navymedicine.med.navy.mil/Files/Media/directives/6320-66d.pdf>.

If individual clinical privileges have been summarily suspended pending an investigation into questions of professional ethics or conduct, your performance under this contract may be suspended until clinical privileges are reinstated. No reimbursement shall be made and no other compensation shall accrue to you so long as performance is suspended. The denial, suspension, limitation, or revocation of clinical privileges based upon practitioner impairment or misconduct shall be reported to the appropriate authorities.

As of June 30, 1998, all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving a Department of Defense (DoD) contract. Please see Attachment 4 for additional information. Normally, registration completed via the Internet is accomplished within 48 hours. Registration of an applicant submitting an application through the mail or via facsimile may take up to 30 days. Therefore, you are encouraged to apply for registration immediately upon receipt of the RP. Any contractor who is not registered in CCR will NOT get paid. You may register in the CCR through the World Wide Web at <http://www.ccr.gov>.

PERSONAL QUALIFICATIONS SHEET –DIAGNOSTIC RADIOLOGIST

1. Every item on the Personal Qualifications Sheet must be addressed. Please sign and date where indicated. Any additional information required may be provided on a separate sheet of paper (indicate by number and section the question(s) to be addressed).

2. The information you provide will be used to determine your acceptability based on Section D of the solicitation. In addition to the Personal Qualifications Sheet, please submit two letters of recommendation as described in Item X. of this Sheet.

3. After contract award, all of the information you provide will be verified during the credentialing process. At that time, you will be required to provide the following documentation verifying your qualifications: Professional Education Degree, Release of Information, Personal and Professional Information Sheet for Privileged Providers, all medical licenses held within the preceding 10 years, continuing education certificates, and employment eligibility documentation. If you submit false information, the following actions may occur:

a) Your contract may be terminated for default. This action may initiate the suspension and debarment process, which could result in the determination that you are no longer eligible for future Government contracts.

b) You may lose your clinical privileges. If that occurs, an adverse credentialing action report will be forwarded to your State licensing bureau and the National Practitioners Databank.

4. Health Certification. Individuals providing services under Government contracts are required to undergo a physical exam 60 days prior to beginning work. The exam is not required prior to award but is required prior to the performance of services under contract. By signing this form, you have acknowledged this requirement.

5. Practice Information:

	<u>Yes</u>	<u>No</u>
1. Have you ever been the subject of a malpractice claim? (indicate final disposition of case in comments)	___	___
2. Have you ever been a defendant in a felony or misdemeanor case? (indicate final disposition of case in comments)	___	___
3. Has your license to practice or DEA certification ever been revoked or restricted in any state?	___	___

If any of the above is answered "yes" attach a detailed explanation. Specifically address the disposition of the claim or charges for numbers 1 and 2 above, and the State of the revocation for number 3 above.

PRIVACY ACT STATEMENT

Under 5 U.S.C. 552a and Executive Order 9397, the information provided on this page and the Personal Qualifications Sheet is requested for use in the consideration of a contract; disclosure of the information is voluntary; failure to provide information may result in the denial of the opportunity to enter into a contract.

\_\_\_\_\_(mm/dd/yy)  
(Signature) (Date)

I. General Information

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Medical Information

YES NO

1. Do you have any physical or mental impairment that could limit your clinical practice? \_\_\_\_\_
2. Have you been hospitalized for any reason during the past 5 years? \_\_\_\_\_
3. Are you currently receiving or have you ever received formal mental health therapy or treatment? \_\_\_\_\_
4. Are you currently receiving, or have you in the past ever received, treatment or therapy for any alcohol or drug-related condition? \_\_\_\_\_
5. Have you ever been unlawfully involved in the use of controlled substances? \_\_\_\_\_

II. Professional Education

A. Medical School (Section D, Item 1):

a. Name of Accredited School: \_\_\_\_\_ Date of Training (From) (To) \_\_\_\_\_

b. Type of Degree: \_\_\_\_\_

c. Location and Address of School: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

d. ECFMG Certification: \_\_\_\_\_

B. Residency Training (Section D, Item 2):

a. Name of Accredited School: \_\_\_\_\_

b. Residency (Specialty): \_\_\_\_\_ Date of Training (From) (To) \_\_\_\_\_

c. Location and Address of School: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. Board Certification (Section D, Item 3):

\_\_\_\_\_ Specialty \_\_\_\_\_ Date of Certification (mm/dd/yy)

IV. Professional Licensure (License must be current, valid, and unrestricted) (Section D, Item 4):

\_\_\_\_\_ (State) Date of Expiration: \_\_\_\_\_ (mm/dd/yy)

\_\_\_\_\_ (State) Date of Expiration: \_\_\_\_\_ (mm/dd/yy)

\_\_\_\_\_ (State) Date of Expiration: \_\_\_\_\_ (mm/dd/yy)

V. DEA Certification (Section D, Item 5):

\_\_\_\_\_ DEA Number Date of Expiration: \_\_\_\_\_ (mm/dd/yy)

VI. Medical Certification: This should include BLS, ACLS, PALS, etc. (Section D, Item 6).

\_\_\_\_\_ Certificate Date of Certification or Expiration: \_\_\_\_\_ (mm/yy)

\_\_\_\_\_ Certificate Date of Certification or Expiration: \_\_\_\_\_ (mm/yy)

\_\_\_\_\_ Certificate Date of Certification or Expiration: \_\_\_\_\_ (mm/yy)

VII. Professional Employment (Section D, Item 7 and Factor for Award): List your current and preceding employers. Provide dates as month/year.

Name and Address of Present Employer From To

(1) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

From To  
(2) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

From To  
(3) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently employed on a Navy contract? If so where is your current contract and what is the position?

\_\_\_\_\_

When does the contract expire? \_\_\_\_\_

VIII. Continuing Education (Factor for Award):

Title of Course From To CE Hours

\_\_\_\_\_

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IX. Employment Eligibility (Section D, Item 8):

	<u>Yes</u>	<u>No</u>
Do you meet the requirements for U.S. Employment Eligibility?	___	___

X. Professional References (Section D, Item 9)

Provide two letters of recommendation written within the last two years attesting to your clinical skills. A minimum of one of the letters must be from a physician supervisor. The other must be from either clinic or hospital administrators, or practicing physicians. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference

XI. Academic Research/Appointments (Factor for Award).

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XII. Certificate of Added Qualifications or Subspecialty Certifications (Factor for Award).

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XIII. Experience in a DoD Facility (Factor for Award).

Name and Location of Facility:	Date(s):
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_____	_____
_____	_____
_____	_____

XIV. Additional Information:

Provide any additional information you feel may enhance your ranking based on Section E. Factors to be Used in a Contract Award Decision, such as your resume, curriculum vitae, commendations or documentation of any awards you may have received, etc.

I hereby certify the above information to be true and accurate:

\_\_\_\_\_ (mm/dd/yy)  
(Signature) (Date)

PRICING SHEET

PERIOD OF PERFORMANCE

Services are required from 01 Dec 04 through 30 Sep 05. Five option periods will be included which will extend services through 30 Sep 09, if required by the Government. The Contracting Officer reserves the right to adjust the start and end dates of performance to meet the actual contract start date.

PRICING INFORMATION

Insert the price per hour that you want the Navy to pay you. You may want to consider inflation rates when pricing the option periods. The Government will award a contract that is neither too high nor too low. Your price would be high enough to retain your services but not so high as to be out of line when compared to the salaries of other Diagnostic Musculoskeletal Radiologist in the Portsmouth area. The hourly price includes consideration for the following taxes and insurance that are required:

(a) Please note that if you are awarded a Government contract position, you will be responsible for paying all federal, state and, local taxes. The Navy does not withhold any taxes. Your proposed prices should include the amount you will pay in taxes.

(b) Before commencing work under a contract, you shall obtain the following required levels of insurance at your own expense: (a) General Liability - Bodily injury liability insurance coverage written on the comprehensive form of policy of at least \$500,000 per occurrence, and (b) Automobile Liability - Auto liability insurance written on the comprehensive form of policy. Provide coverage of at least \$200,000 per person and \$500,000 per occurrence for bodily injury and \$20,000 per occurrence for property damage.

The price that you quote for the base period will be added to the proposed quote for all option periods for the purpose of price evaluation. NOTE: Quote must be in compliance with the Limitation on Payment for Personal Services. For a contract awarded under this RP, the maximum authorized compensation rate cannot exceed the full time equivalent annual rated specified in 10 U.S.C. 1091. No quote shall exceed the pay cap of \$400,000 per year.

<u>Line Item</u>	<u>Description</u>	<u>Quantity</u>	<u>Unit</u>	<u>Unit Price</u>	<u>Total Amount</u>
0001	The offeror agrees to perform, on behalf of the Government, the duties of one Diagnostic Musculoskeletal Radiologist the Naval Medical Center in accordance with this Application and the resulting contract.				
0001AA	Base Period; 1 Dec 04 thru 30 Sep 05	1744	Hour	_____	_____
0001AB	Option Period I; 1 Oct 05 thru 30 Sep 06	2080	Hour	_____	_____
0001AC	Option Period II; 1 Oct 06 thru 30 Sep 07	2080	Hour	_____	_____
0001AD	Option Period III; 1 Oct 07 thru 30 Sep 08	2096	Hour	_____	_____
0001AE	Option Period IV; 1 Oct 08 thru 30 Sep 09	2088	Hour	_____	_____
0001AF	Option Period V; 01 Oct 09 thru 30 Nov 09	344	Hour	_____	_____
TOTAL FOR CONTRACT LINE ITEM 0001					_____

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**LISTS OF ACCEPTABLE DOCUMENTS**  
**SUBMIT ONE FROM LIST A**

**LIST A**

Documents that Establish Both Identity and Employment Eligibility

1. U. S. Passport (unexpired or expired)
2. Certificate of U. S. Citizenship (INS Form N-560 or N-561)
3. Certificate of Naturalization (INS Form N-550 or N-570)
4. Unexpired foreign passport, with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization.
5. Alien Registration Receipt Card with photograph (INS Form I-151 or I-551)
6. Unexpired Temporary Resident Card (INS Form I-688)
7. Unexpired Employment Authorization Card (INS Form I-688A)
8. Unexpired Reentry Permit (INS Form I-327)
9. Unexpired Refugee Travel Document (INS Form I-571)
10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (INS Form I-698B)

OR SUBMIT ONE FROM LIST B AND ONE FROM LIST C

**LIST B**

Documents that Establish Identity

1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address
2. ID card issued by federal, state or local government agencies of entitles provided it contains a photograph or information such as name, date of birth, sex height, eye color, and address
3. School ID card with a photograph
4. Voter's registration card
5. U.S. Military card or draft record

**LIST C**

Documents that Establish Employment Eligibility

1. U.S. social security card issued by the Social Security Administration (other than a card stating it is not valid for employment)
2. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350)
3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal

6. Military dependant's ID Card

7. U.S. Coast Guard Merchant  
Mariner Card

8. Native American tribal document

9. Driver's license issued by a  
Canadian government authority

For persons under age 18 who  
are unable to present a  
document listed above;

10. School record or report card

11. Clinic, doctor, or hospital record

12. Day-care or nursery school record

4. Native American Tribal document

5. U.S. Citizen ID Card (INS Form I-197)

6. ID Card for use of Resident  
Citizen in the United States  
(INS Form I-179)

7. Unexpired employment  
authorization document issued  
by the INS (other than those  
listed under List a).

CENTRAL CONTRACTOR REGISTRATION APPLICATION  
CONFIRMATION SHEET

As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving the Department of Defense (DoD) contract.

Registration through the World Wide Web is preferred. The Web address is <http://www.ccr.gov/> or <http://www.ccr.dlis.dla.mil/>. If you do not have internet access, please call (301) 619-2464 to request a copy of the application.

In order to register with the CCR you are required to obtain a DUNS number from Dun & Bradstreet. Please contact Dun & Bradstreet at 1-800-333-0505 to request a number or request the number via internet at <http://www.dnb.com/aboutdb/dunsform.htm>.

When you have done this, please mail or fax "THIS COMPLETED CONFIRMATION SHEET" to:

Naval Medical Logistics Command  
ATTN: Code 02 – 24W  
1681 Nelson Street  
Fort Detrick, MD 21702-9203  
FAX (301) 619-2925 or (301) 619-6793

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Date CCR Form was submitted: \_\_\_\_\_

Assigned DUN & BRADSTREET #: \_\_\_\_\_

Email Address: \_\_\_\_\_

SMALL BUSINESS PROGRAM REPRESENTATIONS

As stated in paragraph I.A. of this application this position is set-aside for individuals. As an individual you are considered a Small Business for statistical purposes. If you are female, you are considered a woman-owned small business. If you belong to one of the racial or ethnic groups in section B, you are considered a small disadvantaged business. To obtain further statistical information on Women-owned and Small Disadvantaged Businesses you are requested to provide the additional information requested below.

NOTE: This information will not be used in the selection process nor will any benefit be received by an individual based on the information provided.

Check as applicable:

Section A.

- The offeror represents for general statistical purposes that it is a woman-owned small business concern.
- The offeror represents, for general statistical purposes, that it is a small disadvantaged business concern as defined below.
- The offeror represents for general statistical purposes that it is a service disabled veteran owned small business.

Section B

[Complete if offeror represented itself as disadvantaged in this provision.] The offeror shall check the category in which its ownership falls:

- Black American.
- Hispanic American.
- Native American (American Indians, Eskimos, Aleuts, or Native Hawaiians).
- Asian-Pacific American (persons with origins from Burma, Thailand, Malaysia, Indonesia, Singapore, Brunei, Japan, China, Taiwan, Laos, Cambodia (Kampuchea), Vietnam, Korea, The Philippines, U.S. Trust Territory of the Pacific Islands (Republic of Palau), Republic of the Marshall Islands, Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, Guam, Samoa, Macao, Hong Kong, Fiji, Tonga, Kiribati, Tuvalu, or Nauru).
- Subcontinent Asian (Asian-Indian) American (persons with origins from India, Pakistan, Bangladesh, Sri Lanka, Bhutan, the Maldives Islands, or Nepal).

Offeror's Name : \_\_\_\_\_