

23 Dec 03

All Potential Offerors:

This solicitation is available for on-line and download.

If you choose to offer on this solicitation, the electronic file for past performance, pricing proposal and supplemental pricing worksheets required for your offer will be emailed to you upon request. Please contact all of the following individuals, via email, for copies of those files:

smovercash@nmlc.med.navy.mi
afhunt@nmlc.med.navy.mil

The Government prefers requests for this file via email but will honor telefax or written requests. The offeror is ultimately responsible for the accuracy of an email address. Please include your company's complete business name, address, point of contact and telephone number within your email so that you may be contacted if a transmission problem occurs. One email request will be honored per requesting organization.

If you have not received this file within 72 hours of your email request (weekends included), contact one of the individuals listed.

Once this file is sent to you, you must provide a response to the Government's email, within 48 hours (weekends included) via email only stating that you have successfully RECEIVED AND REVIEWED the file and that it is readable and usable. Your lack of an email response or your failure to categorically state, "I/We have received and reviewed the electronic file and it is readable and usable" may preclude your receipt of subsequent copies of amendments to the solicitation. These amendments, if issued, may cause your proposal content to change, may clarify solicitation language and/or may accelerate or delay required submission dates.

Once you have acknowledged receipt of the electronic file, any/all amendments to the solicitation will also be emailed to you.

Changes to email addresses should be sent to the email addresses above. However, do not send offeror's questions regarding the language, Government's intent, or clarification to the email address above. This address is a clearinghouse for sending electronic file only and **will not** respond to offeror's questions. Offeror's questions should be addressed to the individual listed in the on-line solicitation, in Section L, paragraph titled "Technical Questions."

/signed/

SHIRLEY M. OVERCASH
Contracting Officer

**INFORMATION TO OFFERORS OR QUOTERS
SECTION A - COVER SHEET**

1. SOLICITATION NUMBER

2. (X one)

N62645-04-R-0001

a. SEALED BID

b. NEGOTIATED (RFP)

c. NEGOTIATED (RFQ)

INSTRUCTIONS

NOTE THE AFFIRMATIVE ACTION REQUIREMENT OF THE EQUAL OPPORTUNITY CLAUSE WHICH MAY APPLY TO THE CONTRACT RESULTING FROM THIS SOLICITATION.

You are cautioned to note the "Certification of Non-Segregated Facilities" in the solicitation. Failure to agree to the certification will render your reply nonresponsive to the terms of solicitations involving awards of contracts exceeding \$25,000 which are not exempt from the provisions of the Equal Opportunity clause.

"Fill-ins" are provided on the face and reverse of Standard Form 18 and Parts I and IV of Standard Form 33, or other solicitation documents and Sections of Table of Contents in this solicitation and should be examined for applicability.

See the provision of this solicitation entitled either "Late Bids, Modifications of Bids or Withdrawal of Bids" or "Late Proposals, Modifications of Proposals and Withdrawals of Proposals."

When submitting your reply, the envelope used must be plainly marked with the Solicitation Number, as shown above and the date and local time set forth for bid opening or receipt of proposals in the solicitation document.

If NO RESPONSE is to be submitted, detach this sheet from the solicitation, complete the information requested on reverse, fold, affix postage, and mail. NO ENVELOPE IS NECESSARY.

Replies must set forth full, accurate, and complete information as required by this solicitation (including attachments). The penalty for making false statements is prescribed in 18 U.S.C. 1001.

3. ISSUING OFFICE (Complete mailing address, including ZIP Code)

NAVAL MEDICAL LOGISTICS COMMAND
1681 NELSON ST
FORT DETRICK MD 21702-9203

4. ITEMS TO BE PURCHASED (Brief description)

Multidisciplinary Medical Healthcare Workers IDIQ Contracts for the states of Alabama, Arkansas, Florida, Louisiana, Mississippi, Oklahoma, Tennessee, and Texas.

5. PROCUREMENT INFORMATION (X and complete as applicable)

a. THIS PROCUREMENT IS UNRESTRICTED

b. THIS PROCUREMENT IS A 100 % SET-ASIDE FOR ONE OF THE FOLLOWING (X one). (See Section I of the Table of Contents in this solicitation for details of the set-aside.)

(1) Small Business (2) Labor Surplus Area Concerns (3) Combined Small Business/Labor Area Concerns

6. ADDITIONAL INFORMATION

MULTIPLE AWARD: NMLC intends to award multiple indefinite delivery, indefinite quantity personal services contracts as a result of this solicitation. Offerors must propose for the minimum LOTS 0001 through 0016 and the Notional Task Order.

NOTE: Please see cover letter for further instructions on the requirement for electronic proposal submission.

NOTE: Before submitting a proposal in response to this solicitation, a prospective offeror is encouraged to investigate the potential tax consequences should they elect to perform the resulting contract by using subcontractors in lieu of individuals carried by their payrolls.

Under this RFP the Navy does not dictate whether the individual health care workers provided would be classified by the successful offeror as an "independent contractor" or an "employee" for federal tax purposes. This determination shall be made solely by the offeror. If subsequent to award, the successful offeror's determination is challenged this shall be a matter to be resolved between the offeror and the Internal Revenue Service (IRS). The Navy will not consider favorably any request for equitable adjustments to the contract based upon the successful offeror's receipt of an adverse action by the IRS.

NOTE: The blank space contained in Block 12 of the SF33 should read 120 calendar days.

NOTE: THIS IS A 100% SMALL BUSINESS SET-ASIDE.

NAICS FOR THIS ACTION IS 622110, \$29 MILLION.

7. POINT OF CONTACT FOR INFORMATION

a. NAME (Last, First, Middle Initial)

b. ADDRESS (Include Zip Code)

c. TELEPHONE NUMBER (Include Area Code and Extension) (NO COLLECT CALLS)

8. REASONS FOR NO RESPONSE <i>(X all that apply)</i>			
a. CANNOT COMPLY WITH SPECIFICATIONS		b. CANNOT MEET DELIVERY REQUIREMENT	
c. UNABLE TO IDENTIFY THE ITEM(S)		d. DO NOT REGULARLY MANUFACTURE OR SELL THE TYPE OF ITEMS INVOLVED	
e. OTHER <i>(Specify)</i>			
9. MAILING LIST INFORMATION <i>(X one)</i>			
YES	NO	WE DESIRE TO BE RETAINED ON THE MAILING LIST FOR FUTURE PROCUREMENT OF THE TYPE OF TIME(S) INVOLVED.	
10. RESPONDING FIRM			
a. COMPANY NAME		b. ADDRESS <i>(Include Zip Code)</i>	
c. ACTION OFFICER			
(1) Typed or Printed Name <i>(Last, First, Middle Initial)</i>	(2) Title	(3) Signature	(4) Date Signed <i>(YYMMDD)</i>

DD FORM 1707 REVERSE, MAR 90

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FROM

AFFIX
STAMP
HERE

SOLICITATION NUMBER	
N62645-04-R-0001	
DATE <i>(YYMMDD)</i>	LOCAL TIME

TO

SOLICITATION, OFFER AND AWARD			1. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700)		RATING	PAGE OF PAGES 1 199	
2. CONTRACT NO.		3. SOLICITATION NO. N62645-04-R-0001	4. TYPE OF SOLICITATION [] SEALED BID (IFB) [X] NEGOTIATED (RFP)	5. DATE ISSUED 23 Dec 2003	6. REQUISITION/PURCHASE NO.		
7. ISSUED BY NAVAL MEDICAL LOGISTICS COMMAND 1681 NELSON STREET FORT DETRICK MD 21702-9203 CODE N62645			8. ADDRESS OFFER TO (If other than Item 7) CODE				
TEL: FAX:			See Item 7		TEL: FAX:		
NOTE: In sealed bid solicitations "offer" and "offeror" mean "bid" and "bidder".							
SOLICITATION							
9. Sealed offers in original and <u>1</u> copies for furnishing the supplies or services in the Schedule will be received at the place specified in Item 8, or if handcarried, in the depository located in <u>BLDG. 1681 NELSON S</u> until <u>03:00 PM</u> local time <u>22 Jan 2004</u> (Hour) (Date)							
CAUTION - LATE Submissions, Modifications, and Withdrawals: See Section L, Provision No. 52.214-7 or 52.215-1. All offers are subject to all terms and conditions contained in this solicitation.							
10. FOR INFORMATION CALL:		A. NAME ANNE F. HUNT	B. TELEPHONE (Include area code) (NO COLLECT CALLS)		C. E-MAIL ADDRESS afhunt@nmlc.med.navy.mil		
11. TABLE OF CONTENTS							
(X) SEC.	DESCRIPTION		PAGE(S)	(X) SEC.	DESCRIPTION		
PART I - THE SCHEDULE			PART II - CONTRACT CLAUSES				
X A	SOLICITATION/ CONTRACT FORM		1 - 11	X I	CONTRACT CLAUSES		
X B	SUPPLIES OR SERVICES AND PRICES/ COSTS		12	PART III - LIST OF DOCUMENTS, EXHIBITS AND OTHER ATTACHMENTS			
X C	DESCRIPTION/ SPECS./ WORK STATEMENT		13 - 69	X J	LIST OF ATTACHMENTS		
	D PACKAGING AND MARKING			PART IV - REPRESENTATIONS AND INSTRUCTIONS			
X E	INSPECTION AND ACCEPTANCE		70	X K	REPRESENTATIONS, CERTIFICATIONS AND OTHER STATEMENTS OF OFFERORS		
X F	DELIVERIES OR PERFORMANCE		71				
X G	CONTRACT ADMINISTRATION DATA		72 - 74	X L	INSTRS., CONDS., AND NOTICES TO OFFERORS		
X H	SPECIAL CONTRACT REQUIREMENTS		75 - 80	X M	EVALUATION FACTORS FOR AWARD		
OFFER (Must be fully completed by offeror)							
NOTE: Item 12 does not apply if the solicitation includes the provisions at 52.214-16, Minimum Bid Acceptance Period.							
12. In compliance with the above, the undersigned agrees, if this offer is accepted within _____ calendar days (60 calendar days unless a different period is inserted by the offeror) from the date for receipt of offers specified above, to furnish any or all items upon which prices are offered at the price set opposite each item, delivered at the designated point(s), within the time specified in the schedule.							
13. DISCOUNT FOR PROMPT PAYMENT (See Section I, Clause No. 52.232-8)							
14. ACKNOWLEDGMENT OF AMENDMENTS (The offeror acknowledges receipt of amendments to the SOLICITATION for offerors and related documents numbered and dated):			AMENDMENT NO.	DATE	AMENDMENT NO.	DATE	
15A. NAME AND ADDRESS OF OFFEROR		CODE	FACILITY		16. NAME AND TITLE OF PERSON AUTHORIZED TO SIGN OFFER (Type or print)		
15B. TELEPHONE NO (Include area code)		<input type="checkbox"/>	15C. CHECK IF REMITTANCE ADDRESS IS DIFFERENT FROM ABOVE - ENTER SUCH ADDRESS IN SCHEDULE.			17. SIGNATURE	18. OFFER DATE
AWARD (To be completed by Government)							
19. ACCEPTED AS TO ITEMS NUMBERED		20. AMOUNT		21. ACCOUNTING AND APPROPRIATION			
22. AUTHORITY FOR USING OTHER THAN FULL AND OPEN COMPETITION: <input type="checkbox"/> 10 U.S.C. 2304(c)() <input type="checkbox"/> 41 U.S.C. 253(c)()				23. SUBMIT INVOICES TO ADDRESS SHOWN IN (4 copies unless otherwise specified)		ITEM	
24. ADMINISTERED BY (If other than Item 7)			CODE	25. PAYMENT WILL BE MADE BY			
				CODE			
26. NAME OF CONTRACTING OFFICER (Type or print) TEL: EMAIL:				27. UNITED STATES OF AMERICA (Signature of Contracting Officer)		28. AWARD DATE	
IMPORTANT - Award will be made on this Form, or on Standard Form 26, or by other authorized official written notice.							

Section A - Solicitation/Contract Form

SECTION A

B.1. The Contractor shall furnish qualified Health Care Workers in accordance with Section C (Statement of Work), individual Task Orders for these services, and all other terms and conditions set forth herein. Government requirements for contracted healthcare personnel shall be filled in response to Task Orders issued by the Government against this contract.

B.2. This contract resulted in a multiple indefinite-delivery/indefinite-quantity (IDIQ) contract award, as identified under FAR 16.504. Task Orders will be priced on a firm fixed price basis.

B.3. The following activity is the sole authority to issue Task Orders:

Naval Medical Logistics Command
Code 02
1681 Nelson Street
Fort Detrick MD 21702-9203

B.4. Task Orders will be placed through the use of a DD Form 1155 signed by the Contracting Officer. Task Orders will be executed in writing by the Contracting Officer and transmitted either via mail, facsimile, or electronically via e-mail. If the order is transmitted via e-mail, the contractor shall acknowledge receipt of e-mail.

B.5. Each Task Order will contain at a minimum the following information:

- (a) The date of order
- (b) Contract number and order number
- (c) Description of services (labor category, position qualifications, place of performance, hours of operation, and quantity required)
- (d) The unit price
- (e) The period of performance
- (f) Accounting and appropriation data
- (g) Payment office address
- (h) Invoicing and acceptance instructions
- (i) Name of the Contracting Officer's Representative (COR)
- (j) Any other pertinent data

B.6. Location of services. Services shall be performed at locations as follows:

(a) Performance of Health Care Worker services at any DoD, or Coast Guard Military Treatment Facility (MTF) within the States of Alabama, Arkansas, Florida, Louisiana, Mississippi, Oklahoma, Tennessee, and Texas shall be considered within the scope of this contract.

(b) In the event that performance requirements at a particular facility differ slightly from that expressed in Section C, those differences shall be defined in the task order statement of work that will be incorporated as an attachment to the contract.

(c) Services for the minimum requirements shall be at the following locations:

(1) Lots 1 through 6. The contractors shall provide service at the Naval Hospital Pensacola, FL and its branch clinics at Panama City, FL and Millington, TN.

(2) Lots 7 through 10. The contractors shall provide service at the Naval Hospital Corpus Christi, TX and its branch clinics at Ingleside, TX, Fort Worth, TX, and Kingsville, TX.

(d) The Government reserves the right to reassign health care workers within a Medical Treatment Facility (MTF) to meet patient demand.

B.7. Minimum and Maximum Quantities

(a) All available quantities for this contract are given in CLINs 0001 through 0009.

(b) The minimum quantities to be awarded from the total available quantities are summarized within each CLIN and are detailed in Lots 1 through 10. Minimum contract quantities will be awarded on a Lot basis. The Statements of Work for the initial Task Orders are contained in Attachments AI through BC as indicated in the schedule of services below.

(c) Lots 11 through 16 represent the FY05 quantities associated with the FY04 minimum quantities shown in Lots 1 through 6 for NAVHOSP Pensacola. The respective Lots combine to equal 12 months of service. Lots 11 through 16 are not minimum quantities for obligation purposes but will be considered as part of the best value contract award determination, i.e., an offeror must be considered the best value (in accordance with Sections L and M) on the combination of Lots 1 and 11, for example, to be awarded those Lots. While a separate task order will be awarded for each of Lots 1 through 6 and 11 through 16, the Government intends to make award of multiple Lots to the same vendor on this basis:

- Lots 1 and 11 will be awarded to a single vendor.
- Lots 2 and 12 will be awarded to a single vendor.
- Lots 3 and 13 will be awarded to a single vendor.
- Lots 4 and 14 will be awarded to a single vendor.
- Lots 5 and 15 will be awarded to a single vendor.
- Lots 6 and 16 will be awarded to a single vendor.

B.8. The estimated ordering period is for 60 months, beginning with the initial start of contract services, or until the time the Government has issued Task Orders totaling the maximum quantity.

B.9. Instructions and procedures for subsequent Task Order preparation and award are contained in Section H of this solicitation.

B.10. The period of performance of any Task Order shall be of one year or less in duration.

B.11. Provided below is a schedule of services.

Line Item	Description	Quantity	Units	Unit Price	Total Price
0001	Physician (Note 1) Total Minimum Quantities distributed among the SLINs equals 20,056 hours. Total Maximum Quantities distributed among the SLINs equals 371,005 hours.			Info only	Info only
0001AA	Physicians (Miscellaneous specialties; quantities not separately SLINed below)	250,605	Hours	TBD	TBD
0001AB	Physician, Allergist	8,352	Hours	TBD	TBD
0001AC	Physician, Dermatologist	4,176	Hours	TBD	TBD
0001AD	Physician, Family Practitioner	50,112	Hours	TBD	TBD
0001AE	Physician, Internist	12,528	Hours	TBD	TBD

0001AF	Physician, Obstetrician	9,472	Hours	TBD	TBD
0001AG	Physician, Otolaryngologist	8,352	Hours	TBD	TBD
0001AH	Physician, Pediatrician	25,056	Hours	TBD	TBD
0001AI	Physician, Radiologist	22,408	Hours	TBD	TBD
0002	Allied Health (Note 2) Total Minimum Quantities distributed among the SLINs equals 6,323 hours. Total Maximum Quantities distributed among the SLINs equals 290,999 hours.			Info only	Info only
0002AA	Allied Health (Miscellaneous specialties; quantities not separately SLINed below)	259,223	Hours	TBD	TBD
0002AB	Dietitian	16,704	Hours	TBD	TBD
0002AC	Physical Therapist	13,363	Hours	TBD	TBD
0002AD	Physician Assistant	8,032	Hours	TBD	TBD
0003	Advanced Practice Nurse (Note 3) Total Minimum Quantities distributed among the SLINs equals 3,680 hours. Total Maximum Quantities distributed among the SLINs equals 158,708 hours.			Info only	Info only
0003AA	Advanced Practice Nurse (Miscellaneous specialties; quantities not separately SLINed below)	112,276	Hours	TBD	TBD
0003AB	Family Nurse Practitioner	50,112	Hours	TBD	TBD
0004	Nursing (Note 4) Total Minimum Quantities distributed among the SLINs equals 19,744 hours. Total Maximum Quantities distributed among the SLINs equals 420,304 hours.			Info only	Info only
0004AA	Nursing (Miscellaneous specialties; quantities not separately SLINed below)	307,056	Hours	TBD	TBD
0004AB	Health Educator	8,352	Hours	TBD	TBD
0004AC	Licensed Practical Nurse	50,112	Hours	TBD	TBD
0004AD	Registered Nurse, Health Educator	8,352	Hours	TBD	TBD
0004AE	Registered Nurse, Outpatient	57,824	Hours	TBD	TBD
0004AF	Registered Nurse, Perioperative	8,352	Hours	TBD	TBD

0005	Technologist (Note 5) Total Minimum Quantities distributed among the SLINs equals 1,745 hours. Total Maximum Quantities distributed among the SLINs equals 107,643 hours.			Info only	Info only
0005AA	Technologist (Miscellaneous specialties; quantities not separately SLINed below)	68,644	Hours	TBD	TBD
0005AB	Registered Respiratory Therapist	8,352	Hours	TBD	TBD
0005AC	Ultrasound Technologist	16,064	Hours	TBD	TBD
0005AD	Polysomnographic Technologist	16,328	Hours	TBD	TBD
0006	Technician (Note 6) Total Minimum Quantities distributed among the SLINs equals 4,896 hours. Total Maximum Quantities distributed among the SLINs equals 250,525 hours.			Info only	Info only
0006AA	Technician (Miscellaneous specialties; quantities not separately SLINed below)	213,661	Hours	TBD	TBD
0006AB	ENT Technician	16,704	Hours	TBD	TBD
0006AC	Medical Laboratory Technician	8,352	Hours	TBD	TBD
0006AD	Ophthalmic Technician	8,352	Hours	TBD	TBD
0006AE	Pharmacy Technician	16,704	Hours	TBD	TBD
0007	Assistant (Note 7) Total Minimum Quantities distributed among the SLINs equals 17,088 hours. Total Maximum Quantities distributed among the SLINs equals 562,835 hours.			Info only	Info only
0007AA	Assistant (Miscellaneous specialties; quantities not separately SLINed below)	343,811	Hours	TBD	TBD
0007AB	Certified Medical Assistant	202,704	Hours	TBD	TBD
0007AC	Physical Therapy Assistant	33,408	Hours	TBD	TBD
0008	Travel FFP - Reimbursement of travel expenses in accordance with Section C.11. of this contract and task orders.			Info only	Info only
0008AA	Mission Related Travel	100.00	Lots	\$0.00	\$0.00
0008AB	Training or Conference Travel	100.00	Lots	\$0.00	\$0.00

0009 Orientation Maximum quantities (Additional to minimum quantities). Health care workers attending orientation will be paid at a rate not higher than their contractually agreed price (hourly rate) from CLINs 0001 through 0007.

0009AA	Physician	7,821	Hours	TBD	TBD
0009AB	Allied Health	5,946	Hours	TBD	TBD
0009AC	Advanced Practice Nurse	3,248	Hours	TBD	TBD
0009AD	Nursing	8,801	Hours	TBD	TBD
0009AE	Technologist	2,188	Hours	TBD	TBD
0009AF	Technician	5,108	Hours	TBD	TBD
0009AG	Assistant	11,598	Hours	TBD	TBD

Note 1. Any specialty recognized by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA) or other Ph.D. positions such as Medical Physicist not included in another labor band.

Note 2. Allied Health Personnel include, but are not limited to, Audiologist, Chiropractor, Clinical Psychologist, Clinical Social Worker, Dietitian, Marriage and Family Therapist, Occupational Therapist, Optometrist, Pharmacist, Physical Therapist, Podiatrist, Speech Pathologist, Genetic Counselor.

Note 3. Any specialty recognized by the American Nurses Credentialing Center (ANCC) or American Academy of Nurse Practitioners (AANP).

Note 4. Any Registered Nurse specialty, Licensed Practical Nurse, Health Educator.

Note 5. Technologist Personnel include, but are not limited to, Cardiopulmonary Technologist, Cardiovascular Technologist, Dosimetrist, Echocardiograph Technologist, Medical Technologist, Ophthalmic Technologist, Radiologic Technologist (including the various specializations), Laboratory Supervisor, Registered Respiratory Therapist, Certified Athletic Trainer, Perfusionist, Radiation Therapist.

Note 6. Technician Personnel include, but are not limited to, Cardiac Technician, Central Sterile Supply Technician, Dietetic Technician, Electrocardiograph Technician, Emergency Medical Technician, Medical Laboratory Technician, Optician, Orthopedic Technician, Pharmacy Technician, Phlebotomist, Physical Therapy Technician, Psychiatric Technician, Pulmonary Technician, Certified Respiratory Therapist, Surgical Technician.

Note 7. Assistant Personnel include, but are not limited to, Chiropractic Assistant, Occupational Therapy Assistant, Speech Pathology Assistant.

Lot 1

NAVHOSP Pensacola Family Practice (Section J, Attachment AI) and Allergy Clinic (Section J, Attachment AJ) Services for the period 1 Aug 2004 through 30 Sep 2004

Line Item	Description	Quantity	Units	Unit Price
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						Total Price
0001AB	Physician, Allergist (Attachment AJ)	352	Hours	\$	\$	
0001AD	Physicians, Family Practitioner (Attachment AI)	704	Hours	\$	\$	
0004AC	Licensed Practical Nurse (Attachment AJ)	352	Hours	\$	\$	
0004AE	Registered Nurses, Outpatient (Attachment AI)	704	Hours	\$	\$	
0007AB	Certified Medical Assistants (Attachment AI)	4224	Hours	\$	\$	
TOTAL PRICE						\$

Lot 2

NAVHOSP Pensacola Radiology (Section J, Attachment AK), Physical Therapy (Section J, Attachment AL), and Neurology, Sleep Laboratory (Section J, Attachment BE)
Services for the period 1 Aug 2004 through 30 Sep 2004

Line Item	Description	Quantity	Units	Unit Price	Total Price	
0001AI	Physician, Radiologist services (Attachment AK)	616	Hours	\$	\$	
0002AC	Physical Therapist (Attachment AL)	211	Hours	\$	\$	
0005AC	Ultrasound Technologist services (Attachment AK)	704	Hours	\$	\$	
0005AD	Polysomnographic Technologists (Attachment BE)	689	Hours	\$	\$	
0007AC	Physical Therapy Assistants (Attachment AL)	704	Hours	\$	\$	
TOTAL PRICE						\$

Lot 3

NAVHOSP Pensacola Internal Medicine (Section J, Attachment AM)
Services for the period 1 Aug 2004 through 30 Sep 2004

Line Item	Description	Quantity	Units	Unit Price	Total Price	
0001AE	Physician, Internist	352	Hours	\$	\$	
0002AD	Physician Assistant services	352	Hours	\$	\$	
0003AB	Family Nurse Practitioners	704	Hours	\$	\$	
0004AE	Registered Nurse, Outpatient services	704	Hours	\$	\$	
0005AB	Registered Respiratory Therapist	352	Hours	\$	\$	
0007AB	Certified Medical Assistant services	2112	Hours	\$	\$	
TOTAL PRICE						\$

Lot 4

NAVHOSP Pensacola Obstetrics/Gynecology (Section J, Attachment AN), Otolaryngology (Section J, Attachment AO), Perioperative Nursing (Section J, Attachment AP), and Optometry (Section J, Attachment AQ)
Services for the period 1 Aug 2004 through 30 Sep 2004

Line Item	Description	Quantity	Units	Unit Price	Total Price
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0001AF	Physician, Obstetrician (Attachment AN)	400	Hours	\$	\$
0001AG	Physician, Otolaryngologist (Attachment AO)	352	Hours	\$	\$
0004AF	Registered Nurse, Perioperative (Attachment AP)	352	Hours	\$	\$
0006AB	ENT Technicians (Attachment AO)	704	Hours	\$	\$
0006AD	Ophthalmic Technician (Attachment AQ)	352	Hours	\$	\$
0007AB	Certified Medical Assistant (Attachment AN)	352	Hours	\$	\$
	TOTAL PRICE				\$

Lot 5

Branch Medical Clinic Panama City Family Practice (Section J, Attachment AR)

Services for the period 1 Aug 2004 through 30 Sep 2004

Line Item	Description	Quantity	Units	Unit Price	Total Price
0003AB	Family Nurse Practitioner	352	Hours	\$	\$
0004AE	Registered Nurse, Outpatient	352	Hours	\$	\$
0007AB	Certified Medical Assistants	704	Hours	\$	\$
	TOTAL PRICE				\$

Lot 6

Branch Medical Clinic Millington Family Practice (Section J, Attachment AS)

Services for the period 1 Aug 2004 through 30 Sep 2004

Line Item	Description	Quantity	Units	Unit Price	Total Price
0003AB	Family Nurse Practitioners	704	Hours	\$	\$
0007AB	Certified Medical Assistant	352	Hours	\$	\$
	TOTAL PRICE				\$

Lot 7

NAVHOSP Corpus Christi Family Practice (Section J, Attachment AT) and Pediatrics (Section J, Attachment AU)

Services for the period 1 Nov 2004 through 30 Sep 2005

Line Item	Description	Quantity	Units	Unit Price	Total Price
0001AD	Physician, Family Practitioners (Attachment AT)	5760	Hours	\$	\$
0001AH	Physician, Pediatricians (Attachment AU)	3840	Hours	\$	\$
0003AB	Family Nurse Practitioner (Attachment AT)	1920	Hours	\$	\$
0004AC	Licensed Practical Nurses (Attachment AT)	9600	Hours	\$	\$
0004AE	Registered Nurses, Outpatient (Attachment AT)	3840	Hours	\$	\$
	TOTAL PRICE				\$

Lot 8

NAVHOSP Corpus Christi Internal Medicine (Section J, Attachment AV), Radiology (Section J, Attachment AW), and Dermatology (Section J, Attachment AX)
Services for the period 1 Nov 2004 through 30 Sep 2005

Line Item	Description	Quantity	Units	Unit Price	Total Price
0001AC	Physician, Dermatologist (Attachment AX)	960	Hours	\$	\$
0001AE	Physician, Internist (Attachment AV)	960	Hours	\$	\$
0001AI	Physician, Radiologist (Attachment AW)	1920	Hours	\$	\$
0007AB	Certified Medical Assistant (Attachment AV)	960	Hours	\$	\$
	TOTAL PRICE				\$

Lot 9

NAVHOSP Corpus Christi Physical Therapy (Section J, Attachment AY), NH Corpus Christi Pharmacy Technicians (Section J, Attachment AZ), NH Corpus Christi and BMC Ingleside Dietitians (Section J, Attachment BA), and NH Corpus Christi and BMC Kingsville Health Educators (Section J, Attachment BB)
Services for the period 1 Nov 2004 through 30 Sep 2005

Line Item	Description	Quantity	Units	Unit Price	Total Price
0002AB	Dietitians (Attachment BA)	3840	Hours	\$	\$
0002AC	Physical Therapist (Attachment AY)	1920	Hours	\$	\$
0004AB	Health Educator (Attachment BB)	1920	Hours	\$	\$
0004AD	Registered Nurse, Health Educator (Attachment BB)	1920	Hours	\$	\$
0006AE	Pharmacy Technicians	3840	Hours	\$	\$
0007AC	Physical Therapy Assistants (Attachment AY)	3840	Hours	\$	\$
	TOTAL PRICE				\$

Lot 10

Branch Medical Clinic Ingleside Family Practice (Section J, Attachment BC)
Services for the period 1 Nov 2004 through 30 Sep 2005

Line Item	Description	Quantity	Units	Unit Price	Total Price
0001AD	Physician, Family Practitioner	1920	Hours	\$	\$
0001AH	Physician, Pediatrician	1920	Hours	\$	\$
0007AB	Certified Medical Assistants	3840	Hours	\$	\$

Lot 11

NAVHOSP Pensacola Family Practice (Section J, Attachment AI) and Allergy Clinic (Section J, Attachment AJ)
Services for the period 1 Oct 2004 through 31 Jul 2005

Line Item	Description	Quantity	Units	Unit Price	Total Price
0001AB	Physician, Allergist (Attachment AJ)	1728	Hours	\$	\$
0001AD	Physician, Family Practitioners (Attachment AI)	3456	Hours	\$	\$
0004AC	Licensed Practical Nurse (Attachment AJ)	1728	Hours	\$	\$
0004AE	Registered Nurses, Outpatient (Attachment AI)	3456	Hours	\$	\$
0007AB	Certified Medical Assistants (Attachment AI)	20736	Hours	\$	\$
	TOTAL PRICE				\$

Lot 12

NAVHOSP Pensacola Radiology (Section J, Attachment AK), Physical Therapy (Section J, Attachment AL), and
Neurology, Sleep Laboratory (Section J, Attachment BE)
Services for the period 1 Oct 2004 through 31 Jul 2005

Line Item	Description	Quantity	Units	Unit Price	Total Price
0001AI	Physician, Radiologist services (Attachment AK)	3024	Hours	\$	\$
0002AC	Physical Therapist (Attachment AL)	1037	Hours	\$	\$
0005AC	Ultrasound Technologist services (Attachment AK)	3456	Hours	\$	\$
0005AD	Polysomnographic Technologists (Attachment BE)	3,380	Hours	\$	\$
0007AC	Physical Therapy Assistants (Attachment AL)	3456	Hours	\$	\$
	TOTAL PRICE				\$

Lot 13

NAVHOSP Pensacola Internal Medicine (Section J, Attachment AM)
Services for the period 1 Oct 2004 through 31 Jul 2005

Line Item	Description	Quantity	Units	Unit Price	Total Price
0001AE	Physician, Internist	1728	Hours	\$	\$
0002AD	Physician Assistant services	1728	Hours	\$	\$
0003AB	Family Nurse Practitioners	3456	Hours	\$	\$
0004AE	Registered Nurse, Outpatient services	3456	Hours	\$	\$
0005AB	Registered Respiratory Therapist	1728	Hours	\$	\$
0007AB	Certified Medical Assistant services	10368	Hours	\$	\$
	TOTAL PRICE				\$

Lot 14

NAVHOSP Pensacola Obstetrics/Gynecology (Section J, Attachment AN), Otolaryngology (Section J, Attachment AO), Perioperative Nursing (Section J, Attachment AP), and Optometry (Section J, Attachment AQ)
Services for the period 1 Oct 2004 through 31 Jul 2005

Line Item	Description	Quantity	Units	Unit Price	Total Price
0001AF	Physician, Obstetrician (Attachment AN)	2060	Hours	\$	\$
0001AG	Physician, Otolaryngologist (Attachment AO)	1728	Hours	\$	\$
0004AF	Registered Nurse, Perioperative (Attachment AP)	1728	Hours	\$	\$
0006AB	ENT Technicians (Attachment AO)	3456	Hours	\$	\$
0006AD	Ophthalmic Technician (Attachment AQ)	1728	Hours	\$	\$
0007AB	Certified Medical Assistant (Attachment AN)	1728	Hours	\$	\$
	TOTAL PRICE				\$

Lot 15

Branch Medical Clinic Panama City Family Practice (Section J, Attachment AR)
Services for the period 1 Oct 2004 through 31 Jul 2005

Line Item	Description	Quantity	Units	Unit Price	Total Price
0003AB	Family Nurse Practitioner	1728	Hours	\$	\$
0004AE	Registered Nurse, Outpatient	1728	Hours	\$	\$
0007AB	Certified Medical Assistants	3456	Hours	\$	\$
	TOTAL PRICE				\$

Lot 16

Branch Medical Clinic Millington Family Practice (Section J, Attachment AS)
Services for the period 1 Oct 2004 through 31 Jul 2005

Line Item	Description	Quantity	Units	Unit Price	Total Price
0003AB	Family Nurse Practitioners	3456	Hours	\$	\$
0007AB	Certified Medical Assistant	1728	Hours	\$	\$
	TOTAL PRICE				\$

Section B - Supplies or Services and Prices

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
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0001

Physicians
FFP

THIS IS A DUPLICATE CLIN. SEE ELECTRONIC SPREADSHEET FOR FURTHER INFORMATION.

Physician (Note 1) Total Minimum Quantities distributed among the SLINs equals 20,056 hours. Total Maximum Quantities distributed among the SLINs equals 371,005 hours.

NET AMT

FOB: Destination

Section C - Descriptions and Specifications

SECTION C

SECTION C Descriptions and Specifications

NOTE 1: The use of Commanding Officer means: Commanding Officer or other activity head, or a designated representative, e.g., Contracting Officer's Representative (COR) or Department Head, of the activity designated in a particular task order.

NOTE 2: The term contractor means the offeror identified in block 15A of Standard Form 33 and its health care workers who are providing services under task orders placed under the contract.

NOTE 3: The term health care worker refers to the individual(s) providing services under this contract.

NOTE 4: The term MTF refers to the Medical Treatment Facility or other Federal medical treatment facility at which services are performed.

STATEMENT OF WORK

C.1 This Statement of Work (SOW) applies to all positions encompassed within this contract. Specific Statements of Work, for the Government's minimum quantity, are contained in Section J, Attachments AI through BC. Additional SOWs, for Section B, CLINs 0001 through 0009 will be included with subsequently issued Task Order Proposal Requests.

C.1.1 The contractor shall provide the healthcare personnel in accordance with the terms and conditions of this contract and each task order issued under this contract.

C.1.2 Contractor services shall be provided for the treatment of active duty military personnel, their dependents, eligible DoD civilian employees, and other eligible beneficiaries, designated by the Government.

C.2 SUITS ARISING OUT OF MEDICAL MALPRACTICE

C.2.1 The healthcare worker(s) is(are) serving at the Medical Treatment Facility (MTF) under a personal services contract entered into under the authority of section 1091 of Title 10, United States Code. Accordingly, section 1089 of Title 10, United States Code shall apply to personal injury lawsuits filed against the health care worker(s) based on negligent or wrongful acts or omissions incident to performance within the scope of this contract.

C.2.2 The healthcare worker(s) is not required to maintain medical malpractice liability insurance.

C.2.3 Health care workers providing services under this contract shall be rendering personal services to the Government and shall be subject to day-to-day supervision and control by Government personnel. Supervision and control is the process by which the individual health care worker receives technical guidance, direction, and approval with regard to a task(s) within the requirements of this contract.

C.2.4 The total amount of compensation paid to an individual direct health care provider in any year cannot exceed the full time equivalent annual rate as specified in 10 U.S.C. 1091. Effective 21 January 2000, the maximum amount the government is allowed to pay for these personal services is \$400,000 per year for this contract.

C.3 SCHEDULES, ABSENCES, AND LEAVE. Each task order will specify the work schedule of each health care worker and shall specify whether the health care worker will either: (1) accrue leave as an individual and be subject to approval by the Government for scheduling accrued leave; or (2) not accrue leave under the task order and be subject to replacement coverage by the contractor during all scheduled and unscheduled absences.

C.3.1 Individuals who accrue leave. Individuals subject to the provisions given in Section C.3.1 will be designated in the applicable task order. The Government will administer the leave provisions in this Section.

C.3.1.1 Individual health care workers who accrue leave shall accrue personal leave (annual leave plus sick leave) at a rate specified in the task order. The specific work schedule for an individual contractor health care worker who accrues leave will be scheduled in advance by the supervisor (or designee) specified in the task order. Any changes in the schedule shall be coordinated between the individual health care worker and the Government.

C.3.1.2 Each health care worker shall adhere to MTF/supervisor policies and procedures for requesting leave, including requirements for advance notice. Requests by health care workers for taking accrued leave are subject to approval by the supervisor (or designee).

C.3.1.3 Contractors and health care workers shall ensure that leave requests are requested with sufficient time in advance to allow the supervisor to adequately plan for adequate staffing levels. Accumulation until the end of the task order period of large amounts of unapproved leave shall be avoided. To assist in avoiding accumulation of leave till the end of the task order, near the end of the task order period, the Government may allow a healthcare worker to take advance leave up to a maximum of the amount normally earned for two invoice periods.

C.3.1.4 The Government will compensate the Contractor for periods of authorized absence. The Contractor shall, in turn, compensate the health care worker for periods of authorized absence.

C.3.1.5 If the healthcare worker is absent for 3 or more consecutive unplanned days, the Commanding Officer may require written documentation from a qualified health care provider that the healthcare worker is free from communicable disease. The Government reserves the right to examine and/or re-examine any healthcare worker who meets this criterion.

C.3.1.6 A health care worker shall enter a leave without pay (LWOP) status upon exhaustion of any leave balance. Unless waived by the Contracting Officer, the Contractor shall replace any healthcare worker who has been on LWOP status for a total of 40 consecutive hours. At the discretion of the Commanding Officer, LWOP taken in conjunction with maternity leave is not subject to this limitation.

C.3.1.7 Upon request, up to 12 weeks of maternity leave, accrued leave plus LWOP, may be granted to the healthcare worker if either of two conditions should occur: (1) the birth of a son or daughter of the health care worker; or (2) the placement of an adoptive or foster care son or daughter with the health care worker.

C.3.1.8 Documented military leave for military reservists will be allowed, not to exceed 15 days per task order. This leave may be taken intermittently, i.e., 1 day at a time. Military leave is compensated leave. The health care worker shall follow the policy of the MTF with respect to notification of scheduled military duties to the Commanding Officer.

C.3.1.9 Administrative leave may be granted for healthcare workers selected to serve jury duty. Requests for administrative jury duty leave shall be submitted to the Commanding Officer in the same manner as planned leave is requested. The healthcare worker is required to provide the Commanding Officer with as much written notice as possible prior to reporting for jury duty, and is responsible for supplying documentation regarding the necessity for and length of absence for jury duty. A healthcare worker whose position is deemed critical by the Commanding Officer may be issued a written request for the court to excuse the healthcare worker from jury duty. The health care worker shall be compensated by the contractor for these periods of authorized administrative leave. No individual health care worker will be granted more than 15 days of administrative leave for jury duty per year; in those instances where a contract health care worker who accrues leave is anticipated to be in jury duty status in excess of 15 days, the contractor shall provide a replacement worker.

C.3.1.10 In the event that a task order allows a leave accrual position to be staffed by part-time individuals, no leave will be accrued by any individual who works less than 40 hours during a 2-week invoice period. This clause does not apply to labor categories covered by the Service Contract Act.

C.3.1.11 All accrued leave shall be forfeited without compensation or reimbursement at the expiration or termination of a task order or the contract or at the voluntary or involuntary separation of a contract health care worker. The only exception to this is in the case of a logical follow-on task order which includes a provision for carry over from the expiring task order of a specified maximum leave balance for a defined period.

C.3.2 Positions for which replacement coverage is required. Positions subject to the provisions given in Section C.3.2. will be designated in the applicable task order. The Contractor shall be responsible for administering the leave for individuals filling coverage positions.

C.3.2.1 The Contractor shall have sufficient qualified reserve personnel so that all services are provided in the event a health care worker scheduled to work becomes ill, resigns, is terminated, or is otherwise unavailable to work. Contract requirements are not mitigated by inclement weather.

C.3.2.2 If a health care worker becomes ill or is otherwise unable to fulfill his/her obligation to work, they shall notify the contractor who in turn shall notify the COR.

C.3.2.3 The Contractor is responsible for replacing a health care worker who for any reason misses more than 2 hours of a scheduled work shift, as specified in the task order.

C.3.2.4 The Contractor shall provide replacement coverage by a health care worker who meets the minimum health care worker contract qualifications and is approved for work (i.e., has been credentialed and privileged as appropriate and has satisfactorily completed orientation).

C.3.2.5 The contractor shall prepare the schedule of workers for all positions for which replacement coverage is required. Unless otherwise specified in the task order, the specific schedule for each 2-week period shall be provided to the COR 1 month in advance of the 2-week period. The schedule shall be complete and include the name of the specific individual(s) who will provide the required coverage.

C.3.3 Provisions for all health care workers.

C.3.3.1 Administrative Leave. For unusual and compelling circumstances (e.g., weather emergencies) in which the Commanding Officer either excuses all facility personnel from reporting to work or dismisses all personnel early, the Commanding Officer is authorized to grant administrative leave to the health care worker. This administrative leave may be compensated leave.

C.3.3.2 Furlough. Unless otherwise authorized by a defense appropriations bill, contractors shall not be reimbursed by the Government for services not rendered during a Government furlough. In the event of a Government furlough, the Commanding Officer will determine which contract employees are considered critical and therefore must report to work. Contract employees deemed critical shall be compensated for services rendered during a furlough. All other contract employees shall be furloughed until the Government shutdown ends or they are notified by the Contracting Officer's Representative that they have become critical employees.

C.3.3.3 A health care worker with a bona fide medical emergency occurring while on duty, or with an on-the-job injury, will be provided medical care until the condition is stabilized. The contractor shall reimburse the Government for all medical services provided unless the health care worker is otherwise entitled to Government medical services.

C.3.3.4 In the instance where the Government directs the health care worker to remain on duty in excess of their scheduled shift due to an unforeseen emergency or to complete patient treatment where lack of continuity of care would otherwise jeopardize patient health, the health care worker shall remain on duty. The health care worker will be given an equal amount of compensatory time to be scheduled upon mutual agreement of the health care worker and the Commanding Officer. This provision is not intended to apply to the time required to complete routine tasks

(e.g., completion of paperwork or routine administrative tasks at the end of a shift) which are to be completed as part of the shift.

C.3.3.5 Health care workers providing services will generally (as specified in the task order) receive uncompensated meal breaks of 30 minutes when assigned an 8-hour shift and 45 minutes when assigned a 12-hour shift. The health care worker's shift will be extended 30 minutes or 45 minutes, respectively, to constitute a full 8 or 12 hours of on-site service. This includes extending the work shift beyond the scheduled clinic closing time to complete patient care and administrative duties. No contractor employee shall work beyond 12 ¾ hours per shift.

C.3.3.6 Contractor employees may receive one compensated work break in the morning and one in the afternoon, work load permitting, at the discretion of the Government. Neither break shall exceed 15 minutes.

C.4 FAILURE AND/OR INABILITY TO PERFORM

C.4.1 Should a healthcare worker who accrues leave in accordance with section C.3.1 be unable to perform duties under any Task Order due to medical or physical disability for more than 13 consecutive days, that individual's performance under the Task Order may be suspended by the Contracting Officer until such medical or physical disability is resolved. If performance under the Task Order is so suspended, no reimbursement shall be made to the contractor for the affected health care worker so long as performance is suspended.

C.4.2 If clinical privileges of a health care worker have been summarily suspended pending an investigation into questions of professional ethics or conduct, performance under the Task Order may be suspended until clinical privileges are reinstated. No reimbursement shall be made to the contractor for the affected health care worker so long as performance is suspended. The denial, suspension, limitation, or revocation of clinical privileges based upon practitioner impairment or misconduct will be reported to the appropriate licensing authorities of the state in which the license is held.

C.4.3 Any health care worker demonstrating impaired judgment will be removed from providing healthcare services. The Government reserves the right to remove any employee who, in the judgment of a licensed physician, is impaired by drugs or alcohol.

C.4.4 Any health care worker with alcohol or drug abuse problems may be allowed to return to work under the terms of this contract only with prior Government approval.

C.5 GENERAL PROVISIONS FOR HEALTH CARE WORKERS.

C.5.1 Health care workers shall comply with Executive Order 12731, October 17, 1990, (55 Fed. Reg. 42547), Principles of Ethical Conduct for Government Officers and Employees, and shall also comply with Department of Defense (DOD) other government regulations implementing this Executive Order.

C.5.2 Health care workers shall become acquainted with and obey all station regulations, shall perform in a manner to preclude the waste of utilities, and shall not use Government telephones for personal business. All motor vehicles operated on these installations by health care workers shall be registered with the base security service according to applicable directives. Eating by health care workers is prohibited in patient care areas/clinics and is restricted to designated areas. Smoking is prohibited in all clinic facilities.

C.5.3 Health care workers ARE NOT prohibited by reason of employment under this contract from conducting a private practice or other employment so long as there is no conflict with the performance of duties under this contract. However, such private practice or other such employment shall not be conducted during those hours in which the health care worker is required to render services under this contract. Health care workers shall make no use of Government facilities or property in connection with such other employment. (NAVMED P-117, Chapter 1, Article 1-22 applies (<http://nmo.med.navy.mil/default.cfm?seltab=directives>)).

C.5.4 While on duty, health care workers shall not advise, recommend, or suggest to individuals authorized to receive services at Government expense that such individuals should receive services from the health care worker when they are not on duty, or from a partner or group associated in practice with the contractor, except with the express written consent of the Commanding Officer. The contractor shall not bill individuals entitled to those services rendered pursuant to this contract.

C.5.5 Health care workers shall be neat, clean, well groomed, and in appropriate clothing when in patient care and public areas. All clothing shall be free of visible dirt and stains and shall fit correctly. Fingernails shall be clean and free from dirt, and hair shall be neatly trimmed and combed. Health care workers shall display an identification badge, which includes the health care worker's full name and professional status (furnished by the Government) on the right breast of the outer clothing. Security badges provided by the Government shall be worn when on duty.

C.5.6 The Secretary of the Navy has determined that the illegal possession or use of drugs and paraphernalia in a military setting contributes directly to military drug abuse and undermines Command efforts to eliminate drug abuse among military personnel. The policy of the Department of the Navy (including the Marine Corps) is to deter and detect drug offenses on military installations. Measures to be taken to identify drug offenses on military installations, and to prevent introduction of illegal drugs and paraphernalia, include routine random inspection of vehicles while entering or leaving, with drug detection dogs when available, and random inspection of personal possessions on entry or exit. If there is probable cause to believe that a health care worker has been engaged in use, possession, or trafficking of drugs, the health care worker may be detained for a limited period of time until he/she can be removed from the installation or turned over to local law enforcement personnel having jurisdiction. When illegal drugs are discovered in the course of an inspection or search of a vehicle operated by a health care worker, the health care worker and vehicle may be detained for a reasonable period of time necessary to surrender the individual and vehicle to appropriate civil law enforcement personnel. Action may be taken to suspend, revoke, or deny clinical privileges as well as installation driving privileges. Implicit with the acceptance of this contract is the agreement by the health care worker to comply with all Federal and State laws as well as regulations issued by the Commander of the military installation concerning illegal drugs and paraphernalia.

C.5.7 All financial, statistical, personnel, and technical data which are furnished, produced, or otherwise available to the contractor during the performance of this contract are considered confidential business information and shall not be used for purposes other than performance of work under this contract. Such data shall not be released by the contractor without prior written consent of the COR. Any presentation of any statistical or analytical materials, or any reports based on information obtained from studies covered by this contract, will be subject to review and approval by the COR before publication or dissemination.

C.5.8 The Contractor shall comply with all applicable State and local laws and MTF instructions and policies.

C.5.9 Contractor personnel shall be subject to an Automated Data Processing (ADP) background check in accordance with DoD Publication 5200.2-R. Personnel shall be required to complete the paperwork necessary for the Government to complete the background check.

C.6 PERSONNEL QUALIFICATIONS. The contractor shall provide personnel having certain minimum levels of training and experience. General qualifications that apply to all health care workers are given in Section C.7. Specific qualifications for various labor categories are given in Section C.8. Additional qualifications specific to a particular Task Order are contained in the applicable Section J Attachment or the Task Order. Additional qualifications may include, but are not be limited to, experience, board certification for physicians, or other professional certifications appropriate to the particular labor category.

C.7 GENERAL QUALIFICATIONS THAT APPLY TO ALL HEALTH CARE WORKERS

C.7.1 Health care workers shall read, write, speak, and understand the English language fluently and maintain good communication skills with patients and other healthcare personnel.

C.7.2 Health care workers shall be physically capable of standing and/or sitting for extended periods of time and capable of normal ambulation.

C.7.3 Health care workers shall be eligible for U.S. employment. No alien shall be allowed to perform under this contract in violation of the Immigration Laws of the United States (Section J, Attachment AA).

C.7.4 Health care workers shall represent an acceptable malpractice risk to the Government.

C.7.5 Health care workers shall be in good standing, and under no clinical restrictions, with the state licensure board in any state in which a license is held or has been held within the last 10 years.

C.7.6 Health care workers shall maintain current certification in American Heart Association Basic Life Support (BLS) for Healthcare Providers; American Heart Association Healthcare Provider Course; American Red Cross CPR (Cardio Pulmonary Resuscitation) for the Professional Rescuer; or equivalent.

C.7.7 Health care workers shall be current with and have completed all continuing education requirements specified by their professional licensure or certification.

C.7.8 Each health care worker shall obtain, at contractor expense, within 60 days prior to start of services, a statement from the health care worker's physician or a report of a physical examination indicating that the health care worker is free from mental or physical impairments which would restrict the health care worker from providing the services described in the task order. Health care workers hired after contract start shall be required to provide a physical exam statement or report obtained within 60 days prior to performance of services. The statement must contain the following information: "Having performed a physical examination on the person named below on (insert date), the following findings are true and accurate:

1. (Name of health care worker) is suffering from no physical disability which would restrict him/her from providing services as a (specialty).
2. (Name of health care worker) is not suffering from tuberculosis, hepatitis, sexually transmitted or other contagious diseases which restricts them from providing services as a (specialty). (Name of health care worker) has had a current (within 6 months) TB skin test (mantoux) reading or if a known reactor, an evaluation indicating no active disease.
3. (Name of health care worker) is considered free from Hepatitis B infection on the basis of having (circle the applicable number):
 - 3a. Received at least three doses of recombinant hepatitis B vaccine currently licensed in the United States, or,
 - 3b. Received an initial dose of the hepatitis B vaccine. The vaccine series shall be completed within 6 months of the employee start date, or,
 - 3c. Provided documentation of the health care worker's waiver which declines the hepatitis B vaccine as set forth in OSHA guidelines (declination on the basis of religious convictions or medical contraindication only), or,
 - 3d. Provided evidence of immunologically effective anti-HB levels in lieu of proof of recombinant hepatitis B vaccines. Assays must be performed in a laboratory accredited by the American Society of Clinical Pathologists (ASCP) and/or the College of American Pathologists (CAP).
4. (Name of health care worker) is considered to have evidence of immunity to Measles, Mumps and Rubella (MMR) by either (circle one): positive antibody titer, evidence of MMR immunization or, documentation of physician-diagnosed MMR.

5. (Name of healthcare worker) shows evidence of immunity to varicella by either (circle one): positive antibody titer; evidence of varicella immunization; or a statement of history of chicken pox.

(signed)

Examining Physician

Examining Physician Information:

Name:

Address:

Telephone: _____ Date: _____

C.7.8.1 Except as provided in paragraph C.7.8.2, no medical tests or procedures required by the contract may be performed at the MTF. Expenses for all required tests and/or procedures shall be borne by the contractor at no additional expense to the Government.

C.7.8.2 Further, health care workers shall agree to undergo personal health examinations and such other medical and dental examinations at any time during the term of this contract, as the Commanding Officer may deem necessary for preventive medicine, performance improvement, or privileging purposes. These examinations will be provided by the Government. If the contractor chooses, these examinations may be provided by private physician or dentist, at no expense to the Government. Additionally the health care worker must be immunized annually with the influenza vaccine in accordance with the BUMED instruction currently in effect. This vaccine will be provided by the Government. Although this vaccine will be provided by the Government, it may be obtained at other facilities with the cost being borne by the health care worker. Unless vaccinated by the Government, the health care worker shall be required to show proof of the vaccination. If the health care worker chooses to be immunized by the Government, they shall be required to sign a waiver in accordance with MTF rules and regulations. If the health care worker declines the immunization, they must provide documentation of the waiver which declines the influenza vaccine (declination on the basis of religious convictions or medical contraindications only).

C.7.8.3 For individuals who do not show a positive antibody titer after immunization and appear to have a "non-immune" status, that employee must report varicella exposure to the COR and, in accordance with Centers for Disease Control Recommendations, may need to be removed from patient care duties beginning on the tenth day following exposure and remain away from work for the maximum incubation period of varicella (21 days). In this instance, personnel under this contract who accrue leave will be considered to be in a leave status; all other personnel must be replaced during this period to ensure maintenance of contractually required coverage.

C.7.8.4 On an annual basis, healthcare workers must provide a current Purified Protein Derivative (PPD) reading or an evaluation if they are a known PPD reactor. The Contractor is responsible for any expenses incurred for required testing.

C.7.8.5 The management of HIV positive health care workers shall be consistent with current Center for Disease Control Guidelines (CDC) guidelines and Section 503 of Rehabilitation Act (29 U.S.C. Section 793) and its implementing regulations (41 CFR Part 60-741).

C.7.9 CREDENTIALING REQUIREMENTS

C.7.9.1 Following award of a task order, the contractor shall submit to the Professional Affairs Department, via the COR, a completed Individual Credentials File (ICF) for each required health care worker. The ICF, which will be 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 competency as identified in Appendix R of BUMEDINST 6320.66D of March 2003 and subsequent revisions. ICFs for health care

practitioners who do not currently have an ICF on file at the facility shall be submitted at least 30 days prior to commencement of services. For those health care providers who currently have an ICF on file, an updated Personal and Professional Information Sheet (PPIS) for Privileged Providers, with notation that a complete up-to-date ICF is on file, shall be submitted no less than 15 days prior to commencement of services.

C.7.9.2 Following award of a task order, the contractor shall submit to the Professional Affairs Department, via the COR, a completed Individual Professional File (IPF) for each licensed staff member not included in the requirements for ICFs. The IPF, which will be 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 competency as identified in Appendix S of BUMEDINST 6320.66D of March 2003 and subsequent revisions. IPFs for personnel who do not currently have an IPF on file at the facility shall be submitted at least 30 days prior to commencement of services. For those personnel who currently have an IPF on file, an updated Personal and Professional Information Sheet (PPIS) for Nonprivileged Providers, with notation that a complete up-to-date IPF is on file, shall be submitted no less than 15 days prior to commencement of services.

C.7.9.3 Upon receipt of a complete ICF or IPF, the COR will forward it to the Professional Affairs Department for approval and credentialing of the individual health care provider/worker. The Professional Affairs Department will ensure the ICF or IPF is complete in accordance with BUMEDINST 6320.66D. The contractor shall not assign an individual to work at the MTF until the health care worker's ICF or IPF has been approved and shall discontinue the service of an individual who fails to maintain compliance with qualification and credentialing requirements.

C.7.9.4 BUMEDINST 6320.66D is available at <http://nmo.med.navy.mil/default.cfm?seltab=directives> Click Directives and do a Subject search on "credentials review."

C.7.9.5 The Contractor shall submit a qualifications package to the COR for each health care worker who is not required to submit either an Individual Credentials File (ICF) or an Individual Professional File (IPF), e.g., nursing assistants, medical assistants, laboratory technicians. Prior to Contractor employees providing services under this contract, the COR will verify the compliance of each health care worker with the qualification requirements appropriate to their employment category.

C.7.9.6 Unless otherwise specified in an individual Task Order Proposal Request, the Government reserves the right to transfer to the gaining Contractor the credentials of a health care worker who has been granted delineated clinical privileges on a predecessor contract/task order without a new or additional credentialing action. This extension may only occur: a) within the same command; b) when there is no increased clinical competency requirement of the health care worker; c) when there is no significant change in the scope of clinical practice of the health care worker; d) when there is no gap in performance between the contracts; and e) when the health care worker has had acceptable performance evaluations.

C.7.9.7 Notwithstanding licensure and certification requirements given below in Section C.8, each health care worker is responsible for complying with all applicable licensure and certification regulations.

C.7.9.8 The contractor shall continuously maintain a current list of all individuals who have been privileged, credentialed, or approved for service under each task order. The contractor shall provide a copy of the list to the COR monthly or as requested by the COR.

C.7.10 ORIENTATION

C.7.10.1 Each health care worker providing service under this contract or resultant Task Orders shall undergo an orientation. Orientation may be waived for personnel who have previously provided service at the treatment facility.

C.7.10.2 Orientation shall consist of Command Orientation and Information Systems Orientation. Command orientation of 8 hours includes annual training requirements for topics such as fire, safety, infection control, and family advocacy. Additional Command Orientation for nurses (local certifications) will comprise an estimated

additional 28 hours. Information Systems Orientation of 8 hours includes the Composite Health Care System (CHCS) and the Ambulatory Data System (ADS). In addition, health care workers identified as CHCS Super-users shall undergo an additional 8 hours of information systems orientation. Any additional or specific requirements for orientation will be provided in the applicable Task Order.

C.7.10.3 Orientation will be provided to new contractor employees, as required, either prior to commencement of service under the task order or during initial regularly scheduled shifts under the task order, as specified in the task order.

C.7.10.4 Those new contractor employees who are required to be oriented during initial regularly scheduled work shifts shall be scheduled by the contractor for shifts occurring at times when orientation classes are available. The COR will provide a list of training times up to 30 days in advance.

C.7.10.5 For each individual, the contractor shall not invoice for orientation, and the government will not reimburse the contractor for orientation, until such time as the individual has provided an amount of clinical services equal to the amount of orientation received. The contractor shall complete all orientation within 60 days after commencement of services by the health care worker.

C.7.11 Turnover of Healthcare Workers. The contractor shall recognize the potentially negative impact on continuity of care created by staff turnover and the expense incurred by the Government for orientation and privileging of new workers. Therefore, the contractor shall make every effort to minimize turnover and, notwithstanding contractor employee probation policies, shall recruit only individuals who indicate interest in a long-term commitment under the task order.

C.8 SPECIFIC QUALIFICATIONS FOR LABOR CATEGORIES. Each health care worker shall meet and maintain the qualifications specified below for their labor category. The following specific labor category qualifications are additional to the general qualifications given in Section C.7 and may be further supplemented by specific qualifications contained in the applicable Section J attachment or task order.

C.8.1 AUDIOLOGIST

C.8.1.1 Possess a Master's Degree in Audiology from an accredited college or university.

C.8.1.2 Possess a Certificate of Clinical Competency in Audiology (CCC-A) from the American Speech-Language-Hearing Association (ASHA).

C.8.1.3 A current, valid unrestricted license to practice as an Audiologist in any one of the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U. S. Virgin Islands and maintenance of same.

C.8.1.4 Possess post graduate degree experience as a full-time Audiologist of at least 1 year within the preceding 3 years.

C.8.2 Reserved

C.8.3 CARDIOVASCULAR TECHNOLOGIST

C.8.3.1 Registration as a Registered Diagnostic Cardiac Sonographer (RDCS) from the American Registry of Diagnostic Medical Sonographers (ARDMS).

C.8.3.2 Full-time experience as a Cardiac Sonographer of at least 18 continuous months within the preceding 36 months.

C.8.4 Reserved

C.8.5 Reserved

C.8.6 CERTIFIED ATHLETIC TRAINER

C.8.6.1 Current certification as a Certified Athletic Trainer through the National Athletic Trainers' Association (NATA) Board of Certification.

C.8.6.2 Experience of at least 12 months within the preceding 36 months as an athletic trainer with collegiate athletes, professional athletes, or military operations personnel.

C.8.6.3 Experience with Windows-based computer systems of at least 12 months within the preceding 36 months.

C.8.6.4 Experience with computerized injury tracking programs.

C.8.7 CERTIFIED MEDICAL ASSISTANT

C.8.7.1 High school diploma or GED certificate.

C.8.7.2 Graduation from a medical assistant training program accredited by Commission on Accreditation of Allied Health Education Programs (CAAHEP), the Accrediting Bureau of Health Education Schools (ABHES) of the American Medical Technologists, or a formal medical services training program of the United States Armed Forces.

C.8.7.3 Certification as a medical assistant by the American Association of Medical Assistants or registration by the American Medical Technologists.

C.8.8 CERTIFIED NURSING ASSISTANT

C.8.8.1 High school diploma or GED certificate.

C.8.8.2 Completion of a course of education leading to, and possession of, certification as a nursing assistant.

C.8.9 CERTIFIED REGISTERED NURSE ANESTHETIST.

C.8.9.1 Be a graduate of a CRNA education program accredited by the American Association of Nurse Anesthetists (AANA) Council on Accreditation of Nurse Anesthesia Educational Programs.

C.8.9.2 A current unrestricted license to practice as a registered nurse in one of the fifty states, the District of Columbia, the Commonwealth of Puerto Rico, Guam, or the U.S. Virgin Islands.

C.8.9.3 Possess current certification as a Registered Nurse Anesthetist from the American Association of Nurse Anesthetists (AANA)

C.8.9.4 Possess experience as a CRNA of at least 24 months within the preceding 48 months.

C.8.10 Reserved

C.8.11 Reserved

8.12 CHIROPRACTIC ASSISTANT

C.8.12.1 High school diploma or GED certificate.

C.8.12.2 A minimum of 1 year of full-time experience within the last 3 years as a chiropractic assistant, nursing assistant, physical therapy assistant, pharmacy technician, operating room technician or other similar medically related support type occupation.

8.13 CHIROPRACTOR

C.8.13.1 Graduation from a Chiropractor training program accredited by the Council on Chiropractic Education

C.8.13.2 A current, valid, unrestricted license to practice as a Doctor of Chiropractic in any one of the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands.

C.8.13.3 A minimum of 1 year of full-time experience as a chiropractor within the last 3 years in a position in which both diagnostic and treatment services were consistently administered.

C.8.14 Reserved

C.8.15 Reserved

C.8.16 CLINICAL PSYCHOLOGIST

C.8.16.1 A doctoral degree in clinical or counseling psychology.

Possess and maintain a valid, unrestricted license or certification to practice as a psychologist in any one of the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands.

Experience as a Psychologist of at least 2 to 4 years within the preceding 36 months.

C.8.17 CLINICAL SOCIAL WORKER

C.8.17.1 Master's degree in social work from a program accredited by the Council on Social Work Education (CSWE).

C.8.17.2 A minimum of 2 years post-masters experience as a clinical social worker.

C.8.17.3 Current, unrestricted license to practice independently as a Clinical Social Worker in any one of the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands

C.8.18 CLINICAL SOCIAL WORKER, CASE MANAGER.

C.8.18.1 Master's degree in social work from a program accredited by the Council on Social Work Education (CSWE).

C.8.18.2 Current, unrestricted license to practice independently as a Clinical Social Worker in any one of the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands

C.8.18.3 Certified as Certified Advanced Social Work Case Manager (C-ASWCM) by the National Association of Social Workers OR possess a minimum of 3 years experience within the preceding 5 years as a social work case manager in a hospital-based setting performing medical crisis counseling, discharge planning, and/or working in Pediatrics, Adolescent Medicine, or Internal Medicine.

C.8.18.4 Possess a valid driver's license and a personal vehicle for use under the contract.

C.8.19 Reserved

C.8.20 Reserved

C.8.21 COMPUTED TOMOGRAPHY (CT) TECHNOLOGIST

C.8.21.1 Graduation from a radiography program accredited by the Joint Review Committee on Education in Radiological Education (JCERT).

C.8.21.3 Current registration as a Radiologic Technologist or a Radiation Therapist by the American Registry of Radiologic Technologists (ARRT).

C.8.21.3 Current post-primary certification as a CT Technologist by the American Registry of Radiologic Technologists (ARRT).

C.8.21.4 Possess experience as a CT Technologist of at least 12 months within the preceding 36 months.

C.8.22 Reserved

C.8.23 Reserved

C.8.24 CYTOTECHNOLOGIST

C.8.24.1 Possess a bachelor's degree in biology, chemistry, or a related scientific discipline.

C.8.24.2 Current certification as a Cytotechnologist from the American Society for Clinical Pathology (CT (ASCP)).

C.8.24.3 Possess experience as a Cytotechnologist of at least 12 months within the preceding 36 months.

C.8.25 Reserved

C.8.26 Reserved

C.8.27 DIETETIC TECHNICIAN

C.8.27.1 Achieve one of the following:

C.8.27.1.1 Associates Degree from an accredited college or university plus successful completion of a Dietetic Technician program accredited by The Commission on Accreditation for Dietetics Education (CADE) of the American Dietetic Association, or

C.8.27.1.2 Bachelors Degree from an accredited college or university including academic requirements for dietetics accredited/approved by CADE plus completion of a supervised practice program accredited/approved by CADE.

C.8.27.2 Registration as a Dietetic Technician from the Commission on Dietetic Registration of the American Dietetic Association.

C.8.28 DIETITIAN

C.8.28.1 Possess a Baccalaureate Degree in nutrition/dietetics from a school accredited by the Commission on Accreditation for Dietetics Education (CADE) of the American Dietetic Association (ADA).

C.8.28.2 Possess registration, as specified in the task order, from the Commission on Dietetic Registration (CDR) of the American Dietetic Association.

C.8.28.3 Possess a valid, unrestricted license/certification/registration to practice as a dietitian in any one of the 50 States, the District of Columbia, the Commonwealth or Puerto Rico, Guam or the U.S. Virgin Islands.

C.8.28.4 Possess a minimum of 1 year of full-time experience as a dietitian within the preceding 3 years.

C.8.29 Reserved

C.8.30 DOSIMETRIST

C.8.30.1 Certification as a medical dosimetrist by the Medical Dosimetrist Certification Board (MDCB).

C.8.30.2 Possess post-certification experience of a minimum of 12 months within the preceding 3 years.

C.8.31 Reserved

C.8.32 Reserved

C.8.33 EMERGENCY MEDICAL TECHNICIAN

C.8.33.1 High school diploma or GED certificate.

C.8.33.2 Certification as an EMT by the National Registry of Emergency Medical Technicians or State EMT certification.

C.8.34 Reserved

C.8.35 Reserved

C.8.36 GENETICS COUNSELOR

C.8.36.1 Possess a Masters Degree in Genetic Counseling.

C.8.36.2 Certification by the American Board of Genetic Counselors.

C.8.36.3 Experience as a genetic counselor of at least 1 year within the last 3 years.

C.8.37 Reserved

C.8.38 Reserved

C.8.39 HEALTH EDUCATOR

C.8.39.1 Baccalaureate Degree in Health Education, Community/Public Health or Wellness, or a human services related field such as counseling or psychology.

C.8.39.2 At least 1 year of full-time experience in health promotion programming within the last 3 years.

C.8.40 Reserved

C.8.41 Reserved

C.8.42 Reserved

C.8.43 LICENSED PRACTICAL NURSE

C.8.43.1 Graduation from a Licensed Practical Nurse or Licensed Vocational Nurse Program accredited by the National League for Nursing Accrediting Commission (NLNAC).

C.8.43.2 A current, unrestricted license to practice as an LVN/LPN in any one of the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands.

C.8.43.3 Prior to commencing service under this contract, Licensed Practical (Vocational) nurses must attend a 2-hour lecture on IV certification. Contractor nurses must then obtain certifications (e.g., IV, medications and blood administration) in accordance with clinic nursing service and command policy not later than 60 days after commencement of services, including MTF observation of three completed IV sticks.

C.8.44 Reserved

C.8.45 Reserved

C.8.46 MAGNETIC RESONANCE IMAGING (MRI) TECHNOLOGIST

C.8.46.1 Graduation from a radiography program accredited by the Joint Review Committee on Education in Radiological Education (JCERT).

C.8.46.3 Current registration as a Radiologic Technologist, Radiation Therapist, or Nuclear Medicine Technologist by the American Registry of Radiologic Technologists (ARRT).

C.8.46.3 Current post-primary certification as an MRI Technologist by the American Registry of Radiologic Technologists (ARRT).

C.8.46.4 Possess experience as an MRI Technologist of at least 12 months within the preceding 36 months.

C.8.47 Reserved

8.48 MAMMOGRAPHY TECHNOLOGIST

C.8.48.1 Graduation from a radiologic technologist education program accredited by the Joint Review Committee on Education in Radiologic Technology (JRCERT).

C.8.48.2 Current registration by the American Registry of Radiologic Technologists (ARRT) as a Registered Technologist (R.T. (ARRT)) and current registration as a Mammography Technologist (R.T. (M)(ARRT)).

C.8.48.3 A minimum of 1 year of full-time experience within the last 3 years in a setting corresponding to the requirements of the task order.

C.8.49 Reserved

C.8.50 MEDICAL LABORATORY TECHNICIAN

C.8.50.1 Graduation from a medical laboratory technician training program accredited by the National Accrediting Agency for Clinical Laboratory Sciences (NAACLS) or the Accrediting Bureau of Health Education Schools (ABHES).

C.8.50.2 Certification as a Medical Laboratory Technician by the American Society of Clinical Pathologists (ASCP), National Credentialing Agency for Laboratory Personnel (NCA), or American Medical Technologists (AMT), or state licensure as a medical laboratory technician.

C.8.51 Reserved

C.8.52 MEDICAL TECHNOLOGIST

C.8.24.1 Possess a bachelor's degree in biology, chemistry, or a related scientific discipline.

C.8.24.2 Current certification as a medical technologist from the American Society for Clinical Pathology (ASCP) or the American Medical Technologists (AMT).

C.8.24.3 Possess experience as a medical technologist of at least 12 months within the preceding 36 months.

C.8.53 Reserved

C.8.54 Reserved

C.8.55 NUCLEAR MEDICINE TECHNOLOGIST

C.8.55.1 Graduate of a program in nuclear medicine technology accredited by the Joint Review Committee on Educational Programs in Nuclear Medicine Technology.

C.8.55.2 Current certification as a nuclear medicine technologist by the Nuclear Medicine Technology Certification Board (NMTCB) or registration as a nuclear medicine technologist the American Registry of Radiologic Technologists (ARRT).

C.8.55.3 Experience as a nuclear medicine technologist of at least 12 months within the preceding 3 years.

C.8.56 Reserved

C.8.57 Reserved

C.8.58 NURSE MIDWIFE

C.8.58.1 Graduate of a Certified Nurse Midwife Education Program accredited by the American Nurses Association and the American College of Nurse-Midwives.

C.8.58.2 A current unrestricted license to practice as a registered nurse in one of the fifty states, the District of Columbia, the Commonwealth of Puerto Rico, Guam, or the U.S. Virgin Islands.

C.8.58.3 Certification by the American College of Nurse-Midwives Certification Council

C.8.58.4 A minimum of 1 year of full-time experience within the last 3 years in a setting corresponding to the requirements of the task order. Experience requirements given in C.8.3.4 of the basic contract will be waived for recent training graduates.

C.8.58.5 Possess current certification in one of the following: Advanced Cardiac Life Support (ACLS); Advanced Life Support for Obstetrics (ALSO); Pediatric Advanced Life Support (PALS); or Neonatal Resuscitation Program (NRP).

C.8.59 Reserved

C.8.60 NURSE PRACTITIONER

C.8.60.1 Graduate of a Masters of Nursing program accredited by the National League for Nursing Accrediting Commission (NLNAC) or the Commission on Collegiate Nursing Education (CCNE).

C.8.60.2 A current unrestricted license to practice as a registered nurse in one of the fifty states, the District of Columbia, the Commonwealth of Puerto Rico, Guam, or the U.S. Virgin Islands.

C.8.60.3 Current certification (in the specialty corresponding to the specialty required by the task order) as a Nurse Practitioner by the American Nurses Credentialing Center (ANCC) or American Academy of Nurse Practitioners (AANP) .

C.8.60.4 A minimum of 1 year of full-time experience within the last 3 years in a setting corresponding to the requirements of the task order.

C.8.61 Reserved

C.8.62 Reserved

C.8.63 NURSE PRACTITIONER, NEONATAL

C.8.63.1 Graduate of a Masters of Nursing program accredited by the National League for Nursing Accrediting Commission (NLNAC) or the Commission on Collegiate Nursing Education (CCNE).

C.8.63.2 A current unrestricted license to practice as a registered nurse in one of the fifty states, the District of Columbia, the Commonwealth of Puerto Rico, Guam, or the U.S. Virgin Islands.

C.8.63.3 Certification as a Neonatal Nurse Practitioner from the National Certification Corporation (NCC), OR

C.8.63.4 Three years of experience within the last 5 years as a Nurse Practitioner in a neonatal unit.

C.8.64 Reserved

C.8.65 Reserved

C.8.66 OPERATING ROOM TECHNICIAN

C.8.66.1 Education as follows: Either, (a) possess proof of graduation from a Surgical Technician training program acceptable to the Government; or, (b) possess a current, unrestricted license to practice as a licensed practical/vocation nurse (LPN/LVN) in any one of the fifty states, the District of Columbia, the Commonwealth of Puerto Rico, Gram or the U.S. Virgin Islands.

C.8.66.2 Possess experience as an Operating Room Technician or as an LPN/LVN providing Surgical/Operating Room services of at least 12 months within the preceding 36 months. Scrubbing experience must include competency in multiple surgical specialties, including at least 2 major complex specialties (orthopedics, neurosurgery, laparoscopy, cardio-thoracic).

C.8.67 Reserved

C.8.68 OPHTHALMIC TECHNICIAN

C.8.68.1 Graduation from a ophthalmic technician training program accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP).

C.8.68.2 Current certification as a Certified Ophthalmic Technician (COT) by the Joint Commission on Allied Health Personnel in Ophthalmology (JCAHPO).

C.8.69 OPTOMETRIST

C.8.69.1 Doctorate Degree in Optometry from an accredited college approved by the Council of Optometric Education of the American Optometric Association.

C.8.69.2 A current, valid, unrestricted license to practice as an optometrist in one of the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands

C.8.69.3 Experience as a clinical optometrist of at least 12 months within the preceding 18 months.

C.8.70 Reserved

C.8.71 Reserved

C.8.72 PHARMACIST

C.8.72.1 A Baccalaureate in Pharmacy or Doctor of Pharmacy from a college of pharmacy accredited by the American Council on Pharmaceutical Education (ACPE).

C.8.72.2 A current, valid, unrestricted license to practice Pharmacy in any one of the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands.

C.8.72.3 A working knowledge of pharmacy computer systems such as CHCS computer system.

C.8.73 PHARMACY TECHNICIAN

C.8.73.1 Graduation from a Pharmacy Technician program accredited by the American Society of Health-System Pharmacists (ASHP), OR certification by the Pharmacy Technician Certification Board (PTCB), OR successful completion of a formal pharmacy technician training program (i.e., a technical, hospital, or retail-based program).

C.8.73.2 A minimum of 1 year of full-time experience within the last 3 years in a setting corresponding to the requirements of the task order.

C.8.73.3 A working knowledge of pharmacy computer systems such as CHCS Computer System.

C.8.74 Reserved

C.8.75 Reserved

C.8.76 PHYSICAL THERAPIST

C.8.76.1 A Bachelors, Masters, or Doctoral degree in Physical Therapy from an accredited Physical Therapy institution.

C.8.76.2 A current, unrestricted license to practice Physical Therapy in any one of the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, or the U.S. Virgin Islands.

C.8.77 PHYSICAL THERAPY ASSISTANT

C.8.77.1 Graduation from a physical therapy assistant program accredited by the American Physical Therapy Association (APTA).

C.8.77.2 A current, valid State license as a physician therapy assistant in any one of the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, or the U.S. Virgin Islands.

C.8.78 Reserved

C.8.79 Reserved

C.8.80 PHYSICIAN

C.8.80.1 Graduation from a medical school approved by the Liaison Committee on Medical Education of the American Medical Association or the American Osteopathic Association or certification by the Educational Council for Foreign Medical Graduates (ECFMG).

C.8.80.2 Successful completion of a residency program (corresponding to the specialty required by the task order) which has been 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.

C.8.80.3 A current, valid, unrestricted license in one of the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, or the U.S. Virgin Islands.

C.8.81 PHYSICIAN ASSISTANT

C.8.81.1 Graduation from a physician assistant training program accredited by the Accreditation Review Commission on Education of the Physician Assistant (ARC-PA)

C.8.81.2 Current certification by the National Commission on Certification of Physician Assistants (NCCPA).

C.8.81.3 A minimum of 1 year of full-time experience within the last 3 years in a setting corresponding to the requirements of the task order.

C.8.82 Reserved

C.8.83 Reserved

C.8.84 Reserved

C.8.85 PODIATRIST

C.8.85.1 Possess a Doctoral Degree in Podiatric Medicine from a college accredited by the Council on Podiatric Medical Education (American Podiatric Medical Association).

C.8.85.2 Possess a current, valid, unrestricted license to practice podiatric medicine in any one of the 50 States, the District of Columbia, the Commonwealth or Puerto Rico, Guam or the U.S. Virgin Islands.

C.8.85.3 Possess experience as a podiatrist of at least 2 years within the preceding 3 years.

C.8.86 POLYSOMNOGRAPHIC TECHNOLOGIST

C.8.86.1 Certification as a Registered Polysomnographic Technologist by the Board of Registered Polysomnographic Technologists.

C.8.86.2 Possess a minimum of 6 months experience within the last 12 months as a Polysomnographic Technologist in an outpatient sleep laboratory setting.

C.8.87 Reserved

C.8.88 RADIOLOGIC TECHNOLOGIST

C.8.88.1 Graduation from a radiologic technologist education program accredited by the Joint Review Committee on Education in Radiologic Technology (JRCERT).

C.8.88.2 Current registration by the American Registry of Radiologic Technologists (ARRT) as a Registered Technologist (R.T. (ARRT)).

C.8.88.3 Current advanced qualification registration by the American Registry of Radiology Technologists (ARRT) as specified in the task order.

C.8.88.4 A minimum of 1 year of full-time experience within the last 3 years in a setting corresponding to the requirements of the task order.

C.8.89 Reserved

C.8.90 REGISTERED NURSE

C.8.90.1 Education as follows: Either (a), a Baccalaureate Degree in Nursing; or (b) a Diploma Graduate in Nursing; or (c) an Associate Degree in Nursing.

C.8.90.2 A current unrestricted license to practice as a registered nurse in one of the fifty states, the District of Columbia, the Commonwealth of Puerto Rico, Guam, or the U.S. Virgin Islands.

C.8.90.3 Prior to commencing service under this contract, Contractor nurses must attend a 2-hour lecture on IV certification. Contract nurses must then obtain certifications (e.g., IV, medications and blood administration) in accordance with clinic nursing service and command policy not later than 60 days after commencement of services, including MTF observation of three completed IV sticks during this time.

C.8.91 Reserved

C.8.92 REGISTERED NURSE, CASE MANAGER

C.8.92.1 Possess at least one of the qualifications given in C.8.92.1.1 through C.8.92.1.3

C.8.92.1.1 Possess current certification in a minimum of one of the following:

- (a) Certified Case Manager (CCM) issued by the Commission for Case Manager Certification
- (b) Certified Disability Management Specialist (CDMS) issued by the Certification of Disability Management Specialists Commission
- (c) Certified Rehabilitation Registered Nurse (CRRN) issued by the Association of Rehabilitation Nurses
- (d) Certified Occupational Health Nurse (COHN) issued by the American Board for Occupational Health Nurses
- (e) Advanced Certification in Continuity of Care (ACCC) issued by the National Board for Certification in Continuity of Care
- (f) Certified Rehabilitation Counselor (CRC) issued by the Commission on Rehabilitation Counselor Certification
- (g) Nurse Case Manager (RN-NCM) issued by the American Nurses Credentialing Center
- (h) Care Manager Certified (CMC) issued by the National Academy of Certified Care Managers, OR

C.8.92.1.2 Possess a minimum of 2 years full-time experience within the last 3 years as a registered nurse providing case management and obtain one of the certifications in C.8.31.1.1 within 24 months of commencing service under this contract, OR.

C.8.92.1.3 Possess a Masters degree in Nurse Case Management and obtain one of the certifications in C.8.31.1.1 within 24 months of commencing service under this contract.

C.8.92.2 Possess a valid driver's license and a personal vehicle for use under the contract.

C.8.93 REGISTERED NURSE, CHARGE NURSE

C.8.93.1 Education as follows: Either (a), a Baccalaureate Degree in Nursing; or (b) a Diploma Graduate in Nursing; or (c) an Associate Degree in Nursing.

C.8.93.2 A current unrestricted license to practice as a registered nurse in one of the fifty states, the District of Columbia, the Commonwealth of Puerto Rico, Guam, or the U.S. Virgin Islands.

C.8.93.3 Prior to commencing service under this contract, Contractor nurses must attend a 2-hour lecture on IV certification. Contract nurses must then obtain certifications (e.g., IV, medications and blood administration) in accordance with clinic nursing service and command policy not later than 60 days after commencement of services, including MTF observation of three completed IV sticks during this time.

C.8.93.4 A minimum of 1 year of full-time experience as a charge nurse within the last 3 years.

C.8.94 Reserved

C.8.95 Reserved

C.8.96 Reserved

C.8.97 REGISTERED NURSE, PERIOPERATIVE

C.8.97.1 Education as follows: Either (a), a Baccalaureate Degree in Nursing; or (b) a Diploma Graduate in Nursing; or (c) an Associate Degree in Nursing.

C.8.97.2 A current unrestricted license to practice as a registered nurse in one of the fifty states, the District of Columbia, the Commonwealth of Puerto Rico, Guam, or the U.S. Virgin Islands.

C.8.97.3 Possess a minimum of 24 months full-time experience within the last 36 months providing services as a registered nurse in an operating room unit in a setting of comparable size and complexity.

C.8.97.4 Current Advanced Cardiac Life Support (ACLS) certification.

C.8.97.5 Prior to commencing service under this contract, Contractor nurses must attend a 2-hour lecture on IV certification. Contract nurses must then obtain certifications (e.g., IV, medications and blood administration) in accordance with clinic nursing service and command policy not later than 60 days after commencement of services, including MTF observation of three completed IV sticks during this time.

C.8.98 Reserved

C.8.99 Reserved

C.8.100 RESPIRATORY THERAPIST (CERTIFIED)

C.8.100.1 Graduation from a respiratory therapy education program accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) or the Committee on Accreditation for Respiratory Care (CoARC).

C.8.100.2 Certification as a Certified Respiratory Therapist (CRT) by the National Board for Respiratory Care (NBRC).

C.8.100.3 A minimum of 1 year of full-time experience within the last 3 years in a setting corresponding to the requirements of the task order.

C.8.101 RESPIRATORY THERAPIST (REGISTERED)

C.8.101.1 Graduation from a respiratory therapy education program accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) or the Committee on Accreditation for Respiratory Care (CoARC).

C.8.101.2 Registration as a Registered Respiratory Therapist (RRT) by the National Board for Respiratory Care (NBRC).

C.8.101.3 A minimum of 1 year of full-time experience within the last 3 years in a setting corresponding to the requirements of the task order.

C.8.102 Reserved

C.8.103 Reserved

C.8.104 Reserved

C.8.105 SPEECH PATHOLOGIST

C.8.105.1 Possess a Master's Degree in Speech Pathology.

C.8.105.2 Possess a Certificate of Clinical Competency in speech-language pathology (CCC-SLP) from the American Speech-Language-Hearing Association (ASHA).

C.8.105.3 Possess a current, valid unrestricted license to practice as a speech pathologist in any one of the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U. S. Virgin Islands.

C.8.105.4 Possess post graduate degree experience as a full-time speech pathologist of at least 1 year within the preceding 3 years.

C.8.106 Reserved

C.8.107 Reserved

C.8.108 Reserved

C.8.109 Reserved

C.8.110 ULTRASOUND TECHNOLOGIST

C.8.110.1 Graduation from a medical sonography training program accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP).

C.8.110.2 Current registration as a Registered Diagnostic Medical Sonographer by the American Registry of Diagnostic Medical Sonographers, Inc. (ARDMS).

C.8.110.3 A minimum of 1 year of full-time experience within the last 3 years in a setting corresponding to the requirements of the task order.

C.9 GENERAL DUTIES. Contractor personnel shall perform a full range of duties consistent with their labor category, education, training, experience, clinical privileges (as applicable), and assigned position. General duties that apply to all personnel or across certain labor categories are given below. Additional duties which are labor category specific, service area specific, or facility specific, including duties such as on-call or hospital admissions, are contained in Section C.10 and in the specific Section J attachment or Task Order. Duties that apply to all contractor personnel are as follows:

C.9.1 Maintain a level of productivity comparable with that of other individuals performing similar services.

C.9.2 Comply with the standards of the Joint Commission, applicable provisions of law, and the rules and regulations of any and all governmental authorities pertaining to licensure and regulation of healthcare personnel and medical treatment facilities, the regulations and standards of medical practice of the MTF and the bylaws of the MTF's medical staff. Adhere to and comply with all Department of the Navy, Bureau of Medicine and Surgery and local instructions and notices which may be in effect during the term of the contract.

C.9.3 Participate in peer review and performance improvement activities.

C.9.4 Participate in the Command's Bloodborne Pathogen Program, including orientation, annual training, and exposure procedures.

C.9.5 Comply with the CDC's "Universal Precautions" for prevention of the transmission of HIV.

C.9.6 Practice aseptic techniques as necessary. Comply with infection control guidelines to include the proper handling, storage, and disposal of infectious wastes, the use of universal precautions to prevent the spread of infections.

C.9.7 Function with an awareness and application of safety procedures.

C.9.8 Perform efficiently in emergency patient situations following established protocols, remaining calm, informing appropriate persons, and documenting events. Anticipate potential problems/emergencies and make appropriate interventions. Notify supervisor, director, or other designated person regarding problems you are unable to manage.

C.9.9 Apply an awareness of legal issues in all aspects of patient care and strive to manage situations in a reduced risk manner.

C.9.10 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.

C.9.11 Exercise awareness and sensitivity to patient/significant others' rights, as identified within the institution.

C.9.12 Maintain an awareness of responsibility and accountability for own professional practice.

C.9.13 Participate in continuing education to meet own professional growth.

C.9.14 Attend annual renewal of hospital provided annual training such as family advocacy, disaster training, infection control, sexual harassment, and bloodborne pathogens.

C.9.15 Actively participate in the command's performance improvement program. Participate in meetings to review and evaluate the care provided to patients, identify opportunities to improve the care delivered, and recommend corrective action when problems exist.

C.9.16 Participate in the provision of in-service training to clinic staff members. Provide training and/or direction as applicable to supporting Government employees (e.g., hospital corpsmen, students, etc.).

C.9.17 Attend and participate in various meetings as directed.

C.9.18 Perform timely, accurate, and concise documentation of patient care.

C.9.19 Use computerized systems such as CHCS, ADS, and Clinical Information System (CIS).

C.9.20 Perform administrative duties which include maintaining statistical records of your workload, operating and manipulating 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 Commanding Officer.

C.9.21 Exercise appropriate delegation of tasks and duties in the direction and coordination of health care team members, patient care, and clinic activities.

C.9.22 HIPAA Compliance. The HCW shall comply with the HIPAA (Health Insurance Portability and Accountability Act) privacy and security policies of the treatment facility.

C.10 SPECIFIC DUTIES FOR LABOR CATEGORIES. The following specific labor category duties are additional to the general duties given in Section C.9 and may be further supplemented by specific duties contained in the applicable Section J attachment or task order.

C.10.1 AUDIOLOGIST

C.10.1.1 Provide a full range of audiologist services in accordance with privileges granted by the Commanding Officer.

C.10.1.2 Administer audiological tests to all types of aurally handicapped patients including military personnel and their dependents in varying age groups (newborns to geriatric patients).

C.10.1.3 Review accompanying consultation forms and records and independently decide on which tests to administer, how many tests are necessary, and adapt test techniques and utilize clinical judgment based on audiological and psychological precepts.

C.10.1.4 Conduct routine tests, to include air conduction, bone conduction, speech reception thresholds and speech discrimination, including high intensity speech discrimination testing.

C.10.1.5 Test for non-organicity and determine accuracy and reliability of test results. Administer additional tests to rule out presence of non-organicity such as the Stenger Test. Employ objective test techniques such as Auditory Brainstem Response (ABR) and Otoacoustic Emissions (OAE) to help determine true organic thresholds.

C.10.1.6 Conduct special Audiological tests as necessary to assist the otologist in the medical diagnosis of site of lesion to differentiate between cochlear and retrocochlear pathology. Independently determine which tests are indicated.

C.10.1.7 Perform Electrophysiological tests such as Auditory Brainstem Response, Electrocochleography and Otoacoustic Emissions when indicated and appropriate.

C.10.1.8 Conduct special speech tests for differentiating central auditory pathology when indicated to include filtered and competing message tests, such as Staggered Spondee Words (SSW), Synthetic Sentence Index (SSI) and other dichotic and monotic listening tests.

C.10.1.9 Conduct Hearing Aid Evaluation. Administer formal objective hearing aid evaluations and informal subjective selection of hearing aids to both children and adults. Select for issue or purchase the instrument, which is

most effectively suited to the patient's needs, orient patient to hearing aid use, and initiate a proper attitude for rehabilitation by means of an appropriate psychological approach.

C.10.1.10 Maintain area audiometric equipment pool; request required equipment as needed.

C.10.1.11 Selection of Hearing Aids.

C.10.1.11.1 Objectively evaluate hearing aids by administering audiological tests to compare the performance of several hearing aids carefully selected by the audiologist as most appropriate for the type and degree of hearing loss; determine on the basis of test results and clinical judgement which aids are most effective.

C.10.1.11.2 Administer computerized real ear-canal probe microphone measurements providing precision hearing aid fittings.

C.10.1.11.3 Arrange for issue of selected aid to active and retired personnel, and recommend purchase of aid to dependents.

C.10.1.11.4 Follow the Audiology Division Standard Operating Procedure (SOP) for processing of referrals to fit hearing aids by commercial hearing aid specialists, and recommendation of purchase of aid after subsequent testing and orientation for all patients not eligible for military issue.

C.10.1.12 Aural Habilitation. Provide hearing aid orientation, hearing conservation techniques, and individual adjustment counseling.

C.10.1.13 Immittance Audiometry. Measure acoustic characteristics of ear to assist in the diagnosis of middle ear and sensorineural pathologies. Middle ear acoustic measurements of the eustachian tube function and monitoring of acoustic reflex shall also be performed to aid the otolaryngologist in otological diagnosis. Prepare summary of the measurements and interpretation of results.

C.10.1.14 Electronystagmography. Evaluate vestibular disorder by objectively measuring and recording the changing electrical activity of the eye during nystagmus. Independently interpret results and prepare report in accordance with the Audiology Division.

C.10.1.15 Pediatric Testing. Provide testing of pediatric patients to include play audiometry and conditioned orientation reflex audiometry (COR). Utilize knowledge of the development of auditory systems and psychological maturation when administering audiometry to newborns.

C.10.1.15.1 Recognize and report symptoms of problems in addition to hearing loss in pediatric patients to include mental retardation, emotional disturbances and brain function.

C.10.1.15.2 Recognize signs of social inadequacy, shyness, withdrawal, depression etc. in order to judge the validity of hearing tests in older children.

C.10.1.15.3 Counsel parents as required regarding child's problem, interpret results and provide guidance and advice on educational and training needs. Provide narrative summary of each child to referring physician and other interested agencies.

C.10.1.16 Counseling. Counsel patients regarding hearing problems, implications for or against use of a hearing aid, recommend or arrange for classroom training when indicated.

C.10.2 Reserved

C.10.3 CARDIOVASCULAR TECHNOLOGIST

C.10.3.1 Perform a full range of diagnostic ultrasound examinations.

C.10.3.2 Operate the equipment such as the following: i) Acuson model 128XP Ultrasound Scanner; ii) ATL model HDI 3000 Ultrasound Scanner; iii) Acuson model Sequios Ultrasound Scanner; iv) ATL model HDI Mark 9 Ultrasound Scanner. Be familiar with and be able to use the linear, sector, and endovaginal probes as well as pulse and color Doppler capabilities of all of the above scanners.

C.10.3.3 Receive and interpret requests or instructions for diagnostic ultrasound scans; perform daily warm up and assigned quality control checks of the ultrasound scanners.

C.10.3.4 Receive patients and explain procedures, providing humane and appropriate care and communication to alleviate fear of examination. Correctly position the patient for the examination and make adjustments necessary for the required examination. Determine if any special patient preparation is required.

C.10.3.5 Key test data and patient information into computer of ultrasound equipment to maintain record of test results.

C.10.3.6 Identify abnormalities during testing and determine need for additional scans of affected area.

C.10.3.7 Recognize anatomic variants and determine which other area(s) of the body should be scanned. Use a detailed understanding of diseases of anatomy to accomplish effective ultrasound scanning.

C.10.3.8 Advise the radiologist of results of the examination and provide a preliminary diagnosis. Notify physician of significant scans requiring immediate attention.

C.10.3.9 Maintain and clean ultrasound equipment on a regular basis in accordance with Radiology department standards. Stock and maintain an adequate level of supplies required to ultrasound examinations. Recommend necessary monthly repairs when diagnostic quality is degraded.

C.10.3.10 Make minor adjustments on equipment. Differentiate artifacts from normal or pathological processes and recognize electronic equipment limitations. Program the examination equipment, set up the machine and scanning techniques to be employed.

C.10.3.11 Review new developments in the field by reading journals and attending meetings when possible and recommend to supervisor those changes which would improve the operation of the ultrasound section. Perform other related duties as assigned.

C.10.3.12 Recognize the need for and institute the necessary emergency measures for situations where a person requires resuscitation procedures due to cardiac or respiratory arrest.

C.10.4 Reserved

C.10.5 Reserved

C.10.6 CERTIFIED ATHLETIC TRAINER

C.10.6.1 Perform a full range of Certified Athletic Trainer duties. All services performed shall fall within those guidelines established by the National Athletic Trainers Association, American College of Sports Medicine, and American Medical Society for Sports Medicine.

C.10.6.2 Prevent, recognize, treat and rehabilitate injuries sustained during rigorous military training required to establish /maintain the physical readiness of personnel.

C.10.6.3 Perform under the clinical supervision of a Physician Supervisor assigned to you by the Commanding Officer. The Physician Supervisor is responsible for the care rendered by the ATC. The following levels of supervision apply:

C.10.6.3.1 Direct supervision. The Physician Supervisor is involved in the decision making process. This level of supervision is for all ATCs during their initial 30-day evaluation period. Direct supervision includes (1) Verbal, whereby the ATC shall contact the Physician Supervisor by direct conversation or telephone before the ATC implements or changes a regimen of care and (2) Physically present whereby the Physician Supervisor is present through all or a significant portion of care. In the BMC/SMART center, direction supervision is reflected by the physician's co-signature of the patient's record before he/she departs from the facility.

C.10.6.3.2 Indirect supervision. The Physician Supervisor is not required to be involved in the decision making process at the time decisions are made. This supervision is primarily accomplished through retrospective review of records, evaluation of appropriateness of consultation and referral, and evaluation of events identified through occurrence screens. Retrospective record reviews will assess the adequacy of the history and physical examination, appropriateness of tests, and planned course of treatments and interventions. This type of supervision will be afforded the ATC following successful completion of a 30-day probationary period and demonstrated knowledge and competency of required functional areas.

C.10.6.4 Actively consult with physicians at the treatment facility and provide a full range of direct prevention, treatment and rehabilitation as ordered by the Physician Supervisor or other consultant physicians.

C.10.6.5 Provide evaluation and treatment of musculoskeletal injuries incurred, including, but not limited to, the following: Progressive Resistance Exercise (PRE), Open and Closed Chain Kinetic Exercises, Proprioceptive Neuromuscular Facilitation (PNF), manual therapy and joint mobilization, hydrotherapy, hydrocollator, cryotherapy, ultrasound, phonophoresis, iontophoresis, and all varieties of muscle stimulation. Appropriately apply use of the following equipment: Biodex Isokinetic elevation and stimulation; ski machines; stair machines; treadmill exercisers; gravitron; free weights and universal machines; BAPS board; Back System; Anodyne; aquatic therapeutic devices; and instruction in therapeutic, corrective and rehabilitative exercises using specific equipment and strength training devices.

C.10.6.6 Provide treatment for soft tissue damage, acute and chronic edema, post-surgical edema, muscle atrophy, pain, overuse injuries, decreased circulation and loss of strength due to injury or biomechanical imbalance.

C.10.6.7 Provide emergency first aid, evaluation and treatment of injuries, and aid in preliminary diagnosis to include recognition of severity of injury, rendering initial treatment and performing initial examination.

C.10.6.8 Provide appropriate follow-up evaluation.

C.10.6.9 Design and fabricate protective pads, equipment and braces for the prevention and treatment of injuries including the use of proper taping techniques.

C.10.6.10 Supervise students from various programs and provide instruction in injury assessments and rehabilitation utilization of all indicated modalities, equipment, braces and treatment protocols.

C.10.6.11 Provide instruction and services in the area of applied anatomy, physiology of exercise, kinesiology and biomechanics.

C.10.6.12 Provide training and guidance, as necessary, to supporting employees assigned to you by the Physician Supervisor during the performance of rehabilitative procedures. Such direction and interaction shall adhere to government and professional clinical standards and accepted athletic trainer treatment protocols.

C.10.6.13 Ensure accuracy of all treatment documentation and directed reporting as assessments may be a factor in light duty or limited duty determinations where there is a question of physical ability or potential for injury.

C.10.6.14 Assist with inventory and maintenance of medical supplies and assist in the preparation of the budget and supply requisitions. This includes replenishing exhausted supplies, preventive maintenance, and recommending new rehabilitation equipment purchases.

C.10.6.15 In cooperation with the Physician Supervisor utilize the following public health model of managing injury risk to assist the Commanding Officer in ongoing efforts to design effective physical readiness programs:

- A. Determine existence and size of injury problems.
- B. Identify causes of the problem.
- C. Determine what prevents the problem
- D. Implement prevention strategies, training and programs.
- E. Continue surveillance and monitor effectiveness of prevention efforts.

C.10.6.16 Document all assessments, treatments and follow-up care rendered through either written reports or through computerized means on a daily basis. Treatment and follow-up records on each individual requiring services shall document cause, contributing factors, duration, diagnosis and follow-up for use in research and analysis to improve treatment and develop methods for injury prevention.

C.10.6.17 Provide instruction and guidance as directed in courses relating to physical conditioning, injury prevention and recognition, pre-operative and post-operative rehabilitation, stretching, exercise physiology, posture and body mechanics.

C.10.7 CERTIFIED MEDICAL ASSISTANT

C.10.7.1 Prepare exam rooms prior to patient's arrival.

C.10.7.2 Obtain patient's medical record following appropriate procedures.

C.10.7.3 Check patient's vital signs, to include temperature, respiration, pulse, weight and blood pressure.

C.10.7.4 Obtain and document patient's current medical history, drug history, chief complaints, allergies and vital signs on the correct Standard Form before patient is in the exam room.

C.10.7.5 Assist the provider as needed during exams.

C.10.7.6 Perform diagnostic procedures when ordered, to include EKG's, urine dip sticks, phlebotomy, etc.

C.10.7.7 Transport patients to other clinical areas as needed.

C.10.7.8 Check each chart for the provider's signature, stamp, and each patient's diagnosis prior to returning the chart to Health Records.

C.10.7.9 Administer medication to patients as directed.

C.10.7.10 Obtain lab and x-ray results.

C.10.7.11 Maintain exam room stock levels and perform routine maintenance of exam rooms, to include dusting, cleaning wash basins, etc.

C.10.7.12 Participate in inventory procedures as directed.

C.10.7.13 Complete lab and x-ray requisitions in accordance with clinic policies.

C.10.7.14 Enter demographic data into the computer upon patient check-in; enter diagnosis and departing time when patient is released.

C.10.7.15 Answer telephone and transcribe accurate messages.

C.10.7.16 Ensure that any broken or unsafe equipment is removed from the clinic in a timely manner and notify appropriate personnel.

C.10.7.17 Assist with patient flow and give direct patient care as directed.

C.10.7.18 Operate the following medical equipment, as directed, such as Automatic Blood Pressure Monitor, Hand Held Nebulizer, EKG Machine (12 lead), Electronic Thermometer, IV infusion pump (Set-up only), Typanometer.

C.10.8 CERTIFIED NURSING ASSISTANT

C.10.8.1 Prepare exam rooms prior to patient's arrival.

C.10.8.2 Obtain patient's medical record following appropriate procedures.

C.10.8.3 Check patient's vital signs, to include temperature, respiration, pulse, weight and blood pressure.

C.10.8.4 Obtain and document patient's current medical history, drug history, chief complaints, allergies and vital signs on the correct Standard Form before patient is in the exam room.

C.10.8.5 Assist the provider as needed during exams.

C.10.8.6 Perform diagnostic procedures when ordered, to include EKG's, urine dip sticks, phlebotomy, etc.

C.10.8.7 Transport patients to other clinical areas as needed.

C.10.8.8 Check each chart for the provider's signature, stamp, and each patient's diagnosis prior to returning the chart to Health Records.

C.10.8.9 Administer medication to patients as directed.

C.10.8.10 Obtain lab and x-ray results.

C.10.8.11 Maintain exam room stock levels and perform routine maintenance of exam rooms, to include dusting, cleaning wash basins, etc.

C.10.8.12 Participate in inventory procedures as directed.

C.10.8.13 Complete lab and x-ray requisitions in accordance with clinic policies.

C.10.8.14 Enter demographic data into the computer upon patient check-in; enter diagnosis and departing time when patient is released.

C.10.8.15 Perform various administrative functions as directed, such as answering telephones and transcribing accurate messages, assisting with patient check-in, assisting with scheduling appointments, properly filing documents including lab charts, consultations, and treatment forms..

C.10.8.16 Ensure that any broken or unsafe equipment is removed from the clinic in a timely manner and notify appropriate personnel.

C.10.8.17 Assist with patient flow and give direct patient care as directed.

C.10.8.18 Operate the following medical equipment, as directed, such as Automatic Blood Pressure Monitor, Hand Held Nebulizer, EKG Machine (12 lead), Electronic Thermometer, IV infusion pump (Set-up only), Typanometer.

C.10.9 CERTIFIED REGISTERED NURSE ANESTHETIST

C.10.9.1 Provide a full range of nurse anesthetist services in accordance with privileges granted by the Commanding Officer.

C.10.9.2 Administer anesthesia to any patient undergoing a surgical procedure, as designated by the attending physician.

C.10.9.3 Perform a pre-anesthetic assessment and evaluation of the patient. This includes obtaining an informed consent from the patient, requesting consultations and/or diagnostic studies and ordering pre-anesthetic medications.

C.10.9.4 Develop and implement an anesthetic plan of care.

C.10.9.5 Perform an assessment immediately prior to induction of anesthesia of the patient. This shall include a review of the medical record with regard to completeness, pertinent laboratory data, time of administration and dosage of pre-anesthesia medication, together with an appraisal of any changes in the patient's condition from that noted on previous visits. This note shall include any previous anesthetic experiences and complications thereof noted in the medical record.

C.10.9.6 Initiate the anesthetic plan by selecting the type of anesthesia.

C.10.9.7 Obtain consultations, as appropriate, with a staff anesthesiologist (i.e., patients meeting ASA classification 3 or greater; pediatric patients less than 3 months old).

C.10.9.8 Maintain the patient's physiologic homeostasis and corrects abnormal responses to the anesthesia and /or surgery.

C.10.9.9 Collect and interpret patient physiological data by selecting, applying or inserting noninvasive monitoring modalities.

C.10.9.10 Manage the patient's airway and pulmonary status.

C.10.9.11 Manage the patient's emergence and recovery from anesthesia by maintaining homeostasis, providing relief from pain and anesthesia side effects and preventing and managing complications through selecting, obtaining, ordering and administering medications, fluids or ventilatory support.

C.10.9.12 Remain with the patient as long as required by the patient's condition relative to his/her anesthesia status and until responsibility for proper patient care has been assumed by other qualified individuals. Personnel responsible for post-anesthetic care are to be advised of specific problems presented by the patient's condition.

C.10.9.13 Record all pertinent events taking place during the introduction of, maintenance of and emergence from anesthesia, including the dosage and duration of all anesthetic agents, other drugs, intravenous fluids and blood or blood components on all patients that have received anesthesia care.

C.10.9.14 Record post-anesthetic visits, including at least one note describing the presence or absence of anesthesia related complications within 48 hours of the procedure. While the number of visits will be determined by the status of the patient in relation to the procedure performed and the anesthetic administered, a visit should be made early in the postoperative period.

C.10.9.15 Discharge or release from PACU according to established criteria. Provide follow-up evaluation and care related to anesthesia complications and/or side effects.

C.10.9.16 In his/her observation, if the CRNA feels that an anesthetic will put the patient's life in jeopardy, then this condition must be discussed with the operating surgeon or the Head, Anesthesiology Department (or designated representative). The CRNA can rightfully and legally decline to administer an anesthetic to a patient in this category without repercussion. The choice of anesthetic should be discussed with the operating surgeon.

C.10.9.17 Check all equipment and agents to be used in the administration of the anesthetic to be sure it is in safe working order. Report all malfunctioning equipment to the Head, Anesthesiology Department or Chief Nurse Anesthetist.

C.10.9.18 Check all resuscitative equipment prior to the beginning of the first surgery of the day. Any malfunctioning or missing equipment shall be reported to the Head, Anesthesiology Department or Chief Nurse Anesthetist immediately.

C.10.9.19 Provide care appropriate to the age of the patients served. Interpret data about the patient's status in order to identify each patient's age specific needs and provide the care needed by the patient group including neonate, pediatric, adolescent and geriatric patients, such as interpreting nonverbal communication, safety practices and medication dosing of Neonates/Pediatrics; enlisting Adolescent patients in treatment, safety and security practices; and recognizing physical limitations, psychosocial needs, age related conditions, safety and medication precautions for geriatrics.

C.10.10 Reserved

C.10.11 Reserved

C.10.12 CHIROPRACTIC ASSISTANT

C.10.12.1 Maintain productivity comparable to that of other chiropractic assistants assigned to the same facility. Perform all duties in accordance with the chiropractic guidelines identified as Guidelines for Chiropractic Quality Assurance and Practice Parameters: Proceedings of the Mercy Center Consensus Conference.

C.10.12.2 Prepare treatment areas for incoming patients. Transport patients to chiropractic department, and prepare patients and equipment for treatment.

C.10.12.3 Administer complex, specialized supportive physio-therapy treatment in areas such as ultrasound, electrotherapy, therapeutic hot/cold and therapeutic exercise in support of chiropractic treatments in the clinic in a safe and medically accepted manner as directed by the supervisor.

C.10.12.4 Instruct and supervise patient exercise programs.

C.10.12.5 Report unusual patient treatment response or hazardous or malfunctioning equipment to the supervisor immediately.

C.10.12.6 Make recommendations and suggestions about treatment progression, duty limitations and the need for additional assessment and/or treatment.

C.10.12.7 Provide patient and family education.

C.10.12.8 Document assessments, tests, treatments and progress in the medical record at each visit. Record alterations of treatment plans and patient's reactions as needed. Document actions taken such as patient history, patient evaluation, treatments/adjustments, unusual occurrences, and morbidity in accordance with the MTF

operating procedures. Comply with data collection requirements of the Chiropractic Health Care Demonstration Program (CHCDP) evaluation for each patient.

C.10.12.9 Assure cleanliness and orderliness in the work area. Assure adequate supply of ice and proper levels of water in hydrocollator. Exchange linen daily, and store clean, folded linen under plinths. Inventory, maintain, and clean equipment. Maintain established levels of supplies including linens, braces, bandages, tape and office supplies. Perform clerical duties such as maintaining statistics, writing patient charges, answering telephone, and other related duties.

C.10.13 CHIROPRACTOR

C.10.13.1 Perform a full range of chiropractic procedures within the scope of privileges granted by the Commanding Officer. Utilize the established chiropractic guidelines identified as Guidelines for Chiropractic Quality Assurance and Practice Parameters: Proceedings of the Mercy Center Consensus Conference.

C.10.13.2 Provide a level of productivity comparable to that of other chiropractors assigned to the same facility and authorized the same scope of practice.

C.10.13.3 Conduct a patent history and chiropractic physical examination (excluding vaginal examination) as clinically indicated.

C.10.13.4 Employ and record every measure of observation that will more substantially profile the patient during the initial patient interview and consultation.

C.10.13.5 Utilize X-ray and standard laboratory tests appropriate to the chiropractic diagnosis, and within the MTF's capabilities as detailed by the standard MTF operating procedures.

C.10.13.6 Perform standard osseous and soft tissue procedures only, as commonly taught in chiropractic college accredited by the Council on Chiropractic Education.

C.10.13.7 Utilize modalities of heat, cold, light, electricity, and sound in patient treatment area.

C.10.13.8 Provide patient instructions and recommendations in all matters pertaining to hygiene, nutrition, exercise and life style changes and ergonomic factors in the activities of daily living.

C.10.13.9 Refer patients to specialty services available at the MTF.

C.10.13.10 Orient, instruct, direct, and evaluate work activities of clinical support staff.

C.10.13.11 Plan and conduct lectures and training programs on chiropractic related subjects for staff, students and patients.

C.10.13.12 Order orthotics, lifts, collars, and lumbar sacral supports if available at the MTF.

C.10.13.13 Place active duty patients on limited duty or quarters status according to MTF bylaws.

C.10.13.14 Document actions taken such as patient history, patient evaluation, treatments/adjustments, unusual occurrences, and morbidity in accordance with MTF operating procedures.

C.10.13.15 Comply with data collection and documentation requirements of the MTF.

C.10.14 Reserved

C.10.15 Reserved

C.10.16 CLINICAL PSYCHOLOGIST

C.10.16.1 Perform a full range of clinical psychologist procedures in accordance with clinical privileges granted by the commanding officer.

C.10.16.2 Administer programs of treatment to mentally and emotionally disturbed individual adjustments to life; help medical and surgical patients deal with illnesses or injuries.

C.10.16.3 Assist in treating rehabilitation patients.

C.10.16.4 Treat individuals in times of personal crisis such as a divorce or death of a loved one.

C.10.16.5 Interview patients and study medical and social case histories.

C.10.16.6 Diagnose and evaluate mental and emotional disorders of individuals and administer programs of treatment.

C.10.17 CLINICAL SOCIAL WORKER

C.10.17.1 Perform a full range of clinical social worker procedures in accordance with clinical privileges granted by the commanding officer.

C.10.17.2 Practice as an interdependent member of the health team and provide important components of primary health care through direct social work services, consultation, collaboration, referral, teaching, and advocacy

C.10.17.3 Provide direct and indirect services to both inpatients and outpatients in accordance with social work standards of practice.

C.10.17.4 Assess and treat outpatients in individual, group, couples, and family modalities exercising mature professional judgment and using a wide range of social work skills to include individual and family counseling to assist patients and their families in dealing with chronic and acute diseases/injuries.

C.10.17.5 Conduct psychosocial assessments to determine patient needs and resources (both family support and community support). Provide counseling to patient and family in matters directly related to patients' limitation, adjustment to medical condition, and ongoing treatment. Develop and implement discharge plans, follow-up care, and transfers to other health care facilities (e.g., nursing homes, rehabilitation hospitals, and VA facilities).

C.10.17.6 Plan and maintain referral and coordination services with civilian health and social service agencies to provide optimal patient care.

C.10.17.7 Provide consultation services to medical, nursing, and ancillary hospital staff regarding psychosocial issues, discharge plans, and follow-up care for patients and families.

C.10.17.8 Provide crisis intervention services.

C.10.17.9 Respond independently, and with various media, to appropriate military and community requests for lectures and presentations. Take the initiative in seeking out opportunities to present programs to meet the needs of service members and their families.

C.10.17.10 Consult with Naval Hospital Command and administration, supplying information and feedback regarding procedures and services provided by the Psychology Division.

C.10.17.11 Develop and maintain working relationships with community resources. Coordinate with teachers, lawyers, physicians, and representatives of their service disciplines for the benefit of the service member and their families. Take initiative in identifying and assessing the needs of the military community, and organize responses to address those needs.

C.10.17.12 Act as a human services broker, using clinical judgment and knowledge of area resources to provide information and referrals to patients and other care providers.

C.10.18 CLINICAL SOCIAL WORKER, CASE MANAGER. In addition to the applicable Clinical Social Worker duties given above:

C.10.18.1 Interface with the MTF RN Case Manager(s) in the development and implementation of the Case Management Program (CMP).

C.10.18.2 Integrate social work case management and nurse case management as a team.

C.10.18.3 Develop local strategies that use the strength and disciplines of both nursing and social work to accomplish case management.

C.10.19 Reserved

C.10.20 Reserved

C.10.21 COMPUTED TOMOGRAPHY (CT) TECHNOLOGIST

C.10.21.1 Perform a full range of CT Technologist functions and procedures. Operate or direct operations of radiological equipment for computerized tomography. Become proficient with and adhere to the local Standard Operating Procedures (SOP) for the correct conduct of CT procedures.

C.10.21.2 Receive the patient and explain the procedure to be performed and answer relevant questions. Provide for the physical and emotional comfort of the patient.

C.10.21.3 Set up patients and perform necessary adjustments and patient position as prescribed by the Diagnostic Radiologist or physician. Position the patient and make exposures necessary to complete the requested exam.

C.10.21.4 Perform computerized axial tomographic scans of the head and/or bodies and limbs. Make independent standard examination, inclusive of arriving/departing patients via automated computer tracking system. Prepare the patient with the required contrast agents; position the patients in the scanning unit; make the exposures necessary for the requested examinations and print the film.

C.10.21.5 Provide direct assistance in the performance of highly sophisticated and complex examinations, requiring dynamic scanning techniques.

C.10.21.6 Schedule patients for examinations. Evaluate the nature of critical and emergency procedures and determine patient priorities to accommodate them. Maintain records of patients treated, examinations performed, scans taken, etc. Maintain permanent records of scans in tape library.

C.10.21.7 Provide technical and professional knowledge for diagnostic impressions and findings.

C.10.21.8 Assist in researching, developing and formulating new techniques for CT procedures required by the Imaging Division.

C.10.21.9 Perform patient archiving and printing, to include making hardcopy radiographs or required images at the correct window and level settings. Process the images and file in correct file folder, and retrieve file jackets in the

film archives as necessary. Archiving responsibilities include: transferring the required image information to the established long term storage device and printing those images for each patient as required by the SOP manual or as directed by the imaging physicians.

C.10.21.10 Confer with the radiologist to establish requirements of non-standard examinations to determine technical factors, positioning, number and thickness of CT “cuts” necessary to satisfy the requirements of that study.

C.10.21.11 Notify the radiologist or referring physician of any significant scans requiring immediate attention and visualization while the patient is undergoing examination.

C.10.21.12 Recognize the need for quality control and maintenance on dry view laser imager.

C.10.21.13 Review new developments in the field by reading journals and attending meetings when possible and recommend to supervisor those changes that would improve the operation of the department section. Perform other related duties as assigned.

C.10.21.14 Recognize need for, and institute the necessary emergency measures for situations where a person required resuscitation procedures due to cardiac or respiratory arrest.

C.10.21.15 Safely and effectively operate equipment used in patient care as specified in the equipment user manuals or other similar documentation. Maintain a safe working environment. This includes general safety procedures, safe practices of emergency procedures, proper handling and storage of hazardous materials, maintaining physical security, and reporting of incidents.

C.10.22 Reserved

C.10.23 Reserved

C.10.24 CYTOTECHNOLOGIST

C.10.24.1 Perform a full range of cytotechnology procedures.

C.10.24.2 Examine human body cells to detect evidence of cancer or other diseases.

C.10.24.3 Draw blood from patients by venipuncture or receive blood specimens sent to laboratory.

C.10.24.4 Centrifuge blood specimens in test and capillary tubes to separate sediment and cells from blood serum.

C.10.24.5 Categorize slides, record classification, and compile listings of patients for follow-up analysis.

C.10.24.6 Report slides with unusual cell structures and findings of analysis on subsequent specimens to pathologist.

C.10.25 Reserved

C.10.26 Reserved

C.10.27 DIETETIC TECHNICIAN

C.10.27.1 Act as a liaison between the Nutrition Management Department and the patients.

C.10.27.2 Maintain all required records, reports and statistics in accordance with MTF standard operating procedures. Assist in implementing and evaluating Nutrition Management Department functions.

C.10.27.3 Assist in care and maintenance of equipment and supplies used in the performance of duties. Document maintenance on equipment. Requisition supplies and educational materials as required.

C.10.27.4 Collect nutritionally relevant data, e.g., medication, clinical symptoms, laboratory values, dietary history, anthropometrics, etc., from the medical record consistent with screening and assessment guidelines for all age specific groups from infants to geriatrics. Complete nutritional assessment of the nutritional status/needs of the not at risk patients.

C.10.27.5 Calculate nutrient and energy intake values and assist in evaluating data from patient's dietary history.

C.10.27.6 Develop and revise nutritional care plan for patients not at nutritional risk, specifying diet, counseling, etc., and document in the medical record.

C.10.27.7 Monitor, evaluate and document patient's adherence/acceptance/tolerance of nutritional care/food intake and make appropriate recommendations.

C.10.27.8 Counsel patients not at nutritional risk concerning nutrition concepts and desired change in eating habits. Under direction of the dietitian, instruct patients and their families on prescribed diets including low sodium, weight reduction, prenatal, dental liquid, low fat, low residue, low fiber, high fiber, cardiac, and fat controlled, and document in the medical record.

C.10.27.9 Provide group classes in basic nutrition and routine modified diets to patients and/or employees. Provide inservice training and orientation for staff employees.

C.10.27.10 Gather data according to prescribed methods for use in evaluating patient food service. Evaluate patient meal test trays for accuracy in accepted standard levels and give recommendations as necessary. Participate and conduct meal rounds, trayline observation and patient opinion surveys.

C.10.27.11 Consult the appropriate dietitian concerning unusual nutritional problems of patients and take appropriate action if necessary.

C.10.27.12 Complete nutrition analysis of menus, recipes, diets, and calorie counts, using the available computer software.

C.10.28 DIETITIAN

C.10.28.1 Perform a full range of dietitian services in accordance with clinical privileges granted by the commanding officer.

C.10.28.2 Perform nutritional assessment, evaluation, and modification of nutrients.

C.10.28.3 Perform interpretation of laboratory data.

C.10.28.4 Perform evaluation of diet history, 24-hour recall, and food frequency data.

C.10.28.5 Perform modifications in fiber, consistency, calories, carbohydrates, fats, proteins, and minerals.

C.10.28.6 Provide alternate dietary plans to account for food allergy, food intolerance, or for food preferences such as vegetarianism.

C.10.28.7 Incorporate into dietary plans: nutritional factors associated with obesity, diabetes, cancer, cardiac, gastrointestinal, hepatic, hypertension, metabolic, endocrine, renal, surgery, neurologic, pulmonary, malabsorption, and infection; all life cycle phases (e.g., pregnancy, lactation, infants, children, adolescents, adults, and geriatrics); disease prevention of palliation (e.g., dental caries, oral health, weight control, risk factor intervention, oncology,

abnormalities of nutrient metabolism, drug-nutrient, and diet-drug interactions, substance abuse, and feeding problems); and nutritional factors associated with stress, deficiency states, immunologic implication, megavitamin supplementation.

C.10.28.8 Provide education of patient and family in lifestyle modifications for factors given above.

C.10.28.9 Provide liaison between physician, nursing care, and nutritional services.

C.10.29 Reserved

C.10.30 DOSIMETRIST

C.10.30.1 Perform a full range of medical dosimetrist duties as assigned by the radiation oncologist or medical physicist.

C.10.30.2 Perform dosimetric calculations for external beam treatments and brachytherapy.

C.10.30.3 Utilizing data acquired during the planning process (CT, MRI, and simulation), generate two dimensional or three dimensional isodose plans following the specifications of the radiation oncologist.

C.10.30.4 Assist with simulations and obtaining patient contours as requested by physicians and radiation therapy technologists.

C.10.30.5 Coordinate and assist in the performance of cross sectional imaging studies as required in support of treatment planning and dose determination.

C.10.30.6 Document and communicate all facets of the treatment to the oncology team and assure that a copy of the treatment plan is in the patient's treatment record.

C.10.30.7 Exercise competence with the clinical treatment requirements for the use of Multileaf Collimation, Dynamic Wedging, and Intensity Modulation.

C.10.31 Reserved

C.10.32 Reserved

C.10.33 EMERGENCY MEDICAL TECHNICIAN

C.10.33.1 Provide a full range of EMT services within the MTF emergency department.

C.10.33.2 Upon receipt of an emergency request for an ambulance, accompany the emergency department ambulance.

C.10.34 Reserved

C.10.35 Reserved

C.10.36 GENETICS COUNSELOR

C.10.36.1 Perform a full range of genetics counseling, both independently and in association with Maternal-Fetal Specialists, for patients at risk of chromosomal, inheritable or acquired birth defects.

C.10.36.2 Provide genetic counseling services for a variety of indications, including advanced maternal age, abnormal Maternal serum-alpha-fetoprotein (MSAFP) screening, abnormal fetal ultrasound, significant family history of birth defect or inheritable disease, or exposure to know teratogen.

C.10.36.3 Serve as a resource for health care providers, providing information regarding prenatal testing as well as assessment of need for genetic counseling.

C.10.36.4 Participate in in-service meetings of OB/GYN staff.

C.10.36.5 Collaborate and coordinate with other departments such as Pediatrics to maintain continuity of care.

C.10.37 Reserved

C.10.38 Reserved

C.10.39 HEALTH EDUCATOR

C.10.39.1 Review Health Enrollment Assessment Review (HEAR) reports and PCM reports for high risk and frequent users of health care. Contact these patients to schedule education opportunities in a classroom format, in one on one appointments, or through other appropriate means.

C.10.39.2 Review HEAR Reports and PCM reports for delinquent preventive services, contact the patient, and schedule an appointment for the clinical preventive service. Ensure that all enrollees receive their clinical preventive services at recommended age intervals.

C.10.39.3 Use the HEAR group data to determine the health risk of the population and how to improve the overall health of the enrolled population.

C.10.39.4 Educate the enrolled population about the Healthwise handbook and how to use it for home care.

C.10.39.5 Use the PPIP Flow Sheet DD2766 medical records form for documenting clinical preventive services.

C.10.39.6 Provide health promotion and education opportunities including, but not limited to, tobacco awareness; tobacco cessation classes or appointments consistent with the MTF tobacco cessation program; and nutrition education and weight management.

C.10.40 Reserved

C.10.41 Reserved

C.10.42 Reserved

C.10.43 LICENSED PRACTICAL NURSE

C.10.43.1 Ensure patient care is carried out in accordance with the Standards of Nursing Care and the policies and procedures of the clinic.

C.10.43.2 Check patients into the clinic and triage using clinic guidelines. Inform the nurse, physician extender or physician of the patient's condition and potential problems.

C.10.43.3 Obtain and document patient and pertinent family history.

C.10.43.4 Perform a full range of diagnostic support duties which include taking vital signs, collecting specimens, obtaining, recording and tracking results of diagnostic tools.

C.10.43.5 Assist the physician in a variety of diagnostic examinations such as lumbar punctures, colonoscopies and sigmoidoscopies, by preparing, positioning and monitoring patients, and setting out and handling instruments and equipment.

C.10.43.6 Perform laboratory tests such as checking urine for sugar and stool for blood. Record and report results.

C.10.43.7 Perform a range of treatment procedures that include sterile dressing changes, applying compresses, monitoring IV fluids, inserting catheters and suction, inserting nasogastric tubes, administering medications, giving enemas, setting up and giving treatment that requires auxiliary equipment such as oxygen and suction. Ambulate patients to other areas to include Radiology, various clinics, and physical therapy.

C.10.43.8 Prepare patients for tests, examinations, treatments, and/or surgery. Collect specimens such as urine, sputum and stool. Label specimens for laboratory examinations and follow up by using CHCS or calling the laboratory for reports. Alert provider to conditions which deviate from expected findings.

C.10.43.9 Prepare, start, monitor and discontinue intravenous fluids with accuracy and in accordance with established procedures.

C.10.43.10 Observe, report and document all observed symptoms, reactions, treatments and changes in the patient condition to the registered nurse, physician extender or physician. Make careful observations to assess that nursing procedures and treatment do not cause additional distress.

C.10.43.11 Perform routine nursing care activities such as taking blood pressures, temperatures, baths and hygiene care, passing and removal of trays, changing of linen, and otherwise assist in the care of the physical needs of the patient.

C.10.43.12 Operate basic equipment required in delivery of patient care such as pumps, IV pumps, oxygen administration apparatus and incentive spirometers.

C.10.43.13 Execute physician's orders within the guidelines of standard nursing practice. Ensure accurate medication is administered in correct form and dosage to the proper patient as directed by the physician.

C.10.43.14 Maintain records of nursing care, dose and time of medication administered, and indicate if the medication was not administered and the reason.

C.10.43.15 Administer immunizations in a safe and accurate manner with strict adherence to all NAVHOSP, NAVMED and CDC Immunization policies.

C.10.43.16 Recognize conditions which require isolation. Ensure universal precautions are used in all patient encounters.

C.10.43.17 Recognize emergency situations and assist with, or institute emergency measures for sudden adverse developments in patients such as cardiac arrests.

C.10.43.18 Perform preoperative procedures for minor surgery, and fill out preop checklist.

C.10.43.19 Assist patients in admission, transfer, and perform discharge planning follow-up and documentation.

C.10.43.20 Support the patient and/or family members toward the achievement of treatment plan goals. Provide instructions to the patient on invasive procedures, surgical procedures and post surgical conditions which were previously provided to the patient by a nurse, physician extender or physician.

C.10.43.21 Instruct patients on how equipment is used such as oxygen, suction, cardiac monitor and pulse oximeter. Instruct patients and family on use of prescribed medications, contraindications of medications, and the necessity of proper follow-up care.

C.10.43.22 Provide emotional support to patients and families.

C.10.43.23 Ensure necessary supplies are available and equipment is in functioning order.

C.10.43.24 Provide an orderly, clean and safe environment for patients and staff.

C.10.43.25 Handle telephone information requests with courtesy, accuracy and respect for patient confidentiality. Receive information and distribute messages as necessary.

C.10.43.26 Ensure maintenance and resupply of pharmaceuticals in the clinic.

C.10.43.27 Ensure upkeep and perform checks of emergency equipment i.e., oxygen, emergency cart, suction apparatus, etc. and maintain appropriate logs. Inform the Charge Nurse of and discrepancy on daily checks.

C.10.44 Reserved

C.10.45 Reserved

C.10.46 MAGNETIC RESONANCE IMAGING (MRI) TECHNOLOGIST

C.10.46.1 Perform a full range of MRI technologist functions and procedures.

C.10.46.1 Explain to the patient the procedure to be performed and answer relevant questions. Provide for the physical and emotional comfort of the patient.

C.10.46.2 Set up patients and perform necessary adjustments and patient position as prescribed by the Diagnostic Radiologist or senior MRI Technologist.

C.10.46.3 Perform daily warm up and quality control checks of MRI equipment as per manufacturer's or technical representative's recommendations.

C.10.46.4 Operate MRI equipment.

C.10.47 Reserved

C.10.48 MAMMOGRAPHY TECHNOLOGIST

C.10.48.1 Perform a full range of mammography technologist duties.

C.10.48.2 Perform breast imaging procedures.

C.10.48.3 Corroborate patient's clinical history with procedure, assuring information is documented in accordance with the department's standards.

C.10.48.4 Prepare patient for procedures; providing instructions to obtain desired results, gain cooperation and minimize anxiety.

C.10.48.5 Select and operate breast imaging equipment and associated devices to achieve desired results.

- C.10.48.6 Position patient and equipment to best demonstrate anatomic area of interest, respecting patient ability and comfort.
- C.10.48.7 Immobilize patients as required for appropriate examination, explaining the need for breast compression during mammography.
- C.10.48.8 Determine radiographic technique and exposure factors.
- C.10.48.9 Apply principles of radiation protection to minimize exposure to patient, self and others.
- C.10.48.10 Evaluate mammograms or other breast images for technical quality, assuring that proper identification is recorded.
- C.10.48.11 Assume responsibility for provision of physical and psychological needs of patients during procedures.
- C.10.48.12 Provide and assist or physical breast inspection or palpitation.
- C.10.48.13 Provide patient education, including breast self-examination techniques.
- C.10.48.14 Operate mammography equipment.
- C.10.48.15 Perform daily warm up and quality control checks of the Mammography equipment as per manufacturer's recommendations.
- C.10.49 Reserved
- C.10.50 MEDICAL LABORATORY TECHNICIAN
- C.10.50.1 Perform clinical laboratory tests in any one or a combination of areas as described in following sections of the laboratory: Hematology, chemistry, urinalysis, serology, microbiology and blood bank.
- C.10.50.2 Calculate test results and measure prescribed quantities of samples during tests.
- C.10.50.3 Notice pertinent details of specimens under microscopic study.
- C.10.50.4 Perform a wide variety of laboratory tests either manually or using automated instrumentation.
- C.10.50.5 Evaluate information against measurable criteria in the performance of laboratory tests.
- C.10.50.6 Perform precise and accurate laboratory testing according to established laboratory procedures.
- C.10.50.7 Receive written requisitions from health care providers for routine and special laboratory tests.
- C.10.50.8 Set up and adjust laboratory equipment and apparatus.
- C.10.50.9 Obtain laboratory specimens directly from patients by venipuncture.
- C.10.50.10 Add reagents or indicator solutions, and subjects specimens to various laboratory operations according to established procedures.
- C.10.50.11 Prepare slides for microscopic analysis as necessary.
- C.10.50.12 Observe test reactions, changes of color, or formation of precipitates; studies or subjects treated specimens to automatic analyzing equipment to make qualitative and quantitative analysis.

C.10.50.13 Record test results to flat logs and request slips and file reports in the Composite Healthcare System (CHCS).

C.10.50.14 Bring to the attention of the section supervisor, pathologist or general laboratory supervisor any unusual or grossly abnormal test result.

C.10.50.15 Perform light general cleaning of work areas such as collection of trash, autoclaving of specimens, cleaning of bench tops and light dusting.

C.10.50.16 Prepare specimens for transport to MTF laboratory or for mailout.

C.10.50.17 Prepare biological waste for proper disposal.

C.10.50.18 Participate/perform the prescribed QC/CAP programs.

C.10.51 Reserved

C.10.52 MEDICAL TECHNOLOGIST

C.10.52.1 Perform a full range of automated and nonautomated laboratory procedures in the areas of chemistry, urinalysis, hematology, serology, bacteriology, and immunohematology according to established protocols.

C.10.52.2 Evaluate requested procedures to determine the suitability of specimens for analysis. Prepare specimens for analysis, ensuring that the physiologic state of the properties is maintained.

C.10.52.3 Prepare reagents and primary reference materials as necessary. Calibrate, standardize, adjust, and maintain instruments. Verified correct instrument operation using established procedures and quality control checks. Identify the cause of common problems and make simple repairs.

C.10.52.4 Recognize and react to indicators of malfunction. Locate and implement corrections. Obtain analytical data, convert to prescribed units of reporting as necessary, and correlate data to verify results.

C.10.52.5 Enter and certify laboratory results into CHCS.

C.10.52.6 Conduct quality control procedures on equipment, reagents and products and maintain proper records for quality control and quality assurance reports.

C.10.52.7 Instruct medical laboratory technicians, residents, and others in laboratory policies and procedures.

C.10.53 Reserved

C.10.54 Reserved

C.10.55 NUCLEAR MEDICINE TECHNOLOGIST

C.10.55.1 Perform a full range of nuclear medicine technologist procedures.

C.10.55.2 Prepare, measure, and administer radiopharmaceuticals in diagnostic and therapeutic studies, utilizing a variety of equipment and following prescribed procedures.

C.10.55.3 Operate cameras that detect and map the radioactive drug in the patient's body to create an image on photographic film or a computer monitor.

C.10.55.4 Administer therapeutic doses of radiopharmaceuticals under direction of physician.

C.10.55.5 Perform radioimmunoassay studies that assess the behavior of a radioactive substance inside the body, such as adding radioactive substances to blood or serum to determine levels of hormones or therapeutic drug content.

Maintain patient records and record the amount and type of radionuclides received, used, and disposed of.

C.10.56 Reserved

C.10.57 Reserved

C.10.58 NURSE MIDWIFE.

C.10.58.1 Provide a full range of nurse practitioner services in accordance with privileges granted by the Commanding Officer

C.10.58.2 Adhere to NAVMEDCOMINST 6550.4, Utilization Guidelines for Nurse Practitioners (available from the COR upon request). This instruction includes the following requirements: permits nurse practitioner ordering and administration of an approved list of drugs according to protocol and requires random review of records of patients seen by the nurse practitioner.

C.10.58.3 Provide comprehensive primary care to a select population of essentially healthy women and their babies in a variety of settings to include prenatal care, intrapartum management, postpartum care, immediate newborn care, and well-woman visits.

C.10.58.4 Participate in the care of women with medial complications in collaboration with Obstetricians-Gynecologists.

C.10.58.5 Manage the care of normal antepartum women to include teaching, counseling and support.

C.10.58.6 Collect, document, and evaluate patient data. Take health history and perform and record the obstetrical physical evaluation.

C.10.58.7 Assess patient needs and formulate and implement a plan of care for each patient consistent with established guidelines.

C.10.58.8 Operate support, consultation or collaborative management for those patients and families experiencing critical illness and/or potential death.

C.10.58.9 Manage labor, including teaching and support.

C.10.58.10 Perform the following: start intravenous infusions; administer analgesia according to standing orders; manage and control normal spontaneous deliveries; record the labor and delivery.

C.10.58.11 Perform and record physical evaluation of newborns.

C.10.58.12 Manage the care of normal newborn including nutrition, elimination and activity.

C.10.58.13 Maintain all required patient records and reports pertinent information.

C.10.58.14 Prepare and submit all reports and statistics in a timely manner.

C.10.58.15 Keep current in nursing practice within the nurse Midwife specialty in accordance with the criteria of the American College of Nurse-Midwives.

C.10.59 Reserved

C.10.60 NURSE PRACTITIONER

C.10.60.1 Provide a full range of nurse practitioner services in accordance with privileges granted by the Commanding Officer (e.g., supervise and provide general screening and medical care and examinations of patients for routine, acute and chronic conditions involving any and all organ systems; provide immunizations; diagnose, treat, and counsel patients as indicated).

C.10.60.2 Adhere to NAVMEDCOMINST 6550.4, Utilization Guidelines for Nurse Practitioners (available from the COR upon request). This instruction includes the following requirements: permits nurse practitioner ordering and administration of an approved list of drugs according to protocol and requires random review of records of patients seen by the nurse practitioner.

C.10.60.3 Treat patients with common acute conditions, illnesses, or minor trauma within accepted protocols, Nurse Practice Acts, and/or in collaboration with a physician.

C.10.60.4 Collaborate with the physician in the health care of patients with chronic illnesses.

C.10.60.5 Request consultation or referral with appropriate physicians, clinics, or other health resources as indicated.

C.10.60.6 Order diagnostic tests as applicable.

C.10.60.7 Prescribe and dispense medications as delineated by the Pharmacy and Therapeutics Committee.

C.10.60.8 Promote preventive and health maintenance care, including annual physicals, positive health behaviors, and self-care skills through education and counseling.

C.10.61 Reserved

C.10.62 Reserved

C.10.63 NURSE PRACTITIONER, NEONATAL

C.10.63.1 Provide a full range of nurse practitioner services in accordance with privileges granted by the Commanding Officer.

C.10.63.2 Adhere to NAVMEDCOMINST 6550.4, Utilization Guidelines for Nurse Practitioners (available from the COR upon request). This instruction includes the following requirements: permits nurse practitioner ordering and administration of an approved list of drugs according to protocol and requires random review of records of patients seen by the nurse practitioner.

C.10.63.3 Provide medical management of patients in the newborn nursery under the supervision of a staff pediatrician. This includes attending deliveries, doing admission and discharge assessments, teaching of Birth Product Line staff, and arranging follow-up. Provide well child care for neonates within 28 days of discharge from the nursery.

C.10.63.4 Provide comprehensive medical assessment, examination, consultation, diagnosis, and treatment plan for neonates, under the direction of a staff Pediatricians.

C.10.63.5 Provide medical management of neonates in the Nursery and Level II Nursery and other areas to include neonatal resuscitation, conventional ventilation, stabilize and maintain Level III care prior to transport, prescription

of medications (including controlled substances), to treat neonatal medical disorders, under direction of a staff Pediatricians.

C.10.63.6 Request and interpret laboratory tests, electrocardiograms, and radiographic procedures, and other tests as needed under the direction of staff Pediatricians.

C.10.63.7 Perform procedures including sedation, endotracheal intubation, routine phlebotomy, arterial phlebotomy, percutaneous central venous line placement, umbilical line placement, lumbar puncture, suprapubic bladder taps, bladder catheterization, needle thoracentesis, chest tube placement, circumcision as deemed appropriate under the supervision of the staff Pediatrician.

C.10.63.8 Attend routine and high-risk deliveries as a member of the Resuscitation Team and perform Neonatal Resuscitation.

C.10.63.9 Provide medical care to neonates awaiting transport to other facilities and from other higher level of care NICU's, under direction of a staff Pediatrician.

C.10.63.10 Provide outpatient care for routine well baby appointments, NICU follow-up appointments.

C.10.63.11 Provide instruction to students and resident physicians rotating through the nursery at Naval Hospital Camp Lejeune

C.10.64 Reserved

C.10.65 Reserved

C.10.66 OPERATING ROOM TECHNICIAN

C.10.66.1 Perform a full range of surgical/operating room technician services to include performance as a scrub technician; pass instruments to surgeon and/or surgical assistants; assist circulating nurse to prepare patients for surgery and assists in preparation of patient's operative site; assist the anesthesiologist; adjust lights and other equipment as directed; verify proper identification of patients and scheduled surgical procedure; review to ensure appropriate consent forms are complete; assist in positioning patient in prescribed position for surgery; and assist as directed in moving patient to and from the surgery site.

C.10.66.2 Count (with the circulating nurse) sponges, needles and instruments used during surgery and assist in clean up of operating room using standard MTF policies.

C.10.66.3 Prepare operative specimens as directed, labels and delivers them to the laboratory and move equipment to and from operating rooms as necessary for scheduled procedures.

C.10.66.4 Place proper furnishings, equipment, sterile and nonsterile supplies, and instruments in operating room; check equipment for proper functioning and manage case cart system; and provide and place appropriate sterile drapes for surgical procedure. Perform equipment and instrument sanitation; disassemble and sort instruments and transfer to cleaning area.

C.10.66.5 Provide pick-up and delivery service for such items as blood gasses, supplies, specimens, and materials to support Operating Room needs.

C.10.66.6 Provide sterile supply service: cleans, washes, decontaminates, and prepares instruments and equipment for sterilization; conducts sterilization by appropriate method; monitor and document sterilizer function; provide pick-up and delivery for Central Sterile Supply (CSS) to activities within the medical facility.

C.10.66.7 Conduct inventory; determine need; orders, obtains, receives, and stores surgical supplies; and inspect and monitor stocking of Cardiopulmonary Resuscitation (PR) crash cart.

C.10.66.8 Respond to CPR situations, acute respiratory problems and other emergencies as needed.

C.10.67 Reserved

C.10.68 OPHTHALMIC TECHNICIAN

C.10.68.1 Provide a wide variety of duties to assist the optometrist/ophthalmologist.

C.10.68.2 Obtain patient histories, perform prescription verification, and maintain patient records.

C.10.68.3 Assist in testing patients' vision. Test far acuity, near acuity, peripheral vision, depth perception, and color perception.

C.10.68.4 Examine eye, using slit lamp, for abnormalities of cornea, and anterior and posterior chambers.

C.10.68.5 Apply drops to anesthetize, dilate, or medicate eyes.

C.10.68.6 Measure intraocular pressure of eyes (glaucoma test).

C.10.68.7 Test field of vision, including central and peripheral vision, for defects, and charts test results on graph paper.

C.10.68.8 Measure axial length of eye, using ultrasound equipment.

C.10.68.9 Performs other tests and measurements as directed by the physician.

C.10.68.10 Instruct patients concerning eye care. Instruct patients in contact lens handling

C.10.68.11 Administer vision therapy programs prescribed by the optometrist/ophthalmologist.

C.10.69 OPTOMETRIST

C.10.69.1 Perform a full range of optometry examinations and procedures in accordance with clinical privileges granted by the commanding officer.

C.10.69.2 Supervise, oversee, or instruct other health care professionals seeing patients within the scope of their clinical privileges or responsibilities.

C.10.69.3 Promote preventive and health maintenance care, including appropriate periodic examinations, positive health behaviors, and self-care skills through education and counseling.

C.10.69.4 Request consultation or referral with appropriate physicians, clinics, or other health resources as indicated.

C.10.69.5 Order diagnostic tests as applicable.

C.10.69.6 Prescribe and dispense medications in accordance with privileges and as delineated by the Pharmacy and Therapeutics Committee.

C.10.70 Reserved

C.10.71 Reserved

C.10.72 PHARMACIST

C.10.72.1 Perform a full range of pharmacist procedures.

C.10.72.2 Deliver comprehensive pharmaceutical services within the personnel, supply, and equipment capabilities of the facility.

C.10.72.3 Counsel patients regarding appropriate use of medications.

C.10.72.4 Review patient profiles at the time of dispensing in order to closely monitor medication therapy.

C.10.72.5 Ensure prescription directions for use, dose, medication interactions, therapeutic duplications or overlaps, allergy information, age specific dosage, and other pertinent data are appropriate for individual patients. Intervention with providers shall be made for noted discrepancy of above listed items.

C.10.72.6 Compound medications as required.

C.10.72.7 Ensure accuracy of all pharmaceutical products prepared or processed by technical staff.

C.10.72.8 Work closely with clinical staff in developing patient wellness programs such as smoking cessation programs and asthma classes.

C.10.72.9 Provide medication information to the clinical staff as required.

C.10.72.10 Provide medication and healthcare related in service training to clinical staff on new medications on the market; appropriate use of medications; comparison of current medication therapies; and other topics as deemed appropriate by the department head.

C.10.72.11 Provide clinical direction of corpsmen and pharmacy technicians and provide input into job performance evaluations.

C.10.72.12 Supervise inventory control of all pharmaceuticals in the pharmacy, especially scheduled pharmaceuticals, and ensure pharmacy security. Maintain appropriate records and security of all scheduled controlled substances according to applicable regulations.

C.10.72.13 Consult with other specialty practitioners who have been referred for pharmaceutical services.

C.10.72.14 Ensure that work areas are clean and safe according to applicable regulations.

C.10.72.15 Document significant medication interactions, and pharmacy interactions with prescribers.

C.10.72.16 Execute drug utilization reviews (DURs) as deemed necessary.

C.10.73 PHARMACY TECHNICIAN

C.10.73.1 Perform a full range of pharmacy technician procedures.

C.10.73.2 Perform pharmaceutical dispensing duties including filling new outpatient prescriptions, refilling prescriptions, and entering orders into databases.

C.10.73.3 Perform information consultation duties including supporting new and refill prescriptions, supporting patient requests, supporting physicians requests, monitoring for drug interactions, and reporting adverse drug reactions.

C.10.73.4 Perform quality improvement duties including performing drug storage inspection, reviewing expired supplies, and producing error and workload reports and documentation.

C.10.73.5 Perform supply process duties including placing new orders, stocking/restocking shelves, inventory maintenance, producing not in stock reports.

C.10.73.6 Provide general cleaning of work spaces including removal of trash, breakdown of cardboard boxes, and sweeping or mopping of work space.

C.10.74 Reserved

C.10.75 Reserved

C.10.76 PHYSICAL THERAPIST

C.10.76.1 Perform a full range of physical therapist services in accordance with the scope of clinical privileges granted by the Commanding Officer.

C.10.76.2 Provide appropriate therapeutic procedures and provide a full range of therapy services in support of patient referrals from the following specialties: Orthopedics, General Medicine and Surgery, Primary Care Clinic, Rheumatology and other referrals approved by Department Head/Division Officer.

C.10.76.3 All patient contact and care shall be safe, timely, result in achievement of realistic and documented treatment goals, and comply with or satisfy the intent of the referring medical staff.

C.10.76.4 Test and measure the patient's strength, motor development, sensory perception, functional capacity, and/or respiratory and circulatory efficiency. Record findings to develop or revise treatment programs.

C.10.76.5 Plan and prepare written treatment programs based on an evaluation of the patient.

C.10.76.6 Administer manual exercises to improve and maintain function.

C.10.76.7 Instruct, motivate, and assist patients in performing various physical activities, such as non-manual exercises, ambulatory functional activities, daily-living activities, and in use of assistive and supportive devices, such as crutches, canes, and prostheses.

C.10.76.8 Administer treatments involving application of physical agents, using equipment such as a pulsed lavage unit and/or whirlpool bath, moist packs, ultraviolet and infrared lamps, and ultrasound machines. Evaluate effects of treatment at various stages and adjust treatments to achieve maximum benefit.

C.10.76.9 Administer soft tissue mobilization, applying knowledge of mobilization techniques and body physiology. Administer traction to relieve pain, using traction equipment.

C.10.76.10 Record treatment, response, and progress in patient's chart and/or automated systems.

C.10.76.11 Instruct patient and family in treatment procedures to be continued at home. Evaluate, fit, and adjust prosthetic and orthotic devices and recommend modification as required.

C.10.76.12 Coordinate treatment with physician and other staff members to obtain additional patient information, suggest revisions in treatment program, and integrate physical therapy treatment with other aspects of the patient's health care. Contact referring physicians regarding patient care concerns, as required.

C.10.76.13 Provide documented treatment and discharge recommendations to members of the staff in routine, emergency, and special cases as needed.

C.10.76.14 Orient, instruct, and direct work activities of assistants, technicians, aides, students, etc.

C.10.76.15 Provide input and attend rehabilitation team meetings, seminars, and quality assurance meetings.

C.10.76.16 Participate in peer review activities.

C.10.77 PHYSICAL THERAPY ASSISTANT

C.10.77.1 Provide a full range of physical therapy assistant services, including the services given below, as directed by the supervising physical therapist.

C.10.77.2 Carry out a program of corrective exercise and treatment for assigned patients, as directed by the head physical therapist. Under supervision, administer such treatment as exercise, gait training, massage, whirlpool, hot packs, diathermy, ultrasound, paraffin, ice packs and traction. Instruct patients on segments of the program including proper use of wheelchairs, crutches, braces, and prosthetic appliances and devices.

C.10.77.3 Administer traction to relieve neck and back pain, using intermittent and static traction equipment. Instruct, motivate, and assist patients to learn and improve functional activities, such as preambulation, transfer, ambulation, and daily-living activities.

C.10.77.4 Observe patients during treatments and compile and evaluate data on patients' responses to treatments and progress and report orally or in writing to the physical therapist.

C.10.77.5 Fit patients for, adjust, and train patients in the use and care of orthopedic braces, prostheses, and supportive devices, such as crutches, canes, walkers, and wheelchairs.

C.10.77.6 Confer with members of the physical therapy staff and other health team members, individually and in conference, to exchange, discuss, and evaluate patient information for planning, modifying, and coordinating treatment programs. Coordinate with other departments and the clinic staff to provide complete care to patients. Act as a liaison with nursing, medical staff, and other therapists to facilitate problem solving and coordination of services. Act as educational resource.

C.10.77.7 Give orientation, direction and instruction to new physical therapy assistants and physical therapy aides.

C.10.77.8 Perform clerical duties, such as taking inventory, ordering supplies, answering telephone, taking messages, filling out forms, scheduling patients, and staffing the reception area. Maintain and care for department equipment and supplies and storage. Maintain department records and files in accordance with facility policies. Perform coding of patient encounters and workload.

C.10.77.9 Measure patient's range-of-joint motion, length and girth of body parts, and vital signs to determine effects of specific treatments or to assist physical therapist to compile data for patient evaluations.

C.10.77.10 Monitor treatments administered by physical therapy aides.

C.10.78 Reserved

C.10.79 Reserved

C.10.80 PHYSICIAN

C.10.80.1 Provide a full range of physician services in accordance with privileges granted by the Commanding Officer.

C.10.80.2 Supervise, perform, or assist in the instruction of, other health care professionals seeing patients within the scope of their clinical privileges or responsibilities.

C.10.80.3 Promote preventive and health maintenance care, including annual physicals, positive health behaviors, and self-care skills through education and counseling.

C.10.80.4 Request consultation or referral with appropriate physicians, clinics, or other health resources as indicated.

C.10.80.5 Order diagnostic tests as applicable.

C.10.80.6 Prescribe and dispense medications as delineated by the Pharmacy and Therapeutics Committee.

C.10.81 PHYSICIAN ASSISTANT

C.10.81.1 Provide a full range of physician assistant services in accordance with privileges granted by the Commanding Officer (e.g., supervise and provide general screening and medical care and examinations of patients for routine, acute and chronic conditions involving any and all organ systems; provide immunizations; diagnose, treat, and counsel patients as indicated).

C.10.81.2 Adhere to NAVMEDCOMINST 6550.5, Utilization Guidelines for Physician Assistants (available from the COR upon request). This instruction includes the following requirements: permits physician assistant ordering and administration of an approved list of drugs according to protocol and requires random review of records of patients seen by the physician assistant.

C.10.81.3 Request consultation or referral with appropriate physicians, clinics, or other health resources as indicated.

C.10.81.4 Order diagnostic tests as applicable.

C.10.81.5 Prescribe and dispense medications as delineated by the Pharmacy and Therapeutics Committee.

C.10.81.6 Promote preventive and health maintenance care, including annual physicals, positive health behaviors, and self-care skills through education and counseling.

C.10.82 Reserved

C.10.83 Reserved

C.10.84 Reserved

C.10.85 PODIATRIST

C.10.85.1 Provide a full range of podiatry services in accordance with privileges granted by the Commanding Officer (e.g., medical and surgical treatment of disorders of the foot and ankle with comprehensive and complete podiatric medical examination for consultation, diagnosis, and treatment planning).

C.10.85.2 Perform biomedical examination with fabrication or prescribing of orthotic and shoe appliances of devices, including design of special shoes.

C.10.85.3 Provide comprehensive joint and gait analysis as related to foot and ankle.

C.10.85.4 Provide diagnosis and treatment of a wide range of podiatric conditions including but not limited to: dermatological diseases of the foot and ankle; circulatory disorders affecting the foot and ankle; neurological disorders affecting the foot; arthritis and other inflammatory diseases affecting the foot and ankle; toenail disorders; skin and soft tissues tumors and cysts of the foot; soft tissue surgery of the foot (including the skin and nails); digital osseous and soft tissue surgery, including the great toe; foot and ankle trauma (sprains, strains, contusions); skin and soft tissue biopsies of the foot and ankle; and closed extremity dislocations or simple fractures of foot and ankle.

C.10.85.5 Order x-rays of foot and ankle.

C.10.85.6 Order and interpret all appropriate laboratory studies in the practice of podiatric medicine and surgery.

C.10.85.7 Order and prescribe treatment by physical medicine and therapy.

C.10.85.8 Admit podiatric patients to the hospital for further treatment or surgery with co-signature by attending physician.

C.10.86 POLYSOMNOGRAPHIC TECHNOLOGIST

C.10.86.1 Perform a full range of polysomnographic technologist duties as assigned.

C.10.86.2 Collect, analyze and integrate patient information in order to identify and meet the patient-specific needs (Physical/mental limitations, current emotional/physiological status regarding the testing procedures, pertinent medical/social history), and to determine final testing parameters/procedures in conjunction with the ordering physician or clinical director and laboratory protocols. Complete and verify documentation.

C.10.86.3 Explain pre-testing, testing, and post-testing procedures to the patient.

C.10.86.4 Prepare and calibrate equipment required for testing to determine proper functioning and make adjustments, if necessary. Perform routine and complex equipment care and maintenance.

C.10.86.5 Apply electrodes and sensors according to accepted published standards.

C.10.86.6 Perform appropriate physiologic calibrations to ensure proper signals and make adjustments, if necessary.

C.10.86.7 Perform routine positive airway pressure (PAP) mask fitting.

C.10.86.8 Follow procedural protocols (such as Multiple Sleep Latency Test (MSLT), Maintenance of Wakefulness Test (MWT), parasomnia studies, PAP and oxygen titration, etc.) to ensure collection of appropriate data.

C.10.86.9 Follow "lights out" procedures to establish and document baseline values (such as body position, oxyhemoglobin saturation, respiratory and heart rates, etc.).

C.10.86.10 Perform polysomnographic data acquisition while monitoring study-tracing quality to ensure signals are artifact-free and make adjustments, if necessary.

C.10.86.11 Document routine observations, including sleep stages and clinical events, changes in procedure, and other significant events in order to facilitate scoring and interpretation of polysomnographic results.

C.10.86.12 Implement appropriate interventions (including actions necessary for patient safety and therapeutic intervention such as continuous and bi-level positive airway pressure, oxygen administration, etc.)

C.10.86.13 Follow “lights on” procedures to verify integrity of collected data and complete the data collection process (e.g., repeats the physiological and instrument calibrations and instructs the patient on completing questionnaires, etc.)

C.10.86.14 Demonstrate the knowledge and skills necessary to recognize and provide age specific care in the treatment, assessment, and education of neonatal, pediatric, adolescent, adult, and geriatric patients.

C.10.86.15 Oversee and perform difficult and unusual procedures and therapeutic interventions.

C.10.86.16 Score sleep/wake stages by applying professionally accepted guidelines.

C.10.86.17 Score clinical events (such as respiratory events, cardiac events, limb movements, arousals, etc.) with center specific protocols.

C.10.86.18 Generate accurate reports by tabulating sleep/wake and clinical event data.

C.10.86.19 Evaluate sleep study related equipment and inventory.

C.10.86.20 Respond to study participant’s procedural-related inquiries by providing appropriate information.

C.10.87 Reserved

C.10.88 RADIOLOGIC TECHNOLOGIST

C.10.88.1 Perform a full range of radiologic technology duties associated with the radiologic technologist position required by the task order.

C.10.88.2 Perform diagnostic studies and procedures. These studies shall include all variances of extremities, chest, abdomen and head.

C.10.88.3 Operate or direct operations of radiological equipment provided for routine radiographic examinations.

C.10.88.4 Receive and position patients so the anatomy/pathology is correctly visualized on the radiograph.

C.10.88.5 Prepare the patient and adjust equipment for taking X-rays. Position and instruct patient regarding procedures. Administer contrast medium when ordered.

C.10.88.6 Explain procedure to the patient and provide humane and appropriate care and communication to alleviate the patient fear of examination and correctly position the patient for the examination.

C.10.88.7 Determine proper voltage and current and desired exposure time. Set equipment. Arrange attach or adjust immobilization and support devices, e.g. sandbags, binders, etc. to obtain precise positions, prevent patient from moving and lessen discomfort.

C.10.88.8 Perform correct film identification, ensuring that the patient’s name, date of examination, anatomical positioning markers are provided.

C.10.88.9 Observe and report any symptoms which have direct bearing on the patient’s condition as a result of adverse reaction to contrast media and inform the Radiologist of any condition requiring his/her attention.

C.10.88.10 Recognize the need for and institute the necessary emergency measures for situations where a person requires resuscitation procedures due to cardiac or respiratory arrest.

C.10.88.11 Process films and prepare them for reading by radiologist.

C.10.88.12 Operate and maintain radiological equipment designed for primary care services. Maintenance of equipment shall include daily film processor cleaning.

C.10.88.13 Perform unscheduled procedures as declared by the requesting physician (no matter what the indication) as directed. The study is to be performed, developed and all required administrative processing completed (labels, jackets, CHCS schedule/arrive depart).

C.10.89 Reserved

C.10.90 REGISTERED NURSE

C.10.90.1 Perform a full range of RN duties in accordance with assignment under the task order, including: triage; patient assessment and monitoring; use of patient monitoring and treatment equipment; appropriate nursing care, procedures, and treatments; execution of physicians' orders within the guidelines of standard nursing practice; documentation of patient care and observations; and patient education and emotional support.

C.10.90.2 Provide professional nursing care in a knowledgeable, skillful, consistent, and continuous manner.

C.10.90.3 Assess each patient and perform triage duties as assigned.

C.10.90.4 Formulate and carry out a goal directed plan of care which based on determined nursing diagnosis and patient outcomes and which is prioritized according to patient needs and available resources including time, personnel, equipment, and supplies.

C.10.90.5 Evaluate effectiveness of self care given by all health team members, and contribution of systems, environment, and instrumentation in progressing patient toward outcomes.

C.10.90.6 Provide treatment and discharge instructions upon patient release.

C.10.90.7 Perform assessment/data collection in an ongoing and systematic manner, focusing on physiological, psychological, and cognitive status.

C.10.90.8 Provide a safe and clean environment for each patient.

C.10.90.9 Ensure areas are stocked and properly equipped.

C.10.90.10 Identify patient/significant other learning needs and implement appropriate measures to meet identified needs.

C.10.90.11 Assist in planning, supervising and instructing LPNs/LVNs, nursing assistants and ancillary personnel.

C.10.91 Reserved

C.10.92 REGISTERED NURSE, CASE MANAGER

C.10.92.1 Participate in all phases of the Case Management Program (CMP) and ensure that the CMP meets established case management (CM) standards of care. Assist in coordinating a multidisciplinary team to meet the health care needs, including medical and/or psychosocial management, of specified patients.

C.10.92.2 Serve as consultant to all disciplines regarding CM issues. Provide nursing expertise about the CM process, including assessment, planning, implementation, coordination, and monitoring. Identify opportunities for CM and identify and integrate local CM processes.

- C.10.92.3 Develop and implement local strategies using inpatient, outpatient, onsite and telephonic CM; develop and implement policies and protocols for home health assessments and outcome measures.
- C.10.92.4 Develop and implement tools to support case management, such as those used for patient identification and patient assessment, clinical practice guidelines, algorithms, CM software, databases for community resources, etc.
- C.10.92.5 Integrate CM and utilization management (UM) and integrate nursing case management with social work case management. Prepare routine reports and conduct analyses
- C.10.92.6 Assist in establishing and maintaining liaison with appropriate community agencies and organizations, the TRICARE Lead Agent office, and the Managed Care Support Contractor.
- C.10.92.7 Maintain adherence to JCAHO, URAC, CMSA and other regulatory requirements. Apply medical care criteria (e.g., InterQual).
- C.10.92.8 Ensure accurate collection and input of patient care data and ensure basic CM budgetary management.
- C.10.92.9 Oversee MTF CM resources and make recommendations to the Command as to how those resources can best be utilized.
- C.10.92.10 Collaborate with the multidisciplinary team members to set patient-specific goals. Develop treatment plans including preventive, therapeutic, rehabilitative, psychosocial, and clinical interventions to ensure continuity of care toward the goal of optimal wellness.
- C.10.92.11 Establish and implement mechanisms to ensure proper implementation of patient treatment plan and follow-up post discharge in ambulatory and community health care settings.
- C.10.92.12 Provide nursing advice and consultation in person and via telephone to patients/family members/significant others.
- C.10.92.13 Ensure appropriate health care instruction to patient and/or caregivers based on identified learning needs.
- C.10.92.14 Alert physicians to significant changes or abnormalities in patients and provide information concerning their relevant condition, medical history and specialized treatment plan or protocol.
- C.10.92.15 Facilitate multidisciplinary discharge planning and other professional staff meetings as indicated for complex patient cases and develop a database and knowledge of local community resources.
- C.10.92.16 Develop and implement mechanisms to evaluate the patient, family and provider satisfaction and use of resources and services in a quality-conscious, cost-effective manner.
- C.10.92.17 Implement strategies to ensure smooth transition and continued health care treatment for patients when the military member transfers out of the area. Develop a policy for, and assist with, region-to-region transfers.
- C.10.92.18 Facilitate screening and assist with transfers of Exceptional Family Member Program (EFMP) families.
- C.10.92.19 Plan for professional growth and development as related to the case manager position and maintenance of CM certification. Actively participate in professional organizations including participation in at least one annual national CM conference to be funded by the Government.
- C.10.92.20 Establish cost containment/cost avoidance strategies for case management and develop mechanisms to measure its cost effectiveness.

C.10.92.21 Assist with the Composite Health Care System (CHCS) CM interface or other database designed to support CM.

C.10.92.22 Participate in video teleconferences (VTCs) and other meetings as required.

C.10.93 REGISTERED NURSE, CHARGE NURSE

C.10.93.1 Provide clinical oversight of the nursing staff within the clinic.

C.10.93.2 Coordinate nursing staff operations with the medical staff.

C.10.93.3 Provide registered nurse services.

C.10.94 Reserved

C.10.95 Reserved

C.10.96 Reserved

C.10.97 REGISTERED NURSE, PERIOPERATIVE

C.10.97.1 Perform a full range of RN duties in accordance with assignment under the task order

C.10.97.2 Provide professional nursing care in a knowledgeable, skillful, consistent, and continuous manner.

C.10.97.3 Plan, implement, deliver, direct, and coordinate Perioperative, PACU, and APU nursing care using scientific and professional principles as a basis for all techniques and procedures.

C.10.97.4 Pre-admission: Confirm scheduled surgery date and procedure with the Main Operating Room, check procedure on consult against written consent form, ensure surgical checklist is completed. Make pre-op telephone call to client to confirm arrival time and re-enforces physician/anesthesia instructions. Provide any pre-op teaching, post procedure transportation arrangements or significant other teaching.

C.10.97.5 Day of surgery: Greet client, properly identify client with placement of identification and/or allergy band(s). Orient client to Unit. Verify post procedure transportation arrangement.

C.10.97.6 Conduct and document pre-op nursing assessment. Verify client compliance with instructions. Prepare client for procedure, may need to obtain additional labs. Arrange transport to OR (if necessary).

C.10.97.8 Develop an individualized plan of care that prescribes nursing action to achieve desired patient outcomes.

C.10.97.9 Confer with surgeon on procedures concerning instruments, sutures, and equipment, assuring all prescribed equipment is present and functional.

C.10.97.10 Provide equipment and supplies based on patient need. Select equipment in an organized, timely and cost effective manner.

C.10.97.11 Assure emergency equipment is functional before use. Report defective equipment.

C.10.97.12 Monitor patients under local infiltration and block anesthesia.

C.10.97.13 Perform duties as circulatory for surgical procedures, assuming responsibilities for coordinating patient care activities. Assume responsibilities for aseptic technique maintenance during procedures, accuracy of sponge counts and adequacy of supplies.

C.10.97.14 Perform as a scrub nurse.

C.10.97.15 Monitor and control environment. Regulate temperature and humidity as indicated. Adhere to OR sanitation policy/procedures.

C.10.97.16 Post-op: Receive, assess, monitor and document findings on client. Provide education. Ambulate. Verify post-op voiding. Discharge patient after re-enforcement of teaching. Complete nursing care document, reorganize chart and sign out patient. Make follow up clinic appointment for patient.

C.10.97.17 Set up, operate, maintain, and discontinues medical equipment. Administer prescribed medications. Provide emergency medical/surgical treatment. Provide nutrition and nourishment. Assist with transporting patient(s). Maintain nursing record(s) and plans. Provide patient and family teaching. Provide consultative services.

C.10.97.18 Perform telephone follow up assessment of patient and provide instruction reinforcement.

C.10.97.19 Assume responsibility when assigned for inservice programs and training activities relative to surgical procedures and maintenance of aseptic technique and basic aseptic principles. Orient and train new staff member or OR tech/nursing students in scrubbing and circulating duties.

C.10.97.20 Demonstrate a working knowledge of the supply procurement system

C.10.97.21 Adhere to CSR policies, procedures and regulations.

C.10.97.22 Monitor economic use of supplies and equipment.

C.10.97.23 Investigate new developments and trends in perioperative, PACU, and APD nursing practice and analyze impact on improved patient care equipment.

C.10.97.24 Assist in maintaining suite readiness and structural safety/integrity by reporting discrepancies to Division Officer.

C.10.97.25 Demonstrate knowledge of the special needs (Perioperative, PACU, and APU) nursing considerations for high-risk age group: infant, pediatric, adolescents, and geriatrics.

C.10.97.26 Responsible for completion of weekly field day of assigned operating room suite. Ensure field day sheet is signed off.

C.10.97.27 Monitor patient emergence from a variety of anesthetic agents; uses the nursing process in rendering this care.

C.10.97.28 Use the Alderete scoring system to Guide PACU care.

C.10.98 Reserved

C.10.99 Reserved

C.10.100 RESPIRATORY THERAPY (CERTIFIED)

C.10.100.1 Efficiently administer all types of respiratory care, including the drawing blood, in accordance with professional qualifications and as directed by the Respiratory Therapist (Advanced) or physician.

C.10.100.2 Operate and troubleshoot all types of respiratory equipment to include proper disassembly, cleaning, sterilization, and packaging of all respiratory therapy equipment to ensure safe patient care.

C.10.100.3 Maintain equipment, to include performing examinations to detect worn tubes, loose connections or other indications of disrepair and notify supervisor of need for maintenance. Start equipment and observe gauges measuring pressure, rate of flow and continuity of test equipment. Notify supervisor of malfunctions.

C.10.100.4 Be familiar with the functions and modes of equipment, ensuring equipment is cleaned, reassembled, and returned to storage.

C.10.100.5 Receive, set-up, operate, and maintain various devices and systems such as ventilators; nebulizers, oxygen therapy systems, humidity and aerosol therapy, sterilizers, and aeration chambers.

C.10.100.6 Administer prescribed doses of medical gases and aerosolized drugs intermittently and continuously. Perform airway management and hygiene including chest percussion postural drainage. Obtain arterial blood gas specimens.

C.10.100.7 Perform patient assessments and monitoring and provide patient instructions including breathing exercises. Make therapeutic recommendations. Examine patient records and report and identify changes in the clinical status of patients. Identify contraindications and report adverse responses/reactions.

C.10.100.8 Change nebulizers on nursing wards and reset O₂ flow as prescribed by physician.

C.10.100.9 Stock shelves in department and other departments of the MTF as needed for the provision of respiratory therapy.

C.10.100.10 Deliver oxygen tanks and other equipment and supplies to specified MTF locations.

C.10.101 RESPIRATORY THERAPIST (REGISTERED)

C.10.102 Reserved

C.10.103 Reserved

C.10.104 Reserved

C.10.105 SPEECH PATHOLOGIST

C.10.105.1 Provide a full range of speech pathology services in accordance with privileges granted by the Commanding Officer (e.g., evaluation, remediation, counseling, appropriate referral and management of all cases of speech, language, and voice disorders per current ASHA and applicable MTF guidelines).

C.10.105.2 Provide, upon physician referral, evaluation, and treatment programs for basic and more complicated communication disorders including: articulation, language, fluency, resonance phonatory, and neuromuscular problems.

C.10.105.3 Select, administer, and interpret commonly used diagnostic tests including vocabulary, articulation, and language batteries for adults and children.

C.10.105.4 Refer patients to physicians, audiologists, or other health care providers as appropriate.

C.10.105.5 Select appropriate laryngeal (non-vocal) communication devices.

C.10.106 Reserved

C.10.107 Reserved

C.10.108 Reserved

C.10.109 Reserved

C.10.110 ULTRASOUND TECHNOLOGIST

C.10.110.1 Receive patients and explain procedures, providing humane and appropriate care and communication to alleviate fear of examination. Correctly position the patient for the examination and make adjustments necessary for the required examination. Determine if any special patient preparation is required.

C.10.110.2 Operate facility provided ultrasound scanners. Operate the linear, sector, and endovaginal probes as well as pulse and color Doppler capabilities of provided scanners.

C.10.110.3 Receive and interpret requests or instructions for diagnostic ultrasound scans; perform daily warm up and assigned quality control checks of the ultrasound scanners.

C.10.110.4 Perform a full range of diagnostic ultrasonic examinations including but not limited to: fetal echo; placental Doppler studies; obstetrical sonography, including imaging of all fetal anatomy in order to obtain accurate dating and growth parameters and evaluate for fetal abnormalities and problems with the pregnancy; pelvic sonography, including imaging of all pelvic anatomy to attain accurate assessment of suspected pathology; and endovaginal sonography exams to obtain accurate assessment of suspected pelvic pathology.

C.10.110.5 Identify abnormalities during testing and determine need for additional scans of affected area.

C.10.110.6 Recognize anatomic variants and determine which other area(s) of the body should be scanned.

C.10.110.7 Use a detailed understanding of diseases of anatomy to accomplish effective ultrasound scanning.

C.10.110.8 Advise the physician of results of the examination and provide them with a preliminary diagnosis.

C.10.110.9 Notify physician of significant scans requiring immediate attention.

C.10.110.10 Maintain and clean ultrasound equipment on a regular basis in accordance with Radiology department standards. Stock and maintain an adequate level of supplies required to ultrasound examinations. Recommend necessary monthly repairs when diagnostic quality is degraded.

C.10.110.11 Make minor adjustments on equipment. Differentiate artifacts from normal or pathological processes and recognize electronic equipment limitations. Program the examination equipment, set up the machine and scanning techniques to be employed.

C.10.110.12 Review new developments in the field by reading journals and attending meeting when possible and recommend to supervisor those changes which would improve the operation of the ultrasound section. Perform other related duties as assigned.

C.10.110.13 Recognize the need for and institute the necessary emergency measures for situations where a person requires resuscitation procedures due to cardiac or respiratory arrest.

C.11. For travel, the contractor's transportation (mileage costs) shall be reimbursed in either road miles, air miles, or a combination of both. The contractor shall travel via the means most advantageous to the Government (in cost and in time) depending upon the geographical location. Mileage and Per Diem rates will be paid at the published JTR rate. Airfare will be paid at the coach rate with 7 days advance purchase, non-refundable ticket price; unless the Government grants prior written approval. Only if the Government reschedules the trip will the Government reimburse the fee charges to reschedule the non-refundable ticket. Discount hotel/motel and car rental practices will be utilized. Hotel/motels and car rental agencies currently extend their discount rates to eligible contractors traveling on official Government business. A letter of identification will be provided.

Section E - Inspection and Acceptance

SECTION E
INSPECTION AND ACCEPTANCE

(a) The Contracting Officer's duly authorized representative, the Contracting Officer's Representative(s), will perform inspection and acceptance of services to be provided.

(b) For the purposes of this clause, the names of the Contracting Officer's representative(s) will be assigned in each individual Task Order issued.

(c) Inspection and acceptance will be performed at the locations listed in the position specific Statements of Work provided as attachments to this solicitation, or in subsequent task orders.

All minimum LOTS (0001 through 0010 and associated LOTS 0011 through 0016) will be inspected and accepted at the government locations as set forth in Section B by the government.

INSPECTION AND ACCEPTANCE TERMS

Supplies/services will be inspected/accepted at:

CLIN	INSPECT AT	INSPECT BY	ACCEPT AT	ACCEPT BY
0001	Destination	Government	Destination	Government

CLAUSES INCORPORATED BY REFERENCE

52.246-4	Inspection Of Services--Fixed Price	AUG 1996
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CLAUSES INCORPORATED BY FULL TEXT

252.246-7000 MATERIAL INSPECTION AND RECEIVING REPORT (MAR 2003)

(a) At the time of each delivery of supplies or services under this contract, the Contractor shall prepare and furnish to the Government a material inspection and receiving report in the manner and to the extent required by Appendix F, Material Inspection and Receiving Report, of the Defense FAR Supplement.

(b) Contractor submission of the material inspection and receiving information required by Appendix F of the Defense FAR Supplement by using the Wide Area WorkFlow-Receipt and Acceptance (WAWF-RA) electronic form (see paragraph (b)(1) of the clause at 252.232-7003) fulfills the requirement for a material inspection and receiving report (DD Form 250).

(End of clause)

Section F - Deliveries or Performance

SECTION F**PERIOD OF PERFORMANCE**

Performance under the initial Task Order is anticipated from 1 Aug 04 through 30 Sep 04 (LOTS 1 through 6) or 1 Nov 04 through 30 Sep 05 (LOTS 7 through 10) and will be specified at time of a award in the Task Order. The period of performance will be specified in each subsequent Task Order.

PLACE OF PERFORMANCE

The specific locations of services to be furnished will be identified in each Task Order. For the initial Task Orders, the place of performance will be at Naval Hospital Pensacola, FL, Branch Medical Clinic Panama City, FL, Branch Medical Clinic Millington, TN, Naval Hospital Corpus Christi, TX, Branch Medical Clinic Ingleside, TX, Branch Medical Clinic Fort Worth, TX or Branch Medical Clinic Kingsville, TX.

CLAUSES INCORPORATED BY REFERENCE

52.242-15	Stop-Work Order	AUG 1989
52.242-17	Government Delay Of Work	APR 1984

Section G - Contract Administration Data

SECTION G**CONTRACT ADMINISTRATION APPOINTMENT AND DUTIES**

In order to expedite administration of this contract/order, the following delineation of duties is provided including the names, addresses, e-mail addresses and phone numbers for each individual or office as specified. The individual/position designated as having responsibility should be contacted for any questions, clarifications or information regarding the functions assigned.

1. PROCURING CONTRACTING OFFICER (PCO) is responsible for:

- a. All pre-award information, questions, or data
- b. Freedom of Information inquires
- c. Change/question/information regarding the scope,
- d. There will not be post award conference.

e. The Contracting Officer is the only person authorized to approve changes in any of the requirements of this contract and, notwithstanding provisions contained elsewhere in this contract, the said authority remains solely with the Contracting Officer. In the event the Contractor effects any change at the direction of any person other than the Contracting Officer, the change will be considered to have been made without the authority to do so and no adjustment will be made in the contract price to cover any increase in charges incurred as a result thereof. The name of the Procurement Contracting Officer is **Mrs. Shirley Overcash**.

f. The name and address of the Contract Specialist who is the point of contact prior to and after award is:

NAVAL MEDICAL LOGISTICS COMMAND
ATTN: Code 02, Shirley M. Overcash
1681 NELSON STREET
FORT DETRICK, MD 21702-9203
(301) 619-2151 [No collect calls]

2. CONTRACT ADMINISTRATION OFFICE (CAO) is responsible for matters specified in FAR 42-302 and DFARS 242-302 except in those areas otherwise designated herein.

- a. The Procuring Contracting Officer will maintain contract administration.
- b. Paying Office will be included in each Task Order. Invoicing instructions and payment for services will be included in all Task Orders.
- c. CONTRACTING OFFICER REPRESENTATIVE (COR) is responsible for:
 - (1) Liaison with personnel at the Government installation and the contractor personnel on site;
 - (2) Technical advice/recommendations/clarification on the SOW;
 - (3) The SOW for delivery/task orders place under this contract;
 - (4) An independent government estimate of the effort described in the definitized SOW;
 - (5) Quality assurance of services performed and acceptance of the services or deliverables;

- (6) Government Furnished Property (GFP);
- (7) Security requirements on Government installation;
- (8) The contract will be administered in accordance with the Contract Administration Plan (CAP) Attachment AC.
- (9) Providing the PCO or his designated ordering officer with appropriate funds for issuance of the delivery/task order; and or;
- (10) Certification of invoice for payment;

NOTE: When, in the opinion of the contractor, the COR requests effort outside the existing scope of the contract (or delivery/task order), the contractor shall promptly notify the contracting officer (or ordering officer) in writing. No action shall be taken by the contractor under such direction, until the contracting officer has issued a modification of the delivery/task order; or until the issue has otherwise been resolved.

THE COR IS NOT AN ADMINISTRATIVE CONTRACTING OFFICER AND DOES NOT HAVE THE AUTHORITY TO DIRECT THE ACCOMPLISHMENT OF EFFORT WHICH IS BEYOND THE SCOPE OF THE SOW IN THE CONTRACT OR DELIVERY/TASK ORDER.

COR will be appointed after contract award.

In the event that the COR named above is absent due to leave, illness, or official business, all responsibilities and functions assigned to the COR will be the responsibility of the alternate COR:

Alternate COR(s) may be appointed after contract award.

3. ORDERING OFFICER is responsible for:

- a. Requesting, obtaining and evaluating proposals for orders to be issued;
- b. Determining the estimated cost of the order is fair and reasonable for the effort proposed;
- c. Obligating the funds by issuance of the delivery/task order;
- d. Authorization for use of overtime;
- e. Authorization to begin performance; and/or;
- f. Monitoring of total cost of delivery/task orders issued.

The following limitation/restrictions are placed on the ordering officer:

- a. No other shall be placed in excess of 100,000 hours without the prior approval of the PCO.
- b. No order shall be placed with delivery requirements in excess of 100,000 hours.

Ordering Officer(s) may be appointed after contract award.

CLAUSES INCORPORATED BY REFERENCE

252.242-7000

Postaward Conference

DEC 1991

Section H - Special Contract Requirements

SECTION H

H.1 TASK ORDER CONTRACT.

a. The Government intends that this solicitation result in award of multiple indefinite delivery indefinite quantity (ID/IQ) contracts. Services will be procured via the award of Task Orders issued against the basic contract. There are two procedures to be followed for the submission of offers for award of Task Orders.

b. Initial Task Orders. The Government intends to award a minimum of one initial Task Order to each firm selected for contract award. Priced proposals for initial Task Orders must be submitted with each offeror's contract proposal and be responsive to the government requirements detailed in Section L of this solicitation. Initial Task Orders will satisfy the contract minimum quantity of services required from each contract awardee. The quantity and type of services to be procured, as well as position specific duty descriptions for these initial Task Orders, are provided as attachments to this solicitation.

c. Subsequent Task Orders. The Government intends to order additional services, up to the stated contract maximum quantities, throughout the life of this contract. Special procedures and regulations apply to the award of subsequently awarded Task Orders. These procedures are provided in H.2 below.

H.2 TASK ORDER PROCEDURES (Subsequent Task Orders)

a. Fair Opportunity For Consideration

(1) One or more Task Orders may be issued during the performance period of this contract. The Government will provide all awardees a fair opportunity for consideration. Fair opportunity is not the same evaluation process used to make the initial award of the IDIQ contract. In accordance with FAR 16.505(b), the Contracting Officer will give each awardee a "fair opportunity" to be considered for each order in excess of \$2,500 unless one of the conditions in paragraph (2) below applies.

(2) Exceptions to Fair Opportunity for Consideration. Awardees will not be given a fair opportunity to be considered for Task Orders which are expected to exceed \$2,500 when the Contracting Officer determines one of the following conditions apply:

(a) The agency need for services is of such urgency that providing such an opportunity would result in unacceptable delays;

(b) Only one awardee is capable of providing the services required at the level of quality required because the services ordered are unique or highly specialized;

(c) The order should be issued on a sole-source basis in the interest of economy and efficiency as a logical follow-on to a Task Order already issued under this contract, provided that all awardees were given fair opportunity to be considered for the original order. For the purposes of this solicitation the contracting officer may negotiate a sole source logical follow-on Task Order with the current contractor providing previously competed services. In the event an increase in the amount of previously competed services is required by the Government, the Contracting Officer may negotiate a sole source logical follow-on Task Order with the current contractor provided the required additional services do not represent more than one full time equivalent position or 20% of the total competed labor hours for the affected labor category (categories), whichever is greater. When deciding whether to negotiate a sole source logical follow-on Task Order with the current contractor, consideration will be given to the contractor's past performance, continuity of healthcare worker services, and price.

(d) It is necessary to place an order to satisfy a minimum quantity.

(3) The Contracting Officer has broad discretion in determining which awardee should receive a Task Order. Each task order award decision will consider the first three of the following five factors. Factors four and five (i.e., subparagraphs (d) and (e)) will be considered as described in the task order proposal request.

(a) The price of the Task Order. The factors to be considered in evaluating prices proposed are:

(i) COMPLETENESS. All price information required by the task order proposal request has been submitted and completed supplemental price worksheets.

(ii) REASONABLENESS. The degree to which the proposed prices compare to the prices a reasonable prudent person would expect to incur for the same or similar services.

(iii) REALISM. The offeror's CLIN prices and the Supplemental Pricing Worksheets will be examined to identify unusually low price estimates, understatements of costs, inconsistent pricing patterns, potential misunderstandings of the solicitation requirements, and the risk of personnel recruitment and retention problems during task order performance.

(b) Timeliness of submission of Task Order proposal. Task Order proposals which are submitted late (see H.2 for submission instructions) may not be considered for award.

(c) The past performance and management record of the awardee in previous task orders and task order proposals under this contract will be evaluated. Performance within the past 5 years on other contracts within the geographic area of this contract will also be considered. This past performance evaluation will include a review of all aspects of contract performance, both positive and negative, including but not limited to performance enhancements or problems, management enhancements or problems, timeliness of proposal submission, reasonableness and realism of prices, continuity of health care workers, shift fill rates, and quality of health care workers provided.

(d) Quality of the health care worker(s) proposed under the task order. General ranking factors of health care workers are:

(i) The quality and characteristics of the proposed personnel mix in relationship to the labor mix requirements specified in the Task Order.

(ii) Quality and quantity of qualifications, including education, training, and experience, as they relate to the duties in the Task Order. Prior experience in a military medical setting may enhance the candidate's ranking.

(iii) Letters of Recommendation

(iv) Additional certifications and licensure, as applicable.

(v) Total continuing education within the 3 years immediately preceding the task order.

(e) Management plan for accomplishment of the task order requirements.

(4) When placing orders, the Contracting Officer is not required to prepare formal evaluation plans, score offers, or hold discussions or negotiations with each awardee. Even though the Contracting Officer does not have to comply with the competition rules in Part 6 of the Federal Acquisition Regulations and does not have to conduct discussions before issuing an order, there will be an internal record of why a particular offeror provided the best value based on the particular requirements of each Task Order.

(5) Issues arising from the placement of orders are not protestable to the General Accounting Office unless the protest alleges that the order exceeded the value, scope, or period of the contract.

b. Task Order Proposal Request, Proposal Submission, And Task Order Award. The process for requesting Task Order proposals, evaluating the proposals, selecting an awardee for each Task Order, issuing the Task Order, and the commencement of services under each Task Order is shown below.

(1) Task Order Proposal Request.

(a) The Contracting Officer will issue a written Task Order Proposal Request (TOPR) and will forward it to all awardees unless one of the exceptions to the fair opportunity for consideration listed above in H.2 a(2) applies.

(b) The (TOPR) will include as a minimum the following information:

- (1) The date of order
- (2) Contract number and order number
- (3) Description of services (labor category, position qualifications, place of performance, hours of operation, and quantity required)
- (4) The unit price
- (5) The period of performance
- (6) Accounting and appropriation data
- (7) Payment office address
- (8) Invoicing and acceptance instructions
- (9) Name of the Contracting Officer's Representative (COR)
- (10) Any other pertinent data

(2) Proposal Submission.

(a) If an awardee is unable to submit a proposal, they must notify the Contracting Officer in writing as soon as practicable. A brief written statement as to why the awardee is unable to submit a proposal is required. Failure to submit a Task Order proposal without sufficient justification may be considered as negative past performance information which may jeopardize the award of future Task Orders.

(b) The contractor's Task Order proposal shall always be required to contain a price section and may be required to include a technical section. The price section shall include a completed Supplemental Pricing Worksheet (Attachment AB) for each proposed health care worker. The original and one copy of the price section shall be forwarded to the Naval Medical Logistics Command as specified in Section F.3. Certified cost or pricing data is not required for individual Task Orders. Direct labor rates must be consistent with that currently being paid in the geographic location where services are to be performed. If required, the technical section shall include the personnel, past performance, and management plan information required by the TOPR. The original technical section and one copy shall be forwarded to the Naval Medical Logistics Command as specified in Section F.2.

(3) Task Order Award.

(a) Upon completion of the evaluation of the technical and price sections, the Contracting Officer will issue a Task Order to the contractor whose proposal is most advantageous to the Government considering the evaluation factors specified in H.2.a(3) above.

(b) In the event issues pertaining to a proposed Task Order cannot be resolved to the satisfaction of the Contracting Officer, the Contracting Officer reserves the right to withdraw or cancel the proposed Task Order. In such event, the contractor will be notified, via letter or email, of the Contracting Officer's decision and this decision shall be final and conclusive and shall not be subject to the "Disputes" clause or the "Contract Disputes Act".

(4) Commencement of Performance.

(a) Upon award, a Task Order will be transmitted to the contractor on a DD Form 1155. Approved health care workers will generally be required to begin performance no later than 30 days after execution of the Task Order by the Contracting Officer, unless otherwise mutually agreed or specified in the task order. If a health care worker who was proposed in response to the Task Order Proposal Request is not available to begin performance on the Task Order, the contractor must notify the Contracting Officer immediately.

(b) Failure to begin performance with the approved health care worker may result in termination of the Task Order and reconsideration of the other Task Order proposals received in response to the Task Order Proposal Request. The contractor may or may not be given the opportunity to propose a new health care worker. The Government reserves the right to terminate the contract for default if the contractor fails to begin performance.

H.3 OMBUDSMAN

a. The ombudsman will review complaints from contractors regarding the award of Task Orders and ensure that all contractors are afforded a fair opportunity to be considered, consistent with the procedures in the contract. The Task Order contract ombudsman for this contract is the Navy Competition Advocate General. Contractors are encouraged to settle their complaints through the Competition Advocate chain of command, seeking review by the Command Competition Advocate at the Naval Medical Logistics Command before taking their complaints to the Navy Competition Advocate General. The Naval Medical Logistics Command's Competition Advocate can be reached at (301) 619-2158 or at the following address:

Naval Medical Logistics Command
ATTN: Executive Officer
1581 Nelson St.
Fort Detrick, MD 21702-9203

H.4 PRIOR WRITTEN PERMISSION REQUIRED FOR SUBCONTRACTS

None of the services required by this contract shall be subcontracted to or performed by persons other than the contractor or the contractor's employees without the prior written consent of the Contracting Officer.

H.5 RESTRICTION ON THE USE OF NAVY-AFFILIATED PERSONNEL

Without the prior written approval of the Contracting Officer, the contractor shall not use, in the performance of this contract, any active duty Navy personnel, civilian employees of the Navy, or persons currently performing medical services under other Navy contracts.

H.6 SUBSTITUTION OF PERSONNEL FOR HEALTHCARE WORKERS WHO ACCRUE LEAVE

a. The contractor agrees to initiate performance of this Task Order using only the health care worker(s) whose professional qualifications have been determined technically acceptable by the Government as part of the source selection process.

b. During Task Order performance, no personnel substitutions shall be made by the contractor without the express consent of the Contracting Officer or in accordance with a procedure specified by the Contracting Officer. All substitution requests will be processed in accordance with this clause.

c. No personnel substitutions shall be permitted during the first 60 days of Task Order performance, unless they are necessitated by a health care worker's unexpected illness, injury, death or termination of employment. Should one of these events occur, the contractor shall promptly notify the Contracting Officer and provide the information required in paragraph H.6d below. After the initial 60 day period, all substitution requests shall be submitted, in writing, at least 30 days prior to the planned change of personnel. All such requests must provide the information required by paragraph H.6d below.

d. All substitution requests must provide a detailed explanation of the circumstances necessitating the proposed replacement of personnel. The contractor shall also demonstrate that the substitute health care worker(s) possess professional qualifications that are equal to or higher than the qualifications in Sections C.7 and C.8. In addition, all substitution requests shall include a Certificate of Availability signed and dated by each proposed health care worker, and any other information identified by the Contracting Officer. The Contracting Officer will evaluate such requests and promptly notify the contractor of the approval or disapproval thereof.

H.7 CRIME CONTROL ACT OF 1990 REQUIREMENT

a. Section 21 of the Crime Control Act of 1990, 42 U.S.C. 13041, as amended by section 1094 of Public Law 1-02-190, requires every facility operated by the Federal Government (or operated under contract with the Federal Government) that hires (or contracts to hire) individuals involved in the provision of child care services to assure that all existing and newly-hired employees undergo a criminal background check. The term "child care services" is defined to include health and mental health care.

b. The Government will conduct criminal background checks on all health care worker's providing child care services under this contract based on fingerprints of contractor employees obtained by a Government law enforcement officer and inquiries conducted through the Federal Bureau of Investigation (FBI) and State criminal history repositories. In doing so the Government shall follow the procedures set forth in DOD Instruction 1402.5.

c. Within 30 days after contract award, the contractor and all contractor employees shall provide all reasonable and necessary assistance to the Government, including compliance with the employment application requirements set forth in 42 U.S.C. 13041(d). Upon receipt of the results of a background check, the contractor further agrees to undertake a personnel action in accordance with 42 U.S.C. 13041(c), when appropriate.

d. With written recommendation from the Commander, and the approval one level above the Contracting officer, a contractor employee may be permitted to perform work under this contract prior to the completion of a background check, provided the employee is within sight and continuous supervision of an individual with a successful background check.

e. Contractor employees shall have the right to obtain a copy of any background check pertaining to themselves and to challenge the accuracy and completeness of the information contained in the report.

H.8 LIABILITY INSURANCE

a. Before commencing work under a contract, the contractor shall certify to the Contracting Officer in writing that the required insurance has been obtained. The following insurance as referenced in FAR 28.307, is the minimum insurance required:

(1) General liability - Bodily injury liability insurance coverage written on the comprehensive form of policy of at least \$500,000 per occurrence.

(2) Automobile liability - Automobile liability insurance written on the comprehensive form of policy. The policy shall provide for bodily injury and property damage liability covering the operation of all automobiles used in connection with performing the contract. Policies covering automobiles operated in the United States shall 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 amount of liability coverage on other policies shall be commensurate with any legal requirements of the locality and sufficient to meet normal and customary claims.

(3) Workers' compensation and employer's liability - Contractors are required to comply with applicable Federal and State workers' compensation and occupational disease statutes. If occupational diseases are not compensable under those statutes, they shall be covered under the employer's liability section of the insurance policy, except when contract operations are so commingled with a contractor's commercial operations that it would not be practical to require this coverage. Employer's liability coverage of at least \$100,000 shall be required, except

in States with exclusive or monopolistic funds that do not permit workers' compensation to be written by private carriers.

Section I - Contract Clauses

CLAUSES INCORPORATED BY REFERENCE

52.202-1 Alt I	Definitions (Dec 2001) --Alternate I	MAY 2001
52.203-5	Covenant Against Contingent Fees	APR 1984
52.203-6	Restrictions On Subcontractor Sales To The Government	JUL 1995
52.203-7	Anti-Kickback Procedures	JUL 1995
52.203-8	Cancellation, Rescission, and Recovery of Funds for Illegal or Improper Activity	JAN 1997
52.203-10	Price Or Fee Adjustment For Illegal Or Improper Activity	JAN 1997
52.203-12	Limitation On Payments To Influence Certain Federal Transactions	JUN 2003
52.204-4	Printed or Copied Double-Sided on Recycled Paper	AUG 2000
52.209-6	Protecting the Government's Interest When Subcontracting With Contractors Debarred, Suspended, or Proposed for Debarment	JUL 1995
52.215-2	Audit and Records--Negotiation	JUN 1999
52.215-8	Order of Precedence--Uniform Contract Format	OCT 1997
52.222-3	Convict Labor	JUN 2003
52.222-26	Equal Opportunity	APR 2002
52.222-35	Equal Opportunity For Special Disabled Veterans, Veterans of the Vietnam Era, and Other Eligible Veterans	DEC 2001
52.222-36	Affirmative Action For Workers With Disabilities	JUN 1998
52.222-37	Employment Reports On Special Disabled Veterans, Veterans Of The Vietnam Era, and Other Eligible Veterans	DEC 2001
52.222-41	Service Contract Act Of 1965, As Amended	MAY 1989
52.222-43	Fair Labor Standards Act And Service Contract Act - Price Adjustment (Multiple Year And Option)	MAY 1989
52.222-44	Fair Labor Standards And Service Contract Act - Price Adjustment	FEB 2002
52.223-5	Pollution Prevention and Right-to-Know Information	APR 1998
52.223-6	Drug Free Workplace	MAY 2001
52.223-14	Toxic Chemical Release Reporting	JUN 2003
52.224-1	Privacy Act Notification	APR 1984
52.224-2	Privacy Act	APR 1984
52.225-13	Restrictions on Certain Foreign Purchases	JUN 2003
52.227-1	Authorization and Consent	JUL 1995
52.228-5	Insurance - Work On A Government Installation	JAN 1997
52.229-3	Federal, State And Local Taxes	APR 2003
52.232-11	Extras	APR 1984
52.232-17	Interest	JUN 1996
52.232-23 Alt I	Assignment of Claims (Jan 1986) - Alternate I	APR 1984
52.232-25	Prompt Payment	FEB 2002
52.233-1 Alt I	Disputes (Jul 2002) - Alternate I	DEC 1991
52.233-3	Protest After Award	AUG 1996
52.237-2	Protection Of Government Buildings, Equipment, And Vegetation	APR 1984
52.237-3	Continuity Of Services	JAN 1991
52.242-13	Bankruptcy	JUL 1995
52.243-1 Alt I	Changes--Fixed Price (Aug 1987) - Alternate I	APR 1984
52.244-5	Competition In Subcontracting	DEC 1996
52.244-6	Subcontracts for Commercial Items	APR 2003

52.245-2 Alt I	Government Property (Fixed-Price Contracts) (Jun 2003) - Alternate I	APR 1984
52.246-1	Contractor Inspection Requirements	APR 1984
52.246-25	Limitation Of Liability--Services	FEB 1997
52.249-8	Default (Fixed-Price Supply & Service)	APR 1984
52.253-1	Computer Generated Forms	JAN 1991
252.203-7001	Prohibition On Persons Convicted of Fraud or Other Defense-Contract-Related Felonies	MAR 1999
252.203-7002	Display Of DOD Hotline Poster	DEC 1991
252.204-7003	Control Of Government Personnel Work Product	APR 1992
252.205-7000	Provision Of Information To Cooperative Agreement Holders	DEC 1991
252.209-7000	Acquisition From Subcontractors Subject To On-Site Inspection Under The Intermediate Range Nuclear Forces (INF) Treaty	NOV 1995
252.215-7000	Pricing Adjustments	DEC 1991
252.223-7004	Drug Free Work Force	SEP 1988
252.223-7006	Prohibition On Storage And Disposal Of Toxic And Hazardous Materials	APR 1993
252.225-7016	Restriction On Acquisition Of Ball and Roller Bearings	APR 2003
252.243-7001	Pricing Of Contract Modifications	DEC 1991

CLAUSES INCORPORATED BY FULL TEXT

52.216-18 ORDERING. (OCT 1995)

(a) Any supplies and services to be furnished under this contract shall be ordered by issuance of delivery orders or task orders by the individuals or activities designated in the Schedule. Such orders may be issued from the date of contract award through a date to be determined, but not exceeding 60 months beginning with the initial start of contract services, or until all maximum quantities have been ordered, whichever occurs first.

(b) All delivery orders or task orders are subject to the terms and conditions of this contract. In the event of conflict between a delivery order or task order and this contract, the contract shall control.

(c) If mailed, a delivery order or task order is considered "issued" when the Government deposits the order in the mail. Orders may be issued orally, by facsimile, or by electronic commerce methods only if authorized in the Schedule.

(End of clause)

52.216-19 ORDER LIMITATIONS. (OCT 1995)

(a) Minimum order. When the Government requires supplies or services covered by this contract in an amount of less than **\$1,000.00**, the Government is not obligated to purchase, nor is the Contractor obligated to furnish, those supplies or services under the contract.

(b) Maximum order. The Contractor is not obligated to honor:

(1) Any order for a single item in excess of **100,000 hours**;

(2) Any order for a combination of items in excess of **the maximum total requirement for this contract**; or

(3) A series of orders from the same ordering office within 14 days that together call for quantities exceeding the limitation in subparagraph (1) or (2) above.

(c) If this is a requirements contract (i.e., includes the Requirements clause at subsection 52.216-21 of the Federal Acquisition Regulation (FAR)), the Government is not required to order a part of any one requirement from the Contractor if that requirement exceeds the maximum-order limitations in paragraph (b) above.

(d) Notwithstanding paragraphs (b) and (c) above, the Contractor shall honor any order exceeding the maximum order limitations in paragraph (b), unless that order (or orders) is returned to the ordering office within 30 days after issuance, with written notice stating the Contractor's intent not to ship the item (or items) called for and the reasons. Upon receiving this notice, the Government may acquire the supplies or services from another source.

(End of clause)

52.216-22 INDEFINITE QUANTITY. (OCT 1995)

(a) This is an indefinite-quantity contract for the supplies or services specified, and effective for the period stated, in the Schedule. The quantities of supplies and services specified in the Schedule are estimates only and are not purchased by this contract.

(b) Delivery or performance shall be made only as authorized by orders issued in accordance with the Ordering clause. The Contractor shall furnish to the Government, when and if ordered, the supplies or services specified in the Schedule up to and including the quantity designated in the Schedule as the "maximum". The Government shall order at least the quantity of supplies or services designated in the Schedule as the "minimum".

(c) Except for any limitations on quantities in the Order Limitations clause or in the Schedule, there is no limit on the number of orders that may be issued. The Government may issue orders requiring delivery to multiple destinations or performance at multiple locations.

(d) Any order issued during the effective period of this contract and not completed within that period shall be completed by the Contractor within the time specified in the order. The contract shall govern the Contractor's and Government's rights and obligations with respect to that order to the same extent as if the order were completed during the contract's effective period; provided, that the Contractor shall not be required to make any deliveries under this contract after 31 July 09.

(End of clause)

52.219-14 LIMITATIONS ON SUBCONTRACTING (DEC 1996)

(a) This clause does not apply to the unrestricted portion of a partial set-aside.

(b) By submission of an offer and execution of a contract, the Offeror/Contractor agrees that in performance of the contract in the case of a contract for--

(1) Services (except construction). At least 50 percent of the cost of contract performance incurred for personnel shall be expended for employees of the concern.

(2) Supplies (other than procurement from a nonmanufacturer of such supplies). The concern shall perform work for at least 50 percent of the cost of manufacturing the supplies, not including the cost of materials.

(3) General construction. The concern will perform at least 15 percent of the cost of the contract, not including the cost of materials, with its own employees.

(4) Construction by special trade contractors. The concern will perform at least 25 percent of the cost of the contract, not including the cost of materials, with its own employees.

52.222-21 PROHIBITION OF SEGREGATED FACILITIES (FEB 1999)

(a) Segregated facilities, as used in this clause, means any waiting rooms, work areas, rest rooms and wash rooms, restaurants and other eating areas, time clocks, locker rooms and other storage or dressing areas, parking lots, drinking fountains, recreation or entertainment areas, transportation, and housing facilities provided for employees, that are segregated by explicit directive or are in fact segregated on the basis of race, color, religion, sex, or national origin because of written or oral policies or employee custom. The term does not include separate or single-user rest rooms or necessary dressing or sleeping areas provided to assure privacy between the sexes.

(b) The Contractor agrees that it does not and will not maintain or provide for its employees any segregated facilities at any of its establishments, and that it does not and will not permit its employees to perform their services at any location under its control where segregated facilities are maintained. The Contractor agrees that a breach of this clause is a violation of the Equal Opportunity clause in this contract.

(c) The Contractor shall include this clause in every subcontract and purchase order that is subject to the Equal Opportunity clause of this contract.

(End of clause)

52.222-42 STATEMENT OF EQUIVALENT RATES FOR FEDERAL HIRES (MAY 1989)

In compliance with the Service Contract Act of 1965, as amended, and the regulations of the Secretary of Labor (29 CFR Part 4), this clause identifies the classes of service employees expected to be employed under the contract and states the wages and fringe benefits payable to each if they were employed by the contracting agency subject to the provisions of 5 U.S.C. 5341 or 5332.

THIS STATEMENT IS FOR INFORMATION ONLY: IT IS NOT A WAGE DETERMINATION
Employee Class Monetary Wage-Fringe Benefits

EMPLOYEE CLASS	MONETARY WAGE-FRINGE BENEFITS
Licensed Practical Nurse	\$14.79
Registered Nurse (Outpatient)	\$30.34
Medical Assistant	\$13.18
Physical Therapist	\$22.69
Ultrasound Technologist	\$27.61
Physical Therapist Assistant	\$16.54
Registered Respiratory Therapist	\$22.69

Registered Nurse (Perioperative)	\$27.61
ENT Technicians	\$16.54
Ophthalmic Technician	\$16.54
Dietitians	\$27.61
Registered Nurse (Health Educator)	\$27.61
Pharmacy Technicians	\$14.79

(End of clause)

52.232-3 PAYMENTS UNDER PERSONAL SERVICES CONTRACTS (APR 1984)

The Government shall pay the Contractor for the services performed by the Contractor, as set forth in the Schedule of this contract, at the rates prescribed, upon the submission by the Contractor of proper invoices or time statements to the office or officer designated and at the time provided for in this contract. The Government shall also pay the Contractor:

- (a) a per diem rate in lieu of subsistence for each day the Contractor is in a travel status away from home or regular place of employment in accordance with Federal Travel Regulations (41 CFR 101-7) as authorized in appropriate Travel Orders; and
- (b) any other transportation expenses if provided for in the Schedule.

52.232-8 DISCOUNTS FOR PROMPT PAYMENT (FEB 2002)

(a) Discounts for prompt payment will not be considered in the evaluation of offers. However, any offered discount will form a part of the award, and will be taken if payment is made within the discount period indicated in the offer by the offeror. As an alternative to offering a discount for prompt payment in conjunction with the offer, offerors awarded contracts may include discounts for prompt payment on individual invoices.

(b) In connection with any discount offered for prompt payment, time shall be computed from the date of the invoice. If the Contractor has not placed a date on the invoice, the due date shall be calculated from the date the designated billing office receives a proper invoice, provided the agency annotates such invoice with the date of receipt at the time of receipt. For the purpose of computing the discount earned, payment shall be considered to have been made on the date that appears on the payment check or, for an electronic funds transfer, the specified payment date. When the discount date falls on a Saturday, Sunday, or legal holiday when Federal Government offices are closed and Government business is not expected to be conducted, payment may be made on the following business day.

(End of clause)

52.249-12 TERMINATION (PERSONAL SERVICES) (APR 1984)

The Government may terminate this contract at any time upon at least 15 days' written notice by the Contracting Officer to the Contractor. The Contractor, with the written consent of the Contracting Officer, may terminate this contract upon at least 15 days' written notice to the Contracting Officer.

(End of clause)

52.252-1 SOLICITATION PROVISIONS INCORPORATED BY REFERENCE (FEB 1998)

This solicitation incorporates one or more solicitation provisions by reference, with the same force and effect as if they were given in full text. Upon request, the Contracting Officer will make their full text available. The offeror is cautioned that the listed provisions may include blocks that must be completed by the offeror and submitted with its quotation or offer. In lieu of submitting the full text of those provisions, the offeror may identify the provision by paragraph identifier and provide the appropriate information with its quotation or offer. Also, the full text of a solicitation provision may be accessed electronically at this/these address(es):

<http://farsite.hill.af.mil>

(End of provision)

52.252-2 CLAUSES INCORPORATED BY REFERENCE (FEB 1998)

This contract incorporates one or more clauses by reference, with the same force and effect as if they were given in full text. Upon request, the Contracting Officer will make their full text available. Also, the full text of a clause may be accessed electronically at this/these address(es):

<http://farsite.hill.af.mil>

(End of clause)

252.204-7004 REQUIRED CENTRAL CONTRACTOR REGISTRATION (NOV 2001)

(a) Definitions.

As used in this clause--

(1) Central Contractor Registration (CCR) database means the primary DoD repository for contractor information required for the conduct of business with DoD.

(2) Data Universal Numbering System (DUNS) number means the 9-digit number assigned by Dun and Bradstreet Information Services to identify unique business entities.

(3) Data Universal Numbering System +4 (DUNS+4) number means the DUNS number assigned by Dun and Bradstreet plus a 4-digit suffix that may be assigned by a parent (controlling) business concern. This 4-digit suffix may be assigned at the discretion of the parent business concern for such purposes as identifying subunits or affiliates of the parent business concern.

(4) Registered in the CCR database means that all mandatory information, including the DUNS number or the DUNS+4 number, if applicable, and the corresponding Commercial and Government Entity (CAGE) code, is in the

CCR database; the DUNS number and the CAGE code have been validated; and all edits have been successfully completed.

(b)(1) By submission of an offer, the offeror acknowledges the requirement that a prospective awardee must be registered in the CCR database prior to award, during performance, and through final payment of any contract resulting from this solicitation, except for awards to foreign vendors for work to be performed outside the United States.

(2) The offeror shall provide its DUNS or, if applicable, its DUNS+4 number with its offer, which will be used by the Contracting Officer to verify that the offeror is registered in the CCR database.

(3) Lack of registration in the CCR database will make an offeror ineligible for award.

(4) DoD has established a goal of registering an applicant in the CCR database within 48 hours after receipt of a complete and accurate application via the Internet. However, registration of an applicant submitting an application through a method other than the Internet may take up to 30 days. Therefore, offerors that are not registered should consider applying for registration immediately upon receipt of this solicitation.

(c) The Contractor is responsible for the accuracy and completeness of the data within the CCR, and for any liability resulting from the Government's reliance on inaccurate or incomplete data. To remain registered in the CCR database after the initial registration, the Contractor is required to confirm on an annual basis that its information in the CCR database is accurate and complete.

(d) Offerors and contractors may obtain information on registration and annual confirmation requirements by calling 1-888-227-2423, or via the Internet at <http://www.ccr.gov>.

(End of clause)

Section J - List of Documents, Exhibits and Other Attachments

Section J, Table of Contents		
Document Type	Description	
Attachment AA	U.S. Employment Eligibility	
Attachment AB	Supplemental Pricing Worksheet	
Attachment AC	Contract Administration Plan	
Attachment AD	Wage Determination, Escambia County FL 1994-2122	
Attachment AE	Wage Determination, Shelby County TN 1994-2496	
Attachment AF	Wage Determination, Bay County FL 1994-3008	
Attachment AG	Wage Determination, Kleberg and San Patricio Counties, TX 1994-2508	
Attachment AH	Offeror's Management Plan (Reserved)	
Attachment AI	Family Practice Services, NH Pensacola	
Attachment AJ	Immunization/Allergy Clinic Services, NH Pensacola	
Attachment AK	Radiology Department Services, NH Pensacola	
Attachment AL	Physical Therapy Services, NH Pensacola	
Attachment AM	Internal Medicine Services, NH Pensacola	
Attachment AN	Obstetrics and Gynecology Clinic Services, NH Pensacola	
Attachment AO	Ear, Nose and Throat Clinic Services, NH Pensacola	
Attachment AP	Perioperative Registered Nurse Services, NH Pensacola	
Attachment AQ	Optometry Clinic Services, NH Pensacola	
Attachment AR	Family Practice Services, BMC Panama City	
Attachment AS	Primary Care Services, Millington, TN	
Attachment AT	Primary Care Clinic Services, NH Corpus Christi	
Attachment AU	Pediatrics Clinic Services, NH Corpus Christi	
Attachment AV	Internal Medicine Services, NH Corpus Christi	
Attachment AW	Radiologist Services, NH Corpus Christi	
Attachment AX	Dermatologist Services, NH Corpus Christi	
Attachment AY	Physical Therapy Services, NH Corpus Christi	
Attachment AZ	Pharmacy Technician Services, NH Corpus Christi and BMC Fort Worth	
Attachment BA	Dietitian Services, NH Corpus Christi and BMC Ingleside	
Attachment BB	Health Educator Services, NH Corpus Christi and BMC Kingsville	
Attachment BC	Family Practice and Pediatrics Clinics Services, BMC Ingleside	
Attachment BD	Notional Task Order, Emergency Department, NH Pensacola	
Attachment BE		

ATTACHMENT AA

Attachment AA

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
6. Military dependant's ID Card
7. U.S. Coast Guard Merchant Mariner Card

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
4. Native American Tribal document
5. U.S. Citizen ID Card (INS Form I-197)

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

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).

ATTACHMENT AB

This supplemental pricing worksheet shall be completed in accordance with requirements of Section L, paragraph L.2.3d(2). This worksheet requires two sets of data: 1) information regarding the minimum compensation rates to be paid by the offeror to any health care worker in this labor category/CLIN for the specified solicitation Lot; and 2) information regarding the average compensation rate for the labor category, considering all health care workers to be utilized and all hours of service to be performed. The Contracting Officer will use the minimum compensation information to determine the price realism of the proposed compensation. The Contracting Officer will use the average compensation information for best value determinations. A separate supplemental pricing worksheet for each of the labor categories/CLINs included in this Lot is provided on a separate tab within this file; each provided tab shall be completed.

	Minimum compensation for HCWs in this labor category.	Average compensation for HCWs in this labor category.
i. Hourly Rate (direct compensation to the HCW) (expressed in dollars and cents)	\$0.00	\$0.00
ii. *Fringe Benefits (expressed in dollars and cents)	\$0.00	\$0.00
Total Health Care Worker Compensation Per Hour	\$0.00	\$0.00

*Fringe Benefits include non-cash compensation provided to employees (including that necessary to comply with Department of Labor compensation requirements), such as 401(k), Insurance (Medical/Dental/Life), Continuing Education Expenses, Bonuses, Incentives, and Uniform Allowances.

The offeror shall describe other fringe benefits offered but NOT included in the fringe benefit rate above (please specify and describe the value of the benefit):

none

SOURCE INFORMATION NOTES:

Internet salary surveys, proprietary internal salary studies and current wages on existing contracts.

ATTACHMENT AC
ATTACHMENT AC
CONTRACT ADMINISTRATION PLAN

1. Definitions.

1.1 Administrative Contracting Officer (ACO). To the extent that the Procuring Contracting Officer has delegated contract administration, the Government official responsible for administering the contract. For the purposes of these contracts, the PCO has retained contract administration responsibilities. Therefore, the terms PCO and ACO refer to different functions performed by the same individual.

1.2 Alternate Contracting Officer's Representative (ACOR). In the absence of the Contracting Officer's Representative, the Government official appointed in writing by the Procuring Contracting Officer who functions as the technical representative of the Procuring Contracting Officer for a specific contract, for a specified period of time.

1.3 Bureau of Medicine and Surgery (BUMED). The Department of the Navy command responsible for all Navy health and dental contracting initiatives.

1.4 Commanding Officer. The medical department officer that has ultimate responsibility for the operation of an MTF.

1.5 Contracting Officer's Representative (COR). The Government official appointed in writing by the Procuring Contracting Officer who functions as the technical representative of the Procuring Contracting Officer.

1.6 Contractor. The offeror identified in block 15A of the Standard Form 33 or block 7 of the Standard Form 26 and its healthcare workers who are providing services under the contract.

1.7 Medical Treatment Facility (MTF). The DoD hospital or medical center requiring services under these contracts. The abbreviation, "MTF" includes all the Branch Medical Clinics, Medical Administrative Units, Branch Medical Annexes and other subordinate clinical activities specified in these contracts. The abbreviation, "MTF" also refers to any military treatment facility within the scope of these contracts.

1.8 Naval Medical Logistics Command (NAVMEDLOGCOM). The Department of the Navy command responsible for implementation of the Bureau of Medicine and Surgery healthcare contracting initiatives.

1.9 Procuring Contracting Officer (PCO). The Government official within NAVMEDLOGCOM authorized by warrant to enter into these contracts for the Government.

1.10 Supervisor. The Government official whose duty it is to provide day-to-day direction to, and oversight of, contractor personnel, including supervisory functions such as time and attendance.

1.11 Technical Assistant (TA). The MTF representative who may be assigned to provide technical or administrative assistance to the COR. TAs may be assigned to assist and support the COR but shall not be given the authority to provide any technical direction or clarification directly to the Contractor.

2. Responsibilities.

2.1 The Navy's ASSISTANT CHIEF FOR HEALTHCARE OPERATIONS, BUREAU OF MEDICINE AND SURGERY (BUMED Code M3) as Program Manager shall:

- 2.1.1 Establish medical contract policy guidance.
- 2.1.2 Provide overall direction for the planning, development, and operation of all Navy MTFs.
- 2.1.3 Monitor the progress and achievement of medical contracts within the Navy's health care delivery system.
- 2.1.4 Serve as subject matter expert for all technical aspects of medical and dental contracting efforts.
- 2.1.5 Monitor MTF compliance with policies detailing the use of the Managed Care Support Contracts (MCSCs).

2.2 The PROCURING CONTRACTING OFFICER (PCO), ACQUISITION MANAGEMENT DIRECTORATE (Code 02), Naval Medical Logistics Command shall:

- 2.2.1 Perform all required pre-award actions including providing information or answering questions that arise during the solicitation period and as a result of Freedom of Information Act (FOIA) inquiries.
 - 2.2.2 Review the CAP Documentation Form and complete Part II. The PCO shall furnish sample COR and TA nomination letters to the MTF in accordance with NAVSUPINST 4205.3D.
 - 2.2.3 Verify that the individual(s) nominated to act as COR have had the required training and the necessary experience. If the PCO determines that a nominee does not meet experience and training requirements, the PCO shall request that the MTF nominate another individual.
 - 2.2.4 Review the CAP prior to incorporation into the solicitation. This review shall ensure that all contract administration functions are assigned, suit the specific circumstances of the contract and give due consideration to the type of contract, the place of performance, period of performance, and inspection and acceptance criteria stated in the solicitation/contract.
 - 2.2.5 Include the COR duties contained in this master CAP in the resultant solicitation/contract. Additional duties shall be separately delineated within the contract, as appropriate.
 - 2.2.6 Designate the paying office in the contract.
 - 2.2.7 Appoint the COR and ACOR.
 - 2.2.8 Perform all contract administration duties of a Contracting Officer. Regular meetings between the PCO, the COR and/or the MTF Commanding Officer (or representative) will be held to discuss the status of and the performance under individual contracts. The format and frequency of these meetings will depend upon the size and complexity of the contract.
- NOTE: All parties are specifically reminded that only the Contracting Officer has the authority to modify the terms of the contract. Therefore, in no event will any understanding, agreement, modification, change order, or other matter deviating from the terms of the basic contract between the Contractor and any other person be effective or binding on the Government. When/if, in the opinion of the Contractor, any direction affecting the terms of the basic contract has been given by the COR or any other person, the Contractor shall promptly notify the PCO.
- 2.2.9 Evaluate reports of Contractor non-compliance and take appropriate action within 30 days of receipt. Copies of any correspondence regarding the results of such analyses shall be provided to the MTF and the COR simultaneously with the action taken.
 - 2.2.10 Arrange the post-award conference, if required. Invite necessary attendees. Ensure that the requirements of the contract and the COR's duties are thoroughly discussed and understood. Ensure that all personnel involved understand current DoD Standards of Conduct policies.

2.2.11 Oversee the performance of CORs under the contract. Prompt action shall be taken when COR (or alternate) is not performing properly.

2.2.12 Maintain the official contract file including modifications (and all back-up documentation).

2.2.13 Maintain the accuracy of this Master CAP throughout the life of these contracts.

2.2.14 Maintain a list of all CORs under their authority. Periodically review the files and performance of these CORs in accordance with NAVSUPINST 4205.3D and local policies.

2.2.15 Review the existing annual Contractor performance reports prior to negotiating any logical follow on task orders under these contracts. Enter data into the Contractor Performance Assessment Reporting System (CPARS).

2.2.16 Maintain a log of total hours ordered under these contracts by CLIN/SLIN to guarantee that maximum order quantities are not exceeded. Notify the Healthcare Program Analyst (NAVMEDLOGCOM Code 07) and the MTF when 75% of the maximum order quantity of any CLIN/SLIN has been reached.

2.3 The HEALTHCARE PROGRAM ANALYST, HEALTHCARE SERVICES SUPPORT DIRECTORATE (Code 07), Naval Medical Logistics Command shall:

2.3.1 Submit a completed and signed CAP Documentation Form with answers to questions that pertain to this acquisition.

2.3.2 As appropriate, submit the Contract Data Requirements List (DD Form 1423 or CDRL) providing a description of all reports/outputs required from the Contractor.

2.3.3 Act as the healthcare contracting technical manager for BUMED. Ensure consistency among healthcare contracts, providing coordination and technical liaison between MTFs, BUMED, CORs, and the PCO.

2.3.4 Coordinate/develop the procurement technical requirements including a performance work statement (Section C); draft input to Sections B, H, L and M; a draft Source Selection Plan; a draft Contract Administration Plan (CAP); potential sources for the procurement; draft quality assurance plan; surveillance plan and other related documents required for the acquisition.

2.3.5 Monitor and manage reports of Contractor non-compliance, evaluate reports submitted by the individual CORs and, recommend PCO disposition on all noted discrepancies.

2.3.6 Perform healthcare trend analyses and provide feedback to the PCO and CORs.

2.3.7 Provide any other technical assistance to the MTF, PCO/ACO, CORs and, other customers.

2.3.8 Conduct periodic COR meetings and inspections to discuss status and performance under the contract emphasizing problem identification, problem solving and contract familiarity. These items will be prospectively coordinated with the PCO.

2.3.9 Ensure that the MTF, PCO/ACO, CORs, and BUMED are appropriately informed of related healthcare issues.

2.3.10 Provide periodic statistical and financial reports to BUMED.

2.3.11 Periodically appraise customers of hours/service remaining within Schedule B and any anticipated impact that new task orders will have on plans for changes (expansion/reductions) of services.

2.4. The COMMANDING OFFICER OF THE MTF shall:

2.4.1 Budget and provide funding for the contracts.

2.4.2 Nominate (to the PCO) individual(s) to be appointed as COR (by name, title, organizational code and telephone number). This individual(s) shall also be the contract quality assurance monitor and lead technical advisor to the ACO and shall be responsible for the technical interface needed during contract performance. An ACOR can be nominated to act in the absence of the COR, when needed, or to provide additional expertise.

NOTE: COR duties can not be delegated. The COR shall be accountable for the actions of ACORS or TAs.

NOTE: Nomination of new CORs as a result of reassignment, termination of employment, etc., shall be made in accordance with the procedures outlined herein.

2.4.3 Ensure all individuals nominated as COR or ACOR have the necessary qualifications to satisfactorily perform the required duties and hold a position of responsibility commensurate with the complexity of the contract. All CORs shall have graduated from a Naval Supply System Command (NAVSUP) approved/BUMED provided medical/dental COR training course prior to their appointment.

2.4.4 Upon receipt of the contract from the PCO, forward copies of documents to staff having administrative responsibilities for these contracts.

2.4.5 Support and supervise the COR in the performance of their duties. If the Commanding Officer determines that assigned duties are not being performed in a satisfactory manner, immediate corrective action shall be taken (including the recommendation to replace the COR if required). The PCO shall be promptly notified of all actions taken. The MTF should consider COR performance in rating all individuals assigned COR functions.

2.4.6 Notify the PCO in writing of any organizational or personnel changes affecting the CAP.

2.4.7 Ensure that appropriate timely action is taken on all contract related correspondence received from either the PCO or COR. This includes the timely submission (to the PCO) of any requests for changes to the performance work statement, deviations or waivers. An Independent Government Cost Estimate of the impact on contract price and the availability of additional funding (if required) must accompany all requests for changes to the performance work statement/contract. The Contractor's price quote and the rationale for requesting the change shall accompany any changes proposed by the Contractor. The Contractor's price quote serves as a budgetary estimate of the cost impact. The MTF shall also provide input as to technical acceptability of proposed contract language changes.

2.4.8 The MTF Commanding Officer may appoint a TA to assist the COR in executing routine contract administration, monitoring and, surveillance duties. The appointment of all TAs must be in writing and must include the TA's responsibilities and limitations. A copy of this appointment letter shall be provided to the PCO. Before appointment, the MTF shall assure that all TAs have the appropriate training and experience.

2.5 The CONTRACTING OFFICER'S REPRESENTATIVE (COR) shall:

2.5.1 Attend both the pre-proposal and post-award conferences.

2.5.2 Attend periodic meetings (if held) among the PCO, MTF and Contractor(s) to discuss the status of and performance under the contracts.

2.5.3 Avoid issuing any instructions that would constitute a change to the contract. The COR and Contractor shall not enter into any understanding, agreement, modification, or change order deviating from the terms of the basic contracts which shall be effective or binding on the Government. If in the opinion of the Contractor, an effort outside the scope of the contract is requested, the Contractor shall promptly notify the PCO in writing. The Contractor shall not act unless the PCO or ACO has issued a written change to the contract. The COR will include, on all correspondence to the Contractor, a declination of authority statement as follows:

“I have neither the authority nor the intent to change the terms or conditions of this contract. This contract can only be changed by a written modification issued by the Contracting Officer. If you believe that I am requesting an effort outside the scope of this contract, promptly notify the Contracting Officer. Additionally, this shall not be construed as an authorization for new work or additional work not already contained in the contract.”

2.5.4 Perform as the technical interface between the Government and the Contractor(s) for these contracts. The COR shall provide technical advice or clarification regarding the performance work statement; milestones to be met within the general terms of the contract or specific subtasks of the contract. The COR is the point of contact through whom the Contractor can relay technical questions and problems to the Contracting Officer. The Contractor may also contact the Contracting Officer directly.

2.5.5 Coordinate/facilitate complete and timely credentials submissions between the MTF and the Contractor using the applicable Professional Affairs Coordinator (PAC) staff at the MTF. The COR shall provide technical advice or clarification regarding the performance work statement, milestones to be met within the general terms of the contract or specific subtasks of the contract, maintain a method for tracking expiring credentials, and maintain shift schedules. The COR shall inspect the credentials of each contract employee prior to submission to the PAC.

2.5.6 Monitor Contractor performance and progress under the contract. If potentially inefficient or wasteful methods are being used, the COR shall take reasonable and timely action to alert the Contractor and the PCO. Furthermore, the COR shall promptly advise the PCO of any observed continuous and/or substantial deficiencies in the Contractor's performance or other noncompliance with the terms or conditions of the contract. Enclosure (1) is the surveillance plan to be used by the COR to monitor Contractor performance. Deviation from this surveillance plan is only permitted with the prospective approval of the PCO.

2.5.7 Promptly issue Contract Discrepancy Reports or CDRs (Enclosure (2)) to the Contractor to document discrepant performance. The COR shall always obtain the Contractor's response/rebuttal to the CDR, evaluate the acceptability of the response and promptly forward the CDR, Contractor response/rebuttal, and the evaluation to the NAVMEDLOGCOM Healthcare Program Analyst.

2.5.8 Monitor and verify services provided in accordance with Schedule B of the contract. Keep accurate records of Contractor performance and compare these records with the DD250 or time sheet submitted by the Contractor. The COR shall always use this information as a tool when evaluating Contractor invoices.

2.5.9 Inspect and/or accept the services as the official Government representative.

2.5.10 Use appropriate, contract-specific sampling methods for contract surveillance.

2.5.11 Completely understand contract invoicing requirements. The COR shall process all DD250s in a timely manner to ensure that prompt payment due dates are met. The COR shall promptly forward copies of the DD250s, with a copy of the Contractor's invoice, to the ACO.

2.5.12 Immediately alert the PCO and the ACO of any unusual performance problems. If a corrective action plan is approved by the Contracting Officer, the COR shall monitor the implementation and effectiveness of that corrective action plan. In uncertain situations, the COR shall always seek advice from the PCO and/or ACO, as prudent, before acting.

2.5.13 Continually monitor the quantity of services provided under each CLIN/SLIN and/or task order. Advise the PCO if it appears that service quantities may be exhausted before the end of the performance period, or if quantities of unused hours for services have been ordered but will not be received by the end of the performance period.

2.5.14 Perform administrative duties including all files which support the actions performed as a COR. The COR shall respond to all contract correspondence in a timely manner. Contract files shall include a conforming copy of the contract, all modifications, a conforming copy of the Contractor's Technical Proposal, all Contractor invoices, all DD250s, all surveillance reports, each CDR (including the Contractor's response/rebuttal), any contract-related

correspondence, a contract log or COR diary, all telephone conversation and email records, meeting minutes, reports from Government subject matter experts, and Independent Government Cost Estimates.

2.5.15 Take the necessary steps to ensure that Government property furnished to the Contractor is provided in a timely manner and in proper condition for use. The COR shall maintain both inventory and disposition records for all Government furnished property. This inventory/disposition file is coordinated with the ACO. The COR shall ensure that the Contractor returns all Government furnished property or that Government furnished material has been reasonably consumed in the performance of work.

2.5.16 Read and comply with all applicable Standards of Conduct and Conflict of Interest instructions and procedures including annual financial interest filings.

2.5.17 Ensure that the Contractor receives copies of all regulations and/or directives considered appropriate to the services being provided.

2.5.18 Submit a report detailing the Contractor's performance to the PCO. This report shall be made annually, on or about 01 June of each fiscal year. A final report shall be sent the PCO within 60 days after completion of the contract. The final report shall contain a conclusive statement describing the Contractor's overall performance and an evaluation on the accountability of Government property furnished to the Contractor. Enclosure (3) contains the format for this report.

2.5.19 Perform other duties, particular to the contract, as may be incorporated into the contract document or as required by the Contracting Officer.

2.6. TECHNICAL ASSISTANT (TA). All requirements for TA duties are reported directly to the COR. At the direction of the COR, the TA shall:

2.6.1 Perform surveillance and identify Contractor deficiencies.

2.6.2 Review contract deliverables, recommending acceptance/rejection, and providing the COR with the documentation to support all recommendations.

2.6.3 Assist the COR in the preparation of the final Contractor performance report using the format and procedures prescribed by the Contracting Officer.

2.6.4 Identify Contractor non-compliance with reporting requirements.

2.6.5 Evaluate Contractor proposals, identifying potential problem areas.

2.6.6 Provide (a) timely input for technical clarifications to the performance work statement, (b) technical direction for the Contractor, and (c) recommendations for CAPs.

2.6.7 Provide detailed written reports of any trip, meeting, correspondence, telephone conversation, email or, anecdotal conversation after any contact between the TA and the Contractor.

Enclosures:

Enclosure 1 - Surveillance Plan

Enclosure 2 - Contractor Discrepancy Report (Will be provided with the electronic files)

Enclosure 3 - Report on Contract Performance (Will be provided with the electronic files)

Enclosure 1
SURVEILLANCE PLAN

1. INTRODUCTION

1.1 Purpose. This surveillance plan has been developed to aid the Contracting Officer's Representative (COR) in providing effective and systematic surveillance of all aspects of this contract.

1.2 Objective. To ensure that the Contractor is complying with the specifications of the contract by providing quality healthcare services to eligible beneficiaries.

1.3 Scope. This plan applies to the Medical contract services. This is a personal services contract. Contract performance will be monitored chiefly through prospective supervision by Navy personnel. Some elements of performance will be monitored by the COR through retrospective surveillance.

2. RESPONSIBILITIES

2.1 The Contracting Officer (KO) at NAVMEDLOGCOM is responsible for negotiating all modifications to contract terms, conditions or amounts.

2.2 The Healthcare Program Analyst at NAVMEDLOGCOM serves as the technical agent for coordinating issues among the KO, the MTF and the COR. The Healthcare Program Analyst reviews the COR's contract surveillance and provides feedback to the COR and recommendations to the KO. The Healthcare Program Analyst provides technical support to the COR and the KO in preparing modifications. The Healthcare Program Analyst also tabulates statistical data.

2.3 The MTF commanding officer is responsible for establishing and maintaining a system for reviewing and approving correspondence submitted by the COR to NAVMEDLOGCOM.

2.4 The COR is responsible for assuring Contractor performance through audit, documentation and liaison with the KO. The COR shall ensure that copies of all Contractor correspondence and MTF/COR responses are provided to the KO. The COR must observe the following cautions and limitations:

2.4.1 Do not request or direct the Contractor to do anything that is not expressly stated in the contract.

2.4.2 Do not attempt to control Contractor efforts except as specifically authorized in the contract.

2.4.3 Do not make suggestions or comments that the Contractor could construe as authority to proceed on work not specified in the contract.

2.4.4 Do not request changes that add work or objectives not within the scope of the contract. Seek the advice of the KO.

2.4.5 Do not accidentally generate a basis for a Contractor claim. Communicate with the Contractor in a timely manner.

2.4.6 Exercise diligence in monitoring and documenting the Contractor's performance. When in doubt about any aspect of the contract specifications or the Contractor's performance, seek the advice of the KO or the NAVMEDLOGCOM analyst.

2.4.7 Bring to the attention of the KO any extraordinary action on the part of the Contractor, i.e., any performance outside the scope of the contract.

2.5 The Government supervisory personnel specified in the Task Order are responsible for providing day-to-day supervision and control of contract personnel. This includes provision of technical guidance, direction, and approval of tasks performed to satisfy requirements of the contract/task order.

3. INSPECTION METHODS. Several methods serve as means for inspecting Contractor performance. Some methods are more appropriate than others are. The COR may use any or all of these inspection methods. Inspection, along with documentation, is vital to ensuring Contractor compliance with contract requirements.

3.1 100% Inspection. This method of surveillance is time consuming, expensive and unrealistic for services performed frequently. However, it is appropriate in critical areas where health and safety are involved and each occurrence of a particular requirement must be examined to determine compliance.

3.2 Surveillance Checklists. Checklists are used for services performed on an infrequent but predictable schedule (e.g., monthly, quarterly, annually, etc.) Any scheduled service that is provided on less than a daily basis can be considered for inclusion on a checklist.

3.3 Random Sampling. Sampling can be an unbiased, comprehensive evaluation of the Contractor's performance while efficiently using limited inspection time. The basis for doing random sampling is MIL-STD-105D, "Sampling Procedures and Tables for Inspection by Attributes". It is based on the statistical concept that an evaluation of randomly chosen occurrences may allow the evaluator to draw conclusions (acceptable/not acceptable) about the universe of occurrences.

3.4 Validated Customer Complaints. Validated customer complaints are the customer's method of documenting problems. The COR will coordinate efforts to acquire, document and validate these complaints. Customer complaints are not used to reject a service, but can be used as further evidence of unsatisfactory performance (e.g. if random sampling shows the specific service is unsatisfactory). When other surveillance continues to show unsatisfactory performance, validated customer complaints can indicate a need to increase surveillance. The COR must have a written validation process for all customer complaints (much like the CDR process). Only validated customer complaints should be forwarded to the Contracting Officer for action. Customer complaints cannot be used in conjunction with other surveillance methods (i.e., partial random sampling plus certain customer complaints) because their occurrences are not truly random.

4. TIME FRAMES FOR MONITORING PERFORMANCE REQUIREMENTS. There are several different time frames for monitoring performance requirements of the contract. Depending upon the specific performance requirement, the COR will monitor activities on a one-time basis, a per occurrence basis, or an ongoing basis.

4.1 One-time Activities. This performance requirement is generally monitored for initial or start-up activities, such as submission and verification of the credentials files.

4.2 Per Occurrence Activities. This activity is one that is monitored at each occurrence. It is often an activity could place a patient at unnecessary risk for which the COR will investigate. Examples of these would include medication errors, impaired providers, or any incidents that resulted in disciplinary action against a Contractor employee.

4.3 Ongoing Activities. This performance requirement is one that must be continually monitored throughout the life of the contract because the requirement itself is ongoing. Examples include a requirement for shift coverage, schedule submissions, meeting attendance, maintenance of personnel qualifications and, documentation of annual training.

5. DOCUMENTATION.

5.1 The need to document each contact between the COR and the Contractor cannot be overemphasized. CORs should understand the procedures that are described in FAR Part 33.2. CORs should remember that the documentation prepared by the COR will be the primary evidence presented by the Government in any litigation, with the Government bearing the burden of proof. This documentation must be thorough, accurate and complete.

5.2 It is important to maintain a record of all other contacts between the COR and the Contractor which reflect normal clinic operations or the services required in the contract. Examples may include schedule submissions, feedback on Contractor credentialing actions, substitution procedures for health care workers, etc. These examples may or may not be a part of routine surveillance, but the COR's ability to reconstruct events will be important if the Government rejects the quality or timeliness of contract services.

5.3 Documentation may include Contract Discrepancy Reports (CDRs), meeting minutes, annotations on surveillance checklists, letters, email, telephone conversation records, memoranda, etc. Results of inspections identifying unsatisfactory Contractor performance must be given to the Contractor for review, comment, and corrective action as appropriate.

5.4 All performance related inspection documentation is an integral part of the contract file and must be stored and maintained accordingly. The COR should maintain a reading file of all correspondence and pertinent documentation.

6. INVOICING PROCEDURES

6.1 At the end of each bi-weekly period of contract performance, the contractor will present the COR with an invoice (Material Inspection and Receiving Report, DD Form 250). The COR will inspect the invoice to ensure that it accurately reflects the amount of service provided by the contractor, but will not accept (sign) the invoice if there are any substantial inaccuracies.

6.2 The COR shall coordinate with the supervisor of each clinical area represented on the invoice to determine the accuracy of the service totals included on the invoice. Additional tools which may be available to the COR to confirm invoice amounts are contract employee time clock cards and sign-in/sign-out sheets. Time which is not in some way confirmed through coordination with the applicable supervisor, documented by time clock, documented by time sheet, or confirmed through some other appropriate method available to the COR will not be considered to have been provided.

6.3 If the COR disagrees with the invoiced quantities, the COR shall attempt to promptly resolve the discrepancy with the designated contractor representative. The COR shall return the invoice with a memorandum to the key person, rejecting the invoice as "improper". The memorandum shall state the quantity which the COR considers to be correct (the COR can attach a copy of the government time sheet or other documentation as appropriate). A copy of the invoice and the memorandum shall be retained by the COR. The COR shall encourage the contractor to re-invoice for the correct quantity so that it can be certified correctly.

6.4 Alternatively, for less substantial invoice errors (such as clerical errors or minor quantity discrepancies), the COR may annotate a change to the invoiced amount on the DD250 form accompanying the contractor's invoice and/or can note the change on a DFAS [Prompt Payment Certification](#) form. CORs may NOT note changes directly on the contractor's invoice as it will be rejected by DFAS as improper.

6.5 Failure of the contractor to submit invoices in a timely manner, significant or recurring quantity discrepancies on submitted invoices, or failure of the contractor to submit a revised invoice for a billing period, shall be brought to the attention of the KO and NAVMEDLOGCOM.

7. CONTRACT DISCREPANCY REPORTS (CDRs)

7.1 In all instances where the Contractor's performance takes exception to the contract and/or is unacceptable, the COR will issue a CDR to the Contractor.

7.2 The COR shall ensure that all inspection data is attached to the CDR. The Contractor cannot be expected to respond to performance deficiencies that are not clearly and specifically identified. A cover memorandum on the CDR should specify that the Contractor has three working days to respond in writing to the COR.

7.3 Upon return of the CDR package from the Contractor, the COR shall review the Contractor's comments and give careful, objective consideration to the facts and mitigating circumstances documented in the response. The COR shall then make a final recommendation on the acceptability of Contractor performance and note it on the CDR. The COR shall state why the Contractor's response does or does not have merit. The COR shall attach as much additional documentation as required to support their findings and recommendations.

7.4 The COR shall forward copies of each completed CDR and the final recommendation to (1) the Contractor and (2) the KO via Healthcare Program Analyst.

7.5 The Healthcare Program Analyst will review CDRs and will advise the COR of the need for any further documentation. The Healthcare Program Analyst will then forward the documentation to the KO with recommendations for action.

8. COR SURVEILLANCE REQUIREMENTS

8.1 Submission of Credentials. The COR shall inspect the credentials of each contract employee.

8.1.1 The contractor shall submit Individual Credentials Files (ICFs), Individual Professional Files (IPFs), and qualifications packages (for non-credentialed/non-licensed personnel) in accordance with requirements of the contract and BUMEDINST 6320.66 (latest revision).

8.1.2 ICFs and IPFs. The COR will inspect each ICF/IPF for completeness and compliance with contract qualification requirements. Incomplete/incorrect packages will be returned to the contractor under a memo documenting the deficiencies. Complete/correct packages will be forwarded to the Professional Affairs Coordinator (PAC) for formal credentialing action. The PAC will inform the contractor by letter or email upon approval of a package.

8.1.3 Non-credentialed/non-licensed personnel. The contractor shall submit to the COR a package of documents demonstrating the individual's compliance with contract requirements. The COR will review each package and return to the contractor under a memo stating approval or reason(s) for disapproval.

8.2 Orientation. In coordination with the supervisors for whom services are being provided, the COR shall coordinate the availability of appropriate orientation sessions and shall track and maintain records of orientation completed by contractor personnel. The COR shall ensure that all orientation is completed within the timeframes specified in the contract and notify the contractor of deficiencies.

8.3 Background checks for childcare workers. The COR shall ensure the completion by contractor personnel of background check forms, coordinate with appropriate security service to obtain requisite fingerprinting and forwarding of forms to the required law enforcement agencies, and shall maintain a file of completed background checks. The COR shall notify the MTF chain of command and the contracting officer immediately upon the receipt of an unfavorable background check.

8.4 Maintenance of Credentials.

8.4.1 The COR shall maintain a method for tracking expiring credentials, such as a database or spreadsheet. The method chosen should include at least the guidelines in this paragraph, as best implemented in accordance with MTF policy. Not less than once per month, the COR shall review the tracking file and identify any credentials due to expire within 2 months. The COR shall notify the contractor of those expiring credentials and shall advise the contractor that the affected individual will not be permitted on the staffing schedule or to provide service under the contract following expiration of credentials.

8.4.2 The COR shall maintain a record of contractor personnel compliance with health certification requirements of the contract. The COR shall notify the contractor of expired health certifications.

8.5 Contractor Shift Schedules for Personnel For Which Replacement Coverage is Required. The COR will inspect the Contractor submitted schedule for those positions for which coverage is required. The COR shall compare the schedule to the contract requirements, note deficiencies, and inform the contractor of those deficiencies. The contractor shall be required to submit an updated schedule.

8.6 Full-time versus part-time staff. The COR shall ensure that the contractor utilizes only full-time individuals when required by the contract. The COR shall also ensure that the contractor does not utilize part-time personnel in excess of any restrictions imposed thereon by a particular task order. The COR shall coordinate with the respective supervisors to monitor these requirements.

8.7 Personnel substitution. The COR shall monitor contractor compliance with clause H.6 restricting substitution of approved personnel within 30 days following the start of task order services.

8.8 Contract Discrepancy Reports (CDRs). The COR's responsibilities for documentation of contractor performance problems using the Contract Discrepancy Report (Enclosure 2) are given in paragraph IIe of the Contract Administration Plan. The COR shall maintain close communication with the supervisor(s) of contractor personnel as they will be most aware of day-to-day performance issues which may arise. CDRs shall be completed by the COR, not the supervisor. A CDR shall be completed by the COR in accordance with the Contract Administration Plan whenever there exist unresolved COR surveillance deficiencies or unresolved supervisory issues. Remember that the CDR is presented to the contractor firm's designated representative, not the contractor employee who failed to perform in accordance with the contract. That is not to say that a CDR must be completed every time there is a deviation from contract requirements. The COR or supervisor is better served by attempting to solve performance problems at the lowest level possible and in the least threatening manner possible., not by producing a CDR for every minor infraction. It is best to seek cooperative resolution, and then resort to formal documentation via a CDR if resolution cannot be reached. This approach is not intended as a license to avoid documentation of performance problems; if a problem cannot be expeditiously resolved cooperatively, the CDR process should be invoked. The CDR form is designed to produce a record of both Government and contractor positions. There is no requirement that this form be reduced to hard copy; an electronic copy attached to emails transmitted between representatives is acceptable.

9. SUPERVISOR RESPONSIBILITIES

9.1 The supervisor is the individual Government employee who is responsible for providing the day-to-day direction and control of the activities of the personal services healthcare worker. The supervisor(s) of contract personnel shall read and retain a copy of the contract and the specific task order under which the supervisor is receiving services. The supervisor shall recognize that the contract/task order protects the interests of both the Government and the contractor/contract personnel and that the contract prescribes duties and responsibilities for both parties.

9.2 This is a personal services contract and provides the supervisor with the ability to direct and control the day-to-day activities of the contract personnel. However, the supervisor shall be cognizant of the overall scope of the contract and the particular duties defined by the contract as being within that scope. The supervisor shall ensure that duties assigned to contract personnel are consistent with the duties prescribed by the contract.

9.3 The supervisor shall be cognizant of their responsibilities for supervision of contract personnel which may differ from their responsibilities regarding supervision of government personnel. This includes assignment of specific work hours; the task order may impose this responsibility on the supervisor or it may reserve work scheduling as a function for the contractor. The same may apply to the administration of leave for contract personnel. The task order will provide specific information regarding these functions and the supervisor shall become familiar with these provisions.

9.4 Under those task orders where the supervisor is responsible for administering leave, it must be noted that contract personnel do not fall under the government personnel system and that their leave balances will not be

maintained by a third party. Leave balances must be maintained by the supervisor. It is recommended that the supervisor coordinate with the COR to develop and maintain an effective system (likely a spreadsheet file) to track contractor leave. Further, it is essential that a system be developed between the supervisor and the contract personnel to ensure each is aware of the current balance so to avoid disputes regarding leave amounts accrued and used.

9.5 Regardless of whether the supervisor is responsible for administering leave for contract personnel, it is essential that the supervisor track the amount (hours) of service received from contract personnel. Coordination with the COR on this point is essential. The COR is responsible for certifying contractor invoices as being correct, i.e., representing the actual services received by the government. As the COR will not have day-to-day visibility on each contract site, contract individual, shifts worked, etc., it is absolutely essential that supervisors keep meticulous records of services received and establish a convenient means to transmit accurate, complete records to the COR for use in certifying invoices.

9.6 In general, and always keeping in mind the specific requirements and limitations prescribed by the contract, the supervisor is best served by supervising the contract personnel in the same manner as they supervise the government personnel on their staff. That is, the supervisor should not impose on contractor personnel burdens or privileges which are contrary to those imposed on other staff performing the same function, always, again, keeping in mind the requirements of the contract. When in the slightest doubt regarding this general guidance, the supervisor shall contact the COR for specific guidance and interpretation.

9.7 The supervisor's responsibility for supervision of contractor personnel extends to the normal feedback that should be provided to any employee regarding the quality of their performance. Contractor employees should be informed when they have done a good job and when they have not done a good job (failed to meet contract requirements). Counseling sessions regarding both good performance and poor performance must be documented by the supervisor; this documentation, both positive and negative, creates a critical trail that will be used for future task order award decisions. When counseling sessions for poor performance do not have a positive effect on contractor employee performance, the supervisor must contact the COR. A copy of all counseling sessions must be provided to the COR.

9.8 The supervisor should schedule regular meetings with the COR to discuss contract progress and performance. Performance problems are always most easily handled with early recognition and a consistent corrective action system. Between regularly scheduled meetings, the supervisor should contact the COR immediately upon recognition of contract performance issues. The supervisor should attempt to handle normal day-to-day individual duty performance issues through the normal supervisory methods, but contact the COR when these individual performance issues continue without resolution or when there is a pattern of non-performance across the contract personnel.

ATTACHMENT AD

WAGE DETERMINATION NO: 94-2122 REV (19) AREA: FL,NORTHWEST FLORIDA

WAGE DETERMINATION NO: 94-2122 REV (19) AREA: FL,NORTHWEST **FLORIDA** REGISTER OF
 WAGE DETERMINATIONS UNDER | U.S. DEPARTMENT OF LABOR

FOR OFFICIAL USE ONLY BY FEDERAL AGENCIES PARTICIPATING IN MOU WITH DOL

WASHINGTON D.C. 20210

Wage Determination No.: 1994-2122

William W.Gross Division of | Revision No.: 19
 Director Wage Determinations | Date Of Last Revision: 09/30/2003

State: **Florida**

Area: **Florida** Counties of Calhoun, **Escambia**, Franklin, Gadsden, Gulf, Holmes,
 Jackson, Jefferson, Leon, Liberty, Okaloosa, Santa Rosa, Wakulla, Walton, Washington

****Fringe Benefits Required Follow the Occupational Listing****

OCCUPATION CODE - TITLE	MINIMUM WAGE RATE
01000 - Administrative Support and Clerical Occupations	
01011 - Accounting Clerk I	9.75
01012 - Accounting Clerk II	10.84
01013 - Accounting Clerk III	12.83
01014 - Accounting Clerk IV	15.52
01030 - Court Reporter	12.87
01050 - Dispatcher, Motor Vehicle	12.54
01060 - Document Preparation Clerk	9.23
01070 - Messenger (Courier)	8.05
01090 - Duplicating Machine Operator	9.23
01110 - Film/Tape Librarian	11.63
01115 - General Clerk I	6.72
01116 - General Clerk II	8.53
01117 - General Clerk III	9.99
01118 - General Clerk IV	11.22
01120 - Housing Referral Assistant	13.18
01131 - Key Entry Operator I	9.90
01132 - Key Entry Operator II	12.09
01191 - Order Clerk I	9.98
01192 - Order Clerk II	13.07
01261 - Personnel Assistant (Employment) I	8.42
01262 - Personnel Assistant (Employment) II	10.68
01263 - Personnel Assistant (Employment) III	12.50
01264 - Personnel Assistant (Employment) IV	14.04
01270 - Production Control Clerk	13.44
01290 - Rental Clerk	10.38
01300 - Scheduler, Maintenance	11.40
01311 - Secretary I	11.40
01312 - Secretary II	12.75
01313 - Secretary III	14.20
01314 - Secretary IV	15.79

01315 - Secretary V	17.49
01320 - Service Order Dispatcher	11.09
01341 - Stenographer I	9.74
01342 - Stenographer II	12.22
01400 - Supply Technician	13.95
01420 - Survey Worker (Interviewer)	11.74
01460 - Switchboard Operator-Receptionist	9.36
01510 - Test Examiner	12.19
01520 - Test Proctor	12.19
01531 - Travel Clerk I	9.78
01532 - Travel Clerk II	10.40
01533 - Travel Clerk III	10.98
01611 - Word Processor I	9.59
01612 - Word Processor II	11.53
01613 - Word Processor III	12.18
03000 - Automatic Data Processing Occupations	
03010 - Computer Data Librarian	9.69
03041 - Computer Operator I	10.81
03042 - Computer Operator II	12.86
03043 - Computer Operator III	14.62
03044 - Computer Operator IV	16.95
03045 - Computer Operator V	17.82
03071 - Computer Programmer I (1)	15.92
03072 - Computer Programmer II (1)	19.71
03073 - Computer Programmer III (1)	21.55
03074 - Computer Programmer IV (1)	27.02
03101 - Computer Systems Analyst I (1)	21.44
03102 - Computer Systems Analyst II (1)	24.66
03103 - Computer Systems Analyst III (1)	27.62
03160 - Peripheral Equipment Operator	11.27
05000 - Automotive Service Occupations	
05005 - Automotive Body Repairer, Fiberglass	17.84
05010 - Automotive Glass Installer	17.66
05040 - Automotive Worker	16.05
05070 - Electrician, Automotive	16.94
05100 - Mobile Equipment Servicer	14.27
05130 - Motor Equipment Metal Mechanic	17.84
05160 - Motor Equipment Metal Worker	16.05
05190 - Motor Vehicle Mechanic	17.84
05220 - Motor Vehicle Mechanic Helper	13.32
05250 - Motor Vehicle Upholstery Worker	15.19
05280 - Motor Vehicle Wrecker	16.05
05310 - Painter, Automotive	16.94
05340 - Radiator Repair Specialist	16.05
05370 - Tire Repairer	13.79
05400 - Transmission Repair Specialist	17.84
07000 - Food Preparation and Service Occupations	
(not set) - Food Service Worker	6.94
07010 - Baker	10.02
07041 - Cook I	8.91
07042 - Cook II	10.02
07070 - Dishwasher	6.72
07130 - Meat Cutter	10.51
07250 - Waiter/Waitress	7.14

09000 - Furniture Maintenance and Repair Occupations	
09010 - Electrostatic Spray Painter	16.94
09040 - Furniture Handler	12.50
09070 - Furniture Refinisher	16.94
09100 - Furniture Refinisher Helper	13.32
09110 - Furniture Repairer, Minor	15.19
09130 - Upholsterer	16.94
11030 - General Services and Support Occupations	
11030 - Cleaner, Vehicles	7.21
11060 - Elevator Operator	7.21
11090 - Gardener	10.91
11121 - House Keeping Aid I	7.14
11122 - House Keeping Aid II	7.62
11150 - Janitor	7.86
11210 - Laborer, Grounds Maintenance	8.72
11240 - Maid or Houseman	7.14
11270 - Pest Controller	10.66
11300 - Refuse Collector	7.63
11330 - Tractor Operator	10.17
11360 - Window Cleaner	8.06
12000 - Health Occupations	
12020 - Dental Assistant	11.61
12040 - Emergency Medical Technician (EMT)/Paramedic/Ambulance Driver	11.94
12071 - Licensed Practical Nurse I	11.88
12072 - Licensed Practical Nurse II	13.33
12073 - Licensed Practical Nurse III	14.91
12100 - Medical Assistant	10.70
12130 - Medical Laboratory Technician	10.79
12160 - Medical Record Clerk	10.75
12190 - Medical Record Technician	13.54
12221 - Nursing Assistant I	7.75
12222 - Nursing Assistant II	8.71
12223 - Nursing Assistant III	9.51
12224 - Nursing Assistant IV	10.65
12250 - Pharmacy Technician	12.19
12280 - Phlebotomist	12.36
12311 - Registered Nurse I	16.82
12312 - Registered Nurse II	20.59
12313 - Registered Nurse II, Specialist	20.59
12314 - Registered Nurse III	24.91
12315 - Registered Nurse III, Anesthetist	24.91
12316 - Registered Nurse IV	29.85
13000 - Information and Arts Occupations	
13002 - Audiovisual Librarian	16.56
13011 - Exhibits Specialist I	16.79
13012 - Exhibits Specialist II	20.45
13013 - Exhibits Specialist III	24.05
13041 - Illustrator I	15.31
13042 - Illustrator II	18.65
13043 - Illustrator III	21.94
13047 - Librarian	17.89
13050 - Library Technician	12.42
13071 - Photographer I	14.03
13072 - Photographer II	16.60

13073 - Photographer III	20.21	
13074 - Photographer IV	23.79	
13075 - Photographer V	28.76	
15000 - Laundry, Dry Cleaning, Pressing and Related Occupations		
15010 - Assembler	6.94	
15030 - Counter Attendant	6.94	
15040 - Dry Cleaner	8.32	
15070 - Finisher, Flatwork, Machine	6.94	
15090 - Presser, Hand	6.94	
15100 - Presser, Machine, Drycleaning	6.94	
15130 - Presser, Machine, Shirts	6.94	
15160 - Presser, Machine, Wearing Apparel, Laundry	6.94	6.94
15190 - Sewing Machine Operator	8.98	
15220 - Tailor	9.51	
15250 - Washer, Machine	7.32	
19000 - Machine Tool Operation and Repair Occupations		
19010 - Machine-Tool Operator (Toolroom)	16.94	
19040 - Tool and Die Maker	20.53	
21000 - Material Handling and Packing Occupations		
21010 - Fuel Distribution System Operator	15.08	
21020 - Material Coordinator	16.41	
21030 - Material Expediter	16.41	
21040 - Material Handling Laborer	10.44	
21050 - Order Filler	10.18	
21071 - Forklift Operator	12.50	
21080 - Production Line Worker (Food Processing)	13.32	13.32
21100 - Shipping/Receiving Clerk	10.33	
21130 - Shipping Packer	10.33	
21140 - Store Worker I	8.84	
21150 - Stock Clerk (Shelf Stocker; Store Worker II)	11.82	
21210 - Tools and Parts Attendant	13.32	
21400 - Warehouse Specialist	12.50	
23000 - Mechanics and Maintenance and Repair Occupations		
23010 - Aircraft Mechanic	17.84	
23040 - Aircraft Mechanic Helper	13.32	
23050 - Aircraft Quality Control Inspector	18.75	
23060 - Aircraft Servicer	15.19	
23070 - Aircraft Worker	16.05	
23100 - Appliance Mechanic	16.94	
23120 - Bicycle Repairer	13.79	
23125 - Cable Splicer	17.84	
23130 - Carpenter, Maintenance	16.94	
23140 - Carpet Layer	16.05	
23160 - Electrician, Maintenance	17.84	
23181 - Electronics Technician, Maintenance I	18.29	
23182 - Electronics Technician, Maintenance II	21.17	
23183 - Electronics Technician, Maintenance III	22.30	
23260 - Fabric Worker	15.19	
23290 - Fire Alarm System Mechanic	17.84	
23310 - Fire Extinguisher Repairer	14.27	
23340 - Fuel Distribution System Mechanic	17.84	
23370 - General Maintenance Worker	16.05	
23400 - Heating, Refrigeration and Air Conditioning Mechanic	17.84	17.84
23430 - Heavy Equipment Mechanic	17.84	

23440 - Heavy Equipment Operator	17.84	
23460 - Instrument Mechanic	17.84	
23470 - Laborer	9.00	
23500 - Locksmith	16.94	
23530 - Machinery Maintenance Mechanic		19.48
23550 - Machinist, Maintenance	17.84	
23580 - Maintenance Trades Helper	13.32	
23640 - Millwright	17.84	
23700 - Office Appliance Repairer	16.94	
23740 - Painter, Aircraft	16.94	
23760 - Painter, Maintenance	16.94	
23790 - Pipefitter, Maintenance	17.84	
23800 - Plumber, Maintenance	16.94	
23820 - Pneudraulic Systems Mechanic		17.84
23850 - Rigger	17.84	
23870 - Scale Mechanic	16.05	
23890 - Sheet-Metal Worker, Maintenance		17.84
23910 - Small Engine Mechanic	16.05	
23930 - Telecommunication Mechanic I	17.84	
23931 - Telecommunication Mechanic II	18.75	
23950 - Telephone Lineman	17.84	
23960 - Welder, Combination, Maintenance		17.84
23965 - Well Driller	17.84	
23970 - Woodcraft Worker	17.84	
23980 - Woodworker	14.27	
24000 - Personal Needs Occupations		
24570 - Child Care Attendant	7.13	
24580 - Child Care Center Clerk	8.88	
24600 - Chore Aid	7.17	
24630 - Homemaker	9.91	
25000 - Plant and System Operation Occupations		
25010 - Boiler Tender	17.84	
25040 - Sewage Plant Operator	16.94	
25070 - Stationary Engineer	17.84	
25190 - Ventilation Equipment Tender	13.32	
25210 - Water Treatment Plant Operator	16.94	
27000 - Protective Service Occupations		
(not set) - Police Officer	17.48	
27004 - Alarm Monitor	8.14	
27006 - Corrections Officer	15.29	
27010 - Court Security Officer	15.52	
27040 - Detention Officer	15.29	
27070 - Firefighter	14.91	
27101 - Guard I	7.41	
27102 - Guard II	8.14	
28000 - Stevedoring/Longshoremen Occupations		
28010 - Blocker and Bracer	14.56	
28020 - Hatch Tender	14.56	
28030 - Line Handler	14.56	
28040 - Stevedore I	13.72	
28050 - Stevedore II	15.29	
29000 - Technical Occupations		
21150 - Graphic Artist	18.39	
29010 - Air Traffic Control Specialist, Center (2)		29.36

29011 - Air Traffic Control Specialist, Station (2)	20.24	
29012 - Air Traffic Control Specialist, Terminal (2)	22.29	
29023 - Archeological Technician I	11.13	
29024 - Archeological Technician II	12.53	
29025 - Archeological Technician III	15.47	
29030 - Cartographic Technician	14.95	
29035 - Computer Based Training (CBT) Specialist/ Instructor		21.05
29040 - Civil Engineering Technician	17.79	
29061 - Drafter I	11.83	
29062 - Drafter II	14.19	
29063 - Drafter III	16.79	
29064 - Drafter IV	20.45	
29081 - Engineering Technician I	10.13	
29082 - Engineering Technician II	11.34	
29083 - Engineering Technician III	12.71	
29084 - Engineering Technician IV	15.72	
29085 - Engineering Technician V	19.25	
29086 - Engineering Technician VI	23.28	
29090 - Environmental Technician	14.06	
29100 - Flight Simulator/Instructor (Pilot)	24.22	
29160 - Instructor	18.88	
29210 - Laboratory Technician	15.09	
29240 - Mathematical Technician	15.47	
29361 - Paralegal/Legal Assistant I	11.29	
29362 - Paralegal/Legal Assistant II	12.91	
29363 - Paralegal/Legal Assistant III	15.80	
29364 - Paralegal/Legal Assistant IV	19.11	
29390 - Photooptics Technician	14.88	
29480 - Technical Writer	23.22	
29491 - Unexploded Ordnance (UXO) Technician I		18.66
29492 - Unexploded Ordnance (UXO) Technician II		22.57
29493 - Unexploded Ordnance (UXO) Technician III		27.05
29494 - Unexploded (UXO) Safety Escort		18.66
29495 - Unexploded (UXO) Sweep Personnel		18.66
29620 - Weather Observer, Senior (3)	17.69	
29621 - Weather Observer, Combined Upper Air and Surface Programs (3)		15.09
29622 - Weather Observer, Upper Air (3)	15.09	
31000 - Transportation/ Mobile Equipment Operation Occupations		
31030 - Bus Driver	13.50	
31260 - Parking and Lot Attendant	7.89	
31290 - Shuttle Bus Driver	11.85	
31300 - Taxi Driver	10.52	
31361 - Truckdriver, Light Truck	11.85	
31362 - Truckdriver, Medium Truck	12.22	
31363 - Truckdriver, Heavy Truck	12.96	
31364 - Truckdriver, Tractor-Trailer	12.96	
99000 - Miscellaneous Occupations		
99020 - Animal Caretaker	8.88	
99030 - Cashier	7.04	
99041 - Carnival Equipment Operator		8.99
99042 - Carnival Equipment Repairer		9.64
99043 - Carnival Worker	7.51	
99050 - Desk Clerk	8.25	
99095 - Embalmer	18.66	

99300 - Lifeguard	8.06	
99310 - Mortician	18.66	
99350 - Park Attendant (Aide)	10.13	
99400 - Photofinishing Worker (Photo Lab Tech., Darkroom Tech)		8.23
99500 - Recreation Specialist	11.63	
99510 - Recycling Worker	8.98	
99610 - Sales Clerk	8.06	
99620 - School Crossing Guard (Crosswalk Attendant)		7.80
99630 - Sport Official	7.01	
99658 - Survey Party Chief (Chief of Party)	12.41	
99659 - Surveying Technician (Instr. Person/Surveyor Asst./Instr.)		11.28
99660 - Surveying Aide	6.74	
99690 - Swimming Pool Operator	11.26	
99720 - Vending Machine Attendant	9.34	
99730 - Vending Machine Repairer	11.26	
99740 - Vending Machine Repairer Helper	9.34	

ALL OCCUPATIONS LISTED ABOVE RECEIVE THE FOLLOWING BENEFITS:

HEALTH & WELFARE: Life, accident, and health insurance plans, sick leave, pension plans, civic and personal leave, severance pay, and savings and thrift plans.

Minimum employer contributions costing an average of \$2.56 per hour computed on the basis of all hours worked by service employees employed on the contract.

VACATION: 2 weeks paid vacation after 1 year of service with a contractor or successor; 3 weeks after 7 years, and 4 weeks after 11 years. Length of service includes the whole span of continuous service with the present contractor or successor, wherever employed, and with the predecessor contractors in the performance of similar work at the same Federal facility. (Reg. 29 CFR 4.173)

HOLIDAYS: A minimum of ten paid holidays per year: New Year's Day, Martin Luther King Jr.'s Birthday, Washington's Birthday, Memorial Day, Independence Day, Labor Day, Columbus Day, Veterans' Day, Thanksgiving Day, and Christmas Day. (A contractor may substitute for any of the named holidays another day off with pay in accordance with a plan communicated to the employees involved.) (See 29 CFR 4.174)

THE OCCUPATIONS WHICH HAVE PARENTHESES AFTER THEM RECEIVE THE FOLLOWING BENEFITS (as numbered):

1) Does not apply to employees employed in a bona fide executive, administrative, or professional capacity as defined and delineated in 29 CFR 541. (See CFR 4.156)

2) APPLICABLE TO AIR TRAFFIC CONTROLLERS ONLY - NIGHT DIFFERENTIAL: An employee is entitled to pay for all work performed between the hours of 6:00 P.M. and 6:00 A.M. at the rate of basic pay plus a night pay differential amounting to 10 percent of the rate of basic pay.

3) WEATHER OBSERVERS - NIGHT PAY & SUNDAY PAY: If you work at night as part of a regular tour of duty, you will earn a night differential and receive an additional 10% of basic pay for any hours worked between 6pm and 6am. If you are a full-time employed (40 hours a week) and Sunday is part of your regularly scheduled workweek, you are paid at your rate of basic pay plus a Sunday premium of 25% of your basic rate for each hour of Sunday work which is not overtime (i.e. occasional work on Sunday outside the normal tour of duty is considered overtime work).

HAZARDOUS PAY DIFFERENTIAL: An 8 percent differential is applicable to employees employed in a position that represents a high degree of hazard when working with or in close proximity to ordinance, explosives, and incendiary materials. This includes work such as screening, blending, dying, mixing, and pressing of sensitive ordnance, explosives, and pyrotechnic compositions such as lead azide, black powder and photoflash powder. All dry-house activities involving propellants or explosives. Demilitarization, modification, renovation, demolition, and maintenance

operations on sensitive ordnance, explosives and incendiary materials. All operations involving regrading and cleaning of artillery ranges.

A 4 percent differential is applicable to employees employed in a position that represents a low degree of hazard when working with, or in close proximity to ordnance, (or employees possibly adjacent to) explosives and incendiary materials which involves potential injury such as laceration of hands, face, or arms of the employee engaged in the operation, irritation of the skin, minor burns and the like; minimal damage to immediate or adjacent work area or equipment being used. All operations involving, unloading, storage, and hauling of ordnance, explosive, and incendiary ordnance material other than small arms ammunition. These differentials are only applicable to work that has been specifically designated by the agency for ordnance, explosives, and incendiary material differential pay.

**** UNIFORM ALLOWANCE ****

If employees are required to wear uniforms in the performance of this contract (either by the terms of the Government contract, by the employer, by the state or local law, etc.), the cost of furnishing such uniforms and maintaining (by laundering or dry cleaning) such uniforms is an expense that may not be borne by an employee where such cost reduces the hourly rate below that required by the wage determination. The Department of Labor will accept payment in accordance with the following standards as compliance:

The contractor or subcontractor is required to furnish all employees with an adequate number of uniforms without cost or to reimburse employees for the actual cost of the uniforms. In addition, where uniform cleaning and maintenance is made the responsibility of the employee, all contractors and subcontractors subject to this wage determination shall (in the absence of a bona fide collective bargaining agreement providing for a different amount, or the furnishing of contrary affirmative proof as to the actual cost), reimburse all employees for such cleaning and maintenance at a rate of \$3.35 per week (or \$.67 cents per day). However, in those instances where the uniforms furnished are made of "wash and wear" materials, may be routinely washed and dried with other personal garments, and do not require any special treatment such as dry cleaning, daily washing, or commercial laundering in order to meet the cleanliness or appearance standards set by the terms of the Government contract, by the contractor, by law, or by the nature of the work, there is no requirement that employees be reimbursed for uniform maintenance costs.

**** NOTES APPLYING TO THIS WAGE DETERMINATION ****

Source of Occupational Title and Descriptions:

The duties of employees under job titles listed are those described in the "Service Contract Act Directory of Occupations," Fourth Edition, January 1993, as amended by the Third Supplement, dated March 1997, unless otherwise indicated. This publication may be obtained from the Superintendent of Documents, at 202-783-3238, or by writing to the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402. Copies of specific job descriptions may also be obtained from the appropriate contracting officer.

REQUEST FOR AUTHORIZATION OF ADDITIONAL CLASSIFICATION AND WAGE RATE {Standard Form 1444 (SF 1444)}

Conformance Process:

The contracting officer shall require that any class of service employee which is not listed herein and which is to be employed under the contract (i.e., the work to be performed is not performed by any classification listed in the wage determination), be classified by the contractor so as to provide a reasonable relationship (i.e., appropriate level of skill comparison) between such unlisted classifications and the classifications listed in the wage determination. Such conformed classes of employees shall be paid the monetary wages and furnished the fringe benefits as are determined. Such conforming process shall be initiated by

the contractor prior to the performance of contract work by such unlisted class(es) of employees. The conformed classification, wage rate, and/or fringe benefits shall be retroactive to the commencement date of the contract. {See Section 4.6 (C)(vi)} When multiple wage determinations are included in a contract, a separate SF 1444 should be prepared for each wage determination to which a class(es) is to be conformed.

The process for preparing a conformance request is as follows:

- 1) When preparing the bid, the contractor identifies the need for a conformed occupation) and computes a proposed rate).
- 2) After contract award, the contractor prepares a written report listing in order proposed classification title), a Federal grade equivalency (FGE) for each proposed classification), job description), and rationale for proposed wage rate), including information regarding the agreement or disagreement of the authorized representative of the employees involved, or where there is no authorized representative, the employees themselves. This report should be submitted to the contracting officer no later than 30 days after such unlisted class(es) of employees performs any contract work.
- 3) The contracting officer reviews the proposed action and promptly submits a report of the action, together with the agency's recommendations and pertinent information including the position of the contractor and the employees, to the Wage and Hour Division, Employment Standards Administration, U.S. Department of Labor, for review. (See section 4.6(b)(2) of Regulations 29 CFR Part 4).
- 4) Within 30 days of receipt, the Wage and Hour Division approves, modifies, or disapproves the action via transmittal to the agency contracting officer, or notifies the contracting officer that additional time will be required to process the request.
- 5) The contracting officer transmits the Wage and Hour decision to the contractor.
- 6) The contractor informs the affected employees.

Information required by the Regulations must be submitted on SF 1444 or bond paper.

When preparing a conformance request, the "Service Contract Act Directory of Occupations" (the Directory) should be used to compare job definitions to insure that duties requested are not performed by a classification already listed in the wage determination. Remember, it is not the job title, but the required tasks that determine whether a class is included in an established wage determination. Conformances may not be used to artificially split, combine, or subdivide classifications listed in the wage determination.

ATTACHMENT AE

WAGE DETERMINATION NO: 94-2496 REV (16) AREA: TN, MEMPHIS

WAGE DETERMINATION NO: 94-2496 REV (16) AREA: TN, MEMPHIS

REGISTER OF WAGE DETERMINATIONS UNDER | U.S. DEPARTMENT OF LABOR

FOR OFFICIAL USE ONLY BY FEDERAL AGENCIES PARTICIPATING IN MOU WITH DOL

WASHINGTON D.C. 20210

Wage Determination No.: 1994-2496

William W. Gross Division of | Revision No.: 16

Director Wage Determinations | Date Of Last Revision: 07/29/2003

States: Arkansas, Kentucky, Mississippi, **Tennessee**

Area: Arkansas Counties of Craighead, Crittenden, Cross, Lee, Mississippi, Poinsett, St Francis

Kentucky Counties of Ballard, Calloway, Carlisle, Fulton, Graves, Hickman, Marshall, McCracken

Mississippi Counties of Benton, De Soto, Marshall, Tippah

Tennessee Counties of Benton, Carroll, Chester, Crockett, Decatur, Dyer, Fayette,

Gibson, Hardeman, Hardin, Haywood, Henderson, Henry, Lake, Lauderdale, Madison,

McNairy, Obion, **Shelby**, Tipton, Weakley

****Fringe Benefits Required Follow the Occupational Listing****

OCCUPATION CODE - TITLE	MINIMUM WAGE RATE
01000 - Administrative Support and Clerical Occupations	
01011 - Accounting Clerk I	9.84
01012 - Accounting Clerk II	11.10
01013 - Accounting Clerk III	13.41
01014 - Accounting Clerk IV	14.87
01030 - Court Reporter	14.84
01050 - Dispatcher, Motor Vehicle	12.50
01060 - Document Preparation Clerk	11.49
01070 - Messenger (Courier)	8.76
01090 - Duplicating Machine Operator	10.60
01110 - Film/Tape Librarian	11.01
01115 - General Clerk I	7.61
01116 - General Clerk II	8.51
01117 - General Clerk III	10.74
01118 - General Clerk IV	13.96
01120 - Housing Referral Assistant	16.03
01131 - Key Entry Operator I	10.15
01132 - Key Entry Operator II	10.60
01191 - Order Clerk I	10.43
01192 - Order Clerk II	12.26
01261 - Personnel Assistant (Employment) I	11.44
01262 - Personnel Assistant (Employment) II	13.52
01263 - Personnel Assistant (Employment) III	15.20
01264 - Personnel Assistant (Employment) IV	16.13
01270 - Production Control Clerk	12.05

01290 - Rental Clerk	13.28
01300 - Scheduler, Maintenance	12.66
01311 - Secretary I	12.30
01312 - Secretary II	13.88
01313 - Secretary III	16.28
01314 - Secretary IV	18.10
01315 - Secretary V	20.04
01320 - Service Order Dispatcher	12.33
01341 - Stenographer I	12.05
01342 - Stenographer II	14.18
01400 - Supply Technician	12.78
01420 - Survey Worker (Interviewer)	14.84
01460 - Switchboard Operator-Receptionist	10.52
01510 - Test Examiner	14.00
01520 - Test Proctor	14.00
01531 - Travel Clerk I	10.47
01532 - Travel Clerk II	11.13
01533 - Travel Clerk III	12.01
01611 - Word Processor I	11.66
01612 - Word Processor II	13.38
01613 - Word Processor III	14.84
03000 - Automatic Data Processing Occupations	
03010 - Computer Data Librarian	10.32
03041 - Computer Operator I	12.01
03042 - Computer Operator II	14.34
03043 - Computer Operator III	16.63
03044 - Computer Operator IV	18.49
03045 - Computer Operator V	20.46
03071 - Computer Programmer I (1)	14.81
03072 - Computer Programmer II (1)	19.57
03073 - Computer Programmer III (1)	23.58
03074 - Computer Programmer IV (1)	27.62
03101 - Computer Systems Analyst I (1)	21.36
03102 - Computer Systems Analyst II (1)	26.85
03103 - Computer Systems Analyst III (1)	27.62
03160 - Peripheral Equipment Operator	12.01
05000 - Automotive Service Occupations	
05005 - Automotive Body Repairer, Fiberglass	16.92
05010 - Automotive Glass Installer	13.76
05040 - Automotive Worker	13.79
05070 - Electrician, Automotive	15.41
05100 - Mobile Equipment Servicer	12.08
05130 - Motor Equipment Metal Mechanic	15.41
05160 - Motor Equipment Metal Worker	13.79
05190 - Motor Vehicle Mechanic	15.41
05220 - Motor Vehicle Mechanic Helper	11.19
05250 - Motor Vehicle Upholstery Worker	13.79
05280 - Motor Vehicle Wrecker	13.79
05310 - Painter, Automotive	14.61
05340 - Radiator Repair Specialist	13.79
05370 - Tire Repairer	11.65
05400 - Transmission Repair Specialist	15.22
07000 - Food Preparation and Service Occupations	
(not set) - Food Service Worker	7.71

07010 - Baker	10.16
07041 - Cook I	8.65
07042 - Cook II	10.16
07070 - Dishwasher	7.21
07130 - Meat Cutter	12.47
07250 - Waiter/Waitress	7.22
09000 - Furniture Maintenance and Repair Occupations	
09010 - Electrostatic Spray Painter	15.48
09040 - Furniture Handler	10.26
09070 - Furniture Refinisher	15.48
09100 - Furniture Refinisher Helper	11.91
09110 - Furniture Repairer, Minor	13.71
09130 - Upholsterer	15.48
11030 - General Services and Support Occupations	
11030 - Cleaner, Vehicles	9.42
11060 - Elevator Operator	8.17
11090 - Gardener	11.47
11121 - House Keeping Aid I	7.29
11122 - House Keeping Aid II	8.22
11150 - Janitor	8.91
11210 - Laborer, Grounds Maintenance	9.78
11240 - Maid or Houseman	7.56
11270 - Pest Controller	11.14
11300 - Refuse Collector	9.42
11330 - Tractor Operator	12.22
11360 - Window Cleaner	9.23
12000 - Health Occupations	
12020 - Dental Assistant	13.50
12040 - Emergency Medical Technician (EMT)/Paramedic/Ambulance Driver	13.83
12071 - Licensed Practical Nurse I	11.27
12072 - Licensed Practical Nurse II	12.63
12073 - Licensed Practical Nurse III	14.13
12100 - Medical Assistant	11.53
12130 - Medical Laboratory Technician	12.48
12160 - Medical Record Clerk	11.24
12190 - Medical Record Technician	13.54
12221 - Nursing Assistant I	8.38
12222 - Nursing Assistant II	9.43
12223 - Nursing Assistant III	10.34
12224 - Nursing Assistant IV	11.60
12250 - Pharmacy Technician	12.48
12280 - Phlebotomist	11.95
12311 - Registered Nurse I	17.24
12312 - Registered Nurse II	20.99
12313 - Registered Nurse II, Specialist	20.99
12314 - Registered Nurse III	25.39
12315 - Registered Nurse III, Anesthetist	25.39
12316 - Registered Nurse IV	30.42
13000 - Information and Arts Occupations	
13002 - Audiovisual Librarian	16.13
13011 - Exhibits Specialist I	16.04
13012 - Exhibits Specialist II	18.80
13013 - Exhibits Specialist III	22.99
13041 - Illustrator I	16.04

13042 - Illustrator II	18.80	
13043 - Illustrator III	22.99	
13047 - Librarian	19.18	
13050 - Library Technician	10.80	
13071 - Photographer I	13.61	
13072 - Photographer II	16.55	
13073 - Photographer III	19.17	
13074 - Photographer IV	21.25	
13075 - Photographer V	24.04	
15000 - Laundry, Dry Cleaning, Pressing and Related Occupations		
15010 - Assembler	7.13	
15030 - Counter Attendant	7.13	
15040 - Dry Cleaner	9.34	
15070 - Finisher, Flatwork, Machine	7.13	
15090 - Presser, Hand	7.13	
15100 - Presser, Machine, Drycleaning	7.13	
15130 - Presser, Machine, Shirts	7.13	
15160 - Presser, Machine, Wearing Apparel, Laundry	7.13	7.13
15190 - Sewing Machine Operator	10.07	
15220 - Tailor	11.39	
15250 - Washer, Machine	7.98	
19000 - Machine Tool Operation and Repair Occupations		
19010 - Machine-Tool Operator (Toolroom)	15.48	
19040 - Tool and Die Maker	18.95	
21000 - Material Handling and Packing Occupations		
21010 - Fuel Distribution System Operator	12.89	
21020 - Material Coordinator	16.03	
21030 - Material Expediter	16.03	
21040 - Material Handling Laborer	10.30	
21050 - Order Filler	9.58	
21071 - Forklift Operator	13.10	
21080 - Production Line Worker (Food Processing)	11.78	
21100 - Shipping/Receiving Clerk	10.80	
21130 - Shipping Packer	11.05	
21140 - Store Worker I	8.62	
21150 - Stock Clerk (Shelf Stocker; Store Worker II)	11.81	
21210 - Tools and Parts Attendant	13.35	
21400 - Warehouse Specialist	13.35	
23000 - Mechanics and Maintenance and Repair Occupations		
23010 - Aircraft Mechanic	19.49	
23040 - Aircraft Mechanic Helper	12.69	
23050 - Aircraft Quality Control Inspector	18.31	
23060 - Aircraft Servicer	14.61	
23070 - Aircraft Worker	15.56	
23100 - Appliance Mechanic	15.87	
23120 - Bicycle Repairer	11.39	
23125 - Cable Splicer	17.64	
23130 - Carpenter, Maintenance	15.48	
23140 - Carpet Layer	14.60	
23160 - Electrician, Maintenance	18.27	
23181 - Electronics Technician, Maintenance I	17.16	
23182 - Electronics Technician, Maintenance II	22.01	
23183 - Electronics Technician, Maintenance III	23.80	
23260 - Fabric Worker	13.95	

23290 - Fire Alarm System Mechanic	16.84	
23310 - Fire Extinguisher Repairer	12.89	
23340 - Fuel Distribution System Mechanic	16.36	
23370 - General Maintenance Worker	14.55	
23400 - Heating, Refrigeration and Air Conditioning Mechanic	18.05	
23430 - Heavy Equipment Mechanic	16.82	
23440 - Heavy Equipment Operator	16.36	
23460 - Instrument Mechanic	16.84	
23470 - Laborer	10.30	
23500 - Locksmith	15.48	
23530 - Machinery Maintenance Mechanic	19.16	
23550 - Machinist, Maintenance	18.35	
23580 - Maintenance Trades Helper	11.78	
23640 - Millwright	16.87	
23700 - Office Appliance Repairer	15.87	
23740 - Painter, Aircraft	17.03	
23760 - Painter, Maintenance	15.48	
23790 - Pipefitter, Maintenance	18.38	
23800 - Plumber, Maintenance	17.61	
23820 - Pneudraulic Systems Mechanic	16.36	
23850 - Rigger	16.84	
23870 - Scale Mechanic	14.92	
23890 - Sheet-Metal Worker, Maintenance	16.36	
23910 - Small Engine Mechanic	14.60	
23930 - Telecommunication Mechanic I	17.24	
23931 - Telecommunication Mechanic II	18.17	
23950 - Telephone Lineman	17.24	
23960 - Welder, Combination, Maintenance	16.36	
23965 - Well Driller	16.84	
23970 - Woodcraft Worker	16.84	
23980 - Woodworker	13.76	
24000 - Personal Needs Occupations		
24570 - Child Care Attendant	9.64	
24580 - Child Care Center Clerk	12.12	
24600 - Chore Aid	6.91	
24630 - Homemaker	15.70	
25000 - Plant and System Operation Occupations		
25010 - Boiler Tender	16.71	
25040 - Sewage Plant Operator	15.81	
25070 - Stationary Engineer	16.71	
25190 - Ventilation Equipment Tender	11.91	
25210 - Water Treatment Plant Operator	15.70	
27000 - Protective Service Occupations		
(not set) - Police Officer	18.47	
27004 - Alarm Monitor	8.07	
27006 - Corrections Officer	13.67	
27010 - Court Security Officer	16.14	
27040 - Detention Officer	15.31	
27070 - Firefighter	14.38	
27101 - Guard I	7.89	
27102 - Guard II	9.28	
28000 - Stevedoring/Longshoremen Occupations		
28010 - Blocker and Bracer	14.28	
28020 - Hatch Tender	14.28	

28030 - Line Handler	14.28	
28040 - Stevedore I	13.41	
28050 - Stevedore II	15.14	
29000 - Technical Occupations		
21150 - Graphic Artist	18.91	
29010 - Air Traffic Control Specialist, Center (2)	29.10	
29011 - Air Traffic Control Specialist, Station (2)	20.07	
29012 - Air Traffic Control Specialist, Terminal (2)	22.09	
29023 - Archeological Technician I	14.35	
29024 - Archeological Technician II	1605.00	
29025 - Archeological Technician III	19.88	
29030 - Cartographic Technician	20.56	
29035 - Computer Based Training (CBT) Specialist/ Instructor		21.36
29040 - Civil Engineering Technician	18.20	
29061 - Drafter I	12.63	
29062 - Drafter II	14.11	
29063 - Drafter III	16.97	
29064 - Drafter IV	19.89	
29081 - Engineering Technician I	16.18	
29082 - Engineering Technician II	16.24	
29083 - Engineering Technician III	19.76	
29084 - Engineering Technician IV	22.89	
29085 - Engineering Technician V	25.36	
29086 - Engineering Technician VI	28.69	
29090 - Environmental Technician	18.20	
29100 - Flight Simulator/Instructor (Pilot)	26.85	
29160 - Instructor	20.77	
29210 - Laboratory Technician	15.38	
29240 - Mathematical Technician	19.89	
29361 - Paralegal/Legal Assistant I	15.71	
29362 - Paralegal/Legal Assistant II	18.63	
29363 - Paralegal/Legal Assistant III	22.72	
29364 - Paralegal/Legal Assistant IV	27.57	
29390 - Photooptics Technician	19.17	
29480 - Technical Writer	20.59	
29491 - Unexploded Ordnance (UXO) Technician I		18.49
29492 - Unexploded Ordnance (UXO) Technician II		22.37
29493 - Unexploded Ordnance (UXO) Technician III		26.81
29494 - Unexploded (UXO) Safety Escort		18.49
29495 - Unexploded (UXO) Sweep Personnel		18.49
29620 - Weather Observer, Senior (3)	17.84	
29621 - Weather Observer, Combined Upper Air and Surface Programs (3)		14.01
29622 - Weather Observer, Upper Air (3)		14.01
31000 - Transportation/ Mobile Equipment Operation Occupations		
31030 - Bus Driver	13.83	
31260 - Parking and Lot Attendant	7.61	
31290 - Shuttle Bus Driver	12.02	
31300 - Taxi Driver	8.49	
31361 - Truckdriver, Light Truck	12.00	
31362 - Truckdriver, Medium Truck	12.44	
31363 - Truckdriver, Heavy Truck	13.54	
31364 - Truckdriver, Tractor-Trailer	14.79	
99000 - Miscellaneous Occupations		
99020 - Animal Caretaker	9.11	

99030 - Cashier	8.20	
99041 - Carnival Equipment Operator		9.81
99042 - Carnival Equipment Repairer		10.58
99043 - Carnival Worker	7.54	
99050 - Desk Clerk	8.74	
99095 - Embalmer	17.93	
99300 - Lifeguard	9.42	
99310 - Mortician	18.23	
99350 - Park Attendant (Aide)	12.20	
99400 - Photofinishing Worker (Photo Lab Tech., Darkroom Tech)		11.32
99500 - Recreation Specialist	9.24	
99510 - Recycling Worker	10.65	
99610 - Sales Clerk	11.32	
99620 - School Crossing Guard (Crosswalk Attendant)		8.13
99630 - Sport Official	9.72	
99658 - Survey Party Chief (Chief of Party)		16.18
99659 - Surveying Technician (Instr. Person/Surveyor Asst./Instr.)		14.52
99660 - Surveying Aide	10.60	
99690 - Swimming Pool Operator	9.50	
99720 - Vending Machine Attendant	9.85	
99730 - Vending Machine Repairer	12.25	
99740 - Vending Machine Repairer Helper	9.85	

ALL OCCUPATIONS LISTED ABOVE RECEIVE THE FOLLOWING BENEFITS:

HEALTH & WELFARE: Life, accident, and health insurance plans, sick leave, pension plans, civic and personal leave, severance pay, and savings and thrift plans.

Minimum employer contributions costing an average of \$2.56 per hour computed on the basis of all hours worked by service employees employed on the contract.

VACATION: 2 weeks paid vacation after 1 year of service with a contractor or successor; 3 weeks after 8 years, and 4 weeks after 15 years. Length of service includes the whole span of continuous service with the present contractor or successor, wherever employed, and with the predecessor contractors in the performance of similar work at the same Federal facility. (Reg. 29 CFR 4.173)

HOLIDAYS: A minimum of ten paid holidays per year: New Year's Day, Martin Luther King Jr.'s Birthday, Washington's Birthday, Memorial Day, Independence Day, Labor Day, Columbus Day, Veterans' Day, Thanksgiving Day, and Christmas Day. (A contractor may substitute for any of the named holidays another day off with pay in accordance with a plan communicated to the employees involved.) (See 29 CFR 4.174)

THE OCCUPATIONS WHICH HAVE PARENTHESES AFTER THEM RECEIVE THE FOLLOWING BENEFITS (as numbered):

1) Does not apply to employees employed in a bona fide executive, administrative, or professional capacity as defined and delineated in 29 CFR 541. (See CFR 4.156)

2) **APPLICABLE TO AIR TRAFFIC CONTROLLERS ONLY - NIGHT DIFFERENTIAL:** An employee is entitled to pay for all work performed between the hours of 6:00 P.M. and 6:00 A.M. at the rate of basic pay plus a night pay differential amounting to 10 percent of the rate of basic pay.

3) **WEATHER OBSERVERS - NIGHT PAY & SUNDAY PAY:** If you work at night as part of a regular tour of duty, you will earn a night differential and receive an additional 10% of basic pay for any hours worked between 6pm and 6am. If you are a full-time employed (40 hours a week) and Sunday is part of your regularly scheduled workweek, you are paid at your rate of basic pay plus a Sunday premium of 25% of your basic rate for each hour of Sunday work which is not overtime (i.e. occasional work on Sunday outside the normal tour of duty is considered overtime work).

HAZARDOUS PAY DIFFERENTIAL: An 8 percent differential is applicable to employees employed in a position that represents a high degree of hazard when working with or in close proximity to ordnance, explosives, and incendiary materials. This includes work such as screening, blending, dying, mixing, and pressing of sensitive ordnance, explosives, and pyrotechnic compositions such as lead azide, black powder and photoflash powder. All dry-house activities involving propellants or explosives. Demilitarization, modification, renovation, demolition, and maintenance operations on sensitive ordnance, explosives and incendiary materials. All operations involving regrading and cleaning of artillery ranges.

A 4 percent differential is applicable to employees employed in a position that represents a low degree of hazard when working with, or in close proximity to ordnance, (or employees possibly adjacent to) explosives and incendiary materials which involves potential injury such as laceration of hands, face, or arms of the employee engaged in the operation, irritation of the skin, minor burns and the like; minimal damage to immediate or adjacent work area or equipment being used. All operations involving, unloading, storage, and hauling of ordnance, explosive, and incendiary ordnance material other than small arms ammunition. These differentials are only applicable to work that has been specifically designated by the agency for ordnance, explosives, and incendiary material differential pay.

**** UNIFORM ALLOWANCE ****

If employees are required to wear uniforms in the performance of this contract (either by the terms of the Government contract, by the employer, by the state or local law, etc.), the cost of furnishing such uniforms and maintaining (by laundering or dry cleaning) such uniforms is an expense that may not be borne by an employee where such cost reduces the hourly rate below that required by the wage determination. The Department of Labor will accept payment in accordance with the following standards as compliance:

The contractor or subcontractor is required to furnish all employees with an adequate number of uniforms without cost or to reimburse employees for the actual cost of the uniforms. In addition, where uniform cleaning and maintenance is made the responsibility of the employee, all contractors and subcontractors subject to this wage determination shall (in the absence of a bona fide collective bargaining agreement providing for a different amount, or the furnishing of contrary affirmative proof as to the actual cost), reimburse all employees for such cleaning and maintenance at a rate of \$3.35 per week (or \$.67 cents per day). However, in those instances where the uniforms furnished are made of "wash and wear" materials, may be routinely washed and dried with other personal garments, and do not require any special treatment such as dry cleaning, daily washing, or commercial laundering in order to meet the cleanliness or appearance standards set by the terms of the Government contract, by the contractor, by law, or by the nature of the work, there is no requirement that employees be reimbursed for uniform maintenance costs.

**** NOTES APPLYING TO THIS WAGE DETERMINATION ****

Source of Occupational Title and Descriptions:

The duties of employees under job titles listed are those described in the "Service Contract Act Directory of Occupations," Fourth Edition, January 1993, as amended by the Third Supplement, dated March 1997, unless otherwise indicated. This publication may be obtained from the Superintendent of Documents, at 202-783-3238, or by writing to the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402. Copies of specific job descriptions may also be obtained from the appropriate contracting officer.

REQUEST FOR AUTHORIZATION OF ADDITIONAL CLASSIFICATION AND WAGE RATE {Standard Form 1444 (SF 1444)}

Conformance Process:

The contracting officer shall require that any class of service employee which is

not listed herein and which is to be employed under the contract (i.e., the work to be performed is not performed by any classification listed in the wage determination), be classified by the contractor so as to provide a reasonable relationship (i.e., appropriate level of skill comparison) between such unlisted classifications and the classifications listed in the wage determination. Such conformed classes of employees shall be paid the monetary wages and furnished the fringe benefits as are determined. Such conforming process shall be initiated by the contractor prior to the performance of contract work by such unlisted class(es) of employees. The conformed classification, wage rate, and/or fringe benefits shall be retroactive to the commencement date of the contract. {See Section 4.6 (C)(vi)} When multiple wage determinations are included in a contract, a separate SF 1444 should be prepared for each wage determination to which a class(es) is to be conformed.

The process for preparing a conformance request is as follows:

- 1) When preparing the bid, the contractor identifies the need for a conformed occupation) and computes a proposed rate).
- 2) After contract award, the contractor prepares a written report listing in order proposed classification title), a Federal grade equivalency (FGE) for each proposed classification), job description), and rationale for proposed wage rate), including information regarding the agreement or disagreement of the authorized representative of the employees involved, or where there is no authorized representative, the employees themselves. This report should be submitted to the contracting officer no later than 30 days after such unlisted class(es) of employees performs any contract work.
- 3) The contracting officer reviews the proposed action and promptly submits a report of the action, together with the agency's recommendations and pertinent information including the position of the contractor and the employees, to the Wage and Hour Division, Employment Standards Administration, U.S. Department of Labor, for review. (See section 4.6(b)(2) of Regulations 29 CFR Part 4).
- 4) Within 30 days of receipt, the Wage and Hour Division approves, modifies, or disapproves the action via transmittal to the agency contracting officer, or notifies the contracting officer that additional time will be required to process the request.
- 5) The contracting officer transmits the Wage and Hour decision to the contractor.
- 6) The contractor informs the affected employees.

Information required by the Regulations must be submitted on SF 1444 or bond paper. When preparing a conformance request, the "Service Contract Act Directory of Occupations" (the Directory) should be used to compare job definitions to insure that duties requested are not performed by a classification already listed in the wage determination. Remember, it is not the job title, but the required tasks that determine whether a class is included in an established wage determination. Conformances may not be used to artificially split, combine, or subdivide classifications listed in the wage determination.

ATTACHMENT AF

WAGE DETERMINATION NO: 94-3008 REV (4) AREA: ,

WAGE DETERMINATION NO: 94-3008 REV (4) AREA: ,

REGISTER OF WAGE DETERMINATIONS UNDER | U.S. DEPARTMENT OF LABOR

FOR OFFICIAL USE ONLY BY FEDERAL AGENCIES PARTICIPATING IN MOU WITH DOL

WASHINGTON D.C. 20210

Wage Determination No.: 1994-3008

William W.Gross

Division of |

Revision No.: 4

Director

Wage Determinations|

Date Of Last Revision: 08/19/2003

State: **Florida**

Area: **Florida** County of **Bay**

****Fringe Benefits Required Follow the Occupational Listing****

OCCUPATION CODE - TITLE	MINIMUM WAGE RATE
01000 - Administrative Support and Clerical Occupations	
01011 - Accounting Clerk I	9.67
01012 - Accounting Clerk II	10.74
01013 - Accounting Clerk III	12.72
01014 - Accounting Clerk IV	15.39
01030 - Court Reporter	11.19
01050 - Dispatcher, Motor Vehicle	12.30
01060 - Document Preparation Clerk	9.57
01070 - Messenger (Courier)	8.05
01090 - Duplicating Machine Operator	9.57
01110 - Film/Tape Librarian	10.91
01115 - General Clerk I	6.50
01116 - General Clerk II	8.25
01117 - General Clerk III	9.66
01118 - General Clerk IV	10.85
01120 - Housing Referral Assistant	12.01
01131 - Key Entry Operator I	8.12
01132 - Key Entry Operator II	9.91
01191 - Order Clerk I	9.51
01192 - Order Clerk II	12.45
01261 - Personnel Assistant (Employment) I	8.36
01262 - Personnel Assistant (Employment) II	10.61
01263 - Personnel Assistant (Employment) III	12.41
01264 - Personnel Assistant (Employment) IV	13.94
01270 - Production Control Clerk	12.28
01290 - Rental Clerk	9.03
01300 - Scheduler, Maintenance	10.74
01311 - Secretary I	10.74
01312 - Secretary II	11.81
01313 - Secretary III	12.60
01314 - Secretary IV	13.77
01315 - Secretary V	15.22

01320 - Service Order Dispatcher	10.88
01341 - Stenographer I	9.32
01342 - Stenographer II	10.74
01400 - Supply Technician	13.77
01420 - Survey Worker (Interviewer)	11.232
01460 - Switchboard Operator-Receptionist	8.08
01510 - Test Examiner	11.48
01520 - Test Proctor	11.48
01531 - Travel Clerk I	8.93
01532 - Travel Clerk II	9.50
01533 - Travel Clerk III	10.03
01611 - Word Processor I	8.39
01612 - Word Processor II	10.09
01613 - Word Processor III	10.63
03000 - Automatic Data Processing Occupations	
03010 - Computer Data Librarian	10.14
03041 - Computer Operator I	11.58
03042 - Computer Operator II	13.77
03043 - Computer Operator III	15.65
03044 - Computer Operator IV	18.16
03045 - Computer Operator V	19.09
03071 - Computer Programmer I (1)	15.84
03072 - Computer Programmer II (1)	19.60
03073 - Computer Programmer III (1)	23.59
03074 - Computer Programmer IV (1)	26.89
03101 - Computer Systems Analyst I (1)	23.26
03102 - Computer Systems Analyst II (1)	26.75
03103 - Computer Systems Analyst III (1)	27.62
03160 - Peripheral Equipment Operator	11.66
05000 - Automotive Service Occupations	
05005 - Automotive Body Repairer, Fiberglass	17.84
05010 - Automotive Glass Installer	16.05
05040 - Automotive Worker	16.05
05070 - Electrician, Automotive	16.94
05100 - Mobile Equipment Servicer	14.27
05130 - Motor Equipment Metal Mechanic	17.84
05160 - Motor Equipment Metal Worker	16.05
05190 - Motor Vehicle Mechanic	17.84
05220 - Motor Vehicle Mechanic Helper	13.32
05250 - Motor Vehicle Upholstery Worker	15.19
05280 - Motor Vehicle Wrecker	16.05
05310 - Painter, Automotive	16.94
05340 - Radiator Repair Specialist	16.05
05370 - Tire Repairer	13.79
05400 - Transmission Repair Specialist	17.84
07000 - Food Preparation and Service Occupations	
(not set) - Food Service Worker	7.38
07010 - Baker	10.02
07041 - Cook I	8.91
07042 - Cook II	10.02
07070 - Dishwasher	6.52
07130 - Meat Cutter	10.87
07250 - Waiter/Waitress	7.24
09000 - Furniture Maintenance and Repair Occupations	

09010 - Electrostatic Spray Painter	16.94
09040 - Furniture Handler	12.50
09070 - Furniture Refinisher	16.94
09100 - Furniture Refinisher Helper	13.32
09110 - Furniture Repairer, Minor	15.19
09130 - Upholsterer	16.94
11030 - General Services and Support Occupations	
11030 - Cleaner, Vehicles	7.58
11060 - Elevator Operator	7.69
11090 - Gardener	10.66
11121 - House Keeping Aid I	7.18
11122 - House Keeping Aid II	7.68
11150 - Janitor	8.24
11210 - Laborer, Grounds Maintenance	8.52
11240 - Maid or Houseman	7.44
11270 - Pest Controller	10.32
11300 - Refuse Collector	7.63
11330 - Tractor Operator	9.95
11360 - Window Cleaner	9.00
12000 - Health Occupations	
12020 - Dental Assistant	10.93
12040 - Emergency Medical Technician (EMT)/Paramedic/Ambulance Driver	12.65
12071 - Licensed Practical Nurse I	10.47
12072 - Licensed Practical Nurse II	11.74
12073 - Licensed Practical Nurse III	13.14
12100 - Medical Assistant	10.05
12130 - Medical Laboratory Technician	12.20
12160 - Medical Record Clerk	9.77
12190 - Medical Record Technician	13.54
12221 - Nursing Assistant I	7.79
12222 - Nursing Assistant II	8.75
12223 - Nursing Assistant III	9.55
12224 - Nursing Assistant IV	10.71
12250 - Pharmacy Technician	12.19
12280 - Phlebotomist	11.14
12311 - Registered Nurse I	16.32
12312 - Registered Nurse II	19.98
12313 - Registered Nurse II, Specialist	19.98
12314 - Registered Nurse III	24.17
12315 - Registered Nurse III, Anesthetist	24.17
12316 - Registered Nurse IV	28.96
13000 - Information and Arts Occupations	
13002 - Audiovisual Librarian	16.56
13011 - Exhibits Specialist I	16.79
13012 - Exhibits Specialist II	20.45
13013 - Exhibits Specialist III	24.06
13041 - Illustrator I	16.79
13042 - Illustrator II	20.45
13043 - Illustrator III	24.06
13047 - Librarian	12.85
13050 - Library Technician	11.65
13071 - Photographer I	12.90
13072 - Photographer II	15.26
13073 - Photographer III	18.59

13074 - Photographer IV	21.87	
13075 - Photographer V	26.44	
15000 - Laundry, Dry Cleaning, Pressing and Related Occupations		
15010 - Assembler	7.01	
15030 - Counter Attendant	7.01	
15040 - Dry Cleaner	8.11	
15070 - Finisher, Flatwork, Machine	7.01	
15090 - Presser, Hand	7.01	
15100 - Presser, Machine, Drycleaning	7.01	
15130 - Presser, Machine, Shirts	7.01	
15160 - Presser, Machine, Wearing Apparel, Laundry		7.01
15190 - Sewing Machine Operator	8.57	
15220 - Tailor	8.96	
15250 - Washer, Machine	7.37	
19000 - Machine Tool Operation and Repair Occupations		
19010 - Machine-Tool Operator (Toolroom)		16.94
19040 - Tool and Die Maker	20.53	
21000 - Material Handling and Packing Occupations		
21010 - Fuel Distribution System Operator		15.08
21020 - Material Coordinator	16.41	
21030 - Material Expediter	16.41	
21040 - Material Handling Laborer	10.44	
21050 - Order Filler	10.18	
21071 - Forklift Operator	13.64	
21080 - Production Line Worker (Food Processing)		13.64
21100 - Shipping/Receiving Clerk	10.33	
21130 - Shipping Packer	10.33	
21140 - Store Worker I	8.84	
21150 - Stock Clerk (Shelf Stocker; Store Worker II)		11.82
21210 - Tools and Parts Attendant	13.88	
21400 - Warehouse Specialist	13.64	
23000 - Mechanics and Maintenance and Repair Occupations		
23010 - Aircraft Mechanic	18.12	
23040 - Aircraft Mechanic Helper	13.53	
23050 - Aircraft Quality Control Inspector	19.04	
23060 - Aircraft Servicer	15.43	
23070 - Aircraft Worker	16.30	
23100 - Appliance Mechanic	16.94	
23120 - Bicycle Repairer	13.79	
23125 - Cable Splicer	17.84	
23130 - Carpenter, Maintenance	16.94	
23140 - Carpet Layer	16.05	
23160 - Electrician, Maintenance	17.84	
23181 - Electronics Technician, Maintenance I	17.92	
23182 - Electronics Technician, Maintenance II	20.74	
23183 - Electronics Technician, Maintenance III	21.85	
23260 - Fabric Worker	15.19	
23290 - Fire Alarm System Mechanic	17.84	
23310 - Fire Extinguisher Repairer	14.27	
23340 - Fuel Distribution System Mechanic	17.84	
23370 - General Maintenance Worker	16.05	
23400 - Heating, Refrigeration and Air Conditioning Mechanic		17.84
23430 - Heavy Equipment Mechanic	17.84	
23440 - Heavy Equipment Operator	17.84	

23460 - Instrument Mechanic	17.84	
23470 - Laborer	9.03	
23500 - Locksmith	16.94	
23530 - Machinery Maintenance Mechanic		19.48
23550 - Machinist, Maintenance	17.84	
23580 - Maintenance Trades Helper	13.32	
23640 - Millwright	19.62	
23700 - Office Appliance Repairer	16.94	
23740 - Painter, Aircraft	16.94	
23760 - Painter, Maintenance	16.94	
23790 - Pipefitter, Maintenance	17.84	
23800 - Plumber, Maintenance	16.94	
23820 - Pneudraulic Systems Mechanic	17.84	
23850 - Rigger	17.84	
23870 - Scale Mechanic	16.05	
23890 - Sheet-Metal Worker, Maintenance		17.84
23910 - Small Engine Mechanic	16.05	
23930 - Telecommunication Mechanic I	17.84	
23931 - Telecommunication Mechanic II	18.75	
23950 - Telephone Lineman	17.84	
23960 - Welder, Combination, Maintenance		17.84
23965 - Well Driller	17.84	
23970 - Woodcraft Worker	17.84	
23980 - Woodworker	14.27	
24000 - Personal Needs Occupations		
24570 - Child Care Attendant	6.94	
24580 - Child Care Center Clerk	8.72	
24600 - Chore Aid	7.17	
24630 - Homemaker	9.91	
25000 - Plant and System Operation Occupations		
25010 - Boiler Tender	17.84	
25040 - Sewage Plant Operator	16.94	
25070 - Stationary Engineer	17.84	
25190 - Ventilation Equipment Tender	13.32	
25210 - Water Treatment Plant Operator	16.94	
27000 - Protective Service Occupations		
(not set) - Police Officer	15.19	
27004 - Alarm Monitor	8.14	
27006 - Corrections Officer	13.06	
27010 - Court Security Officer	13.56	
27040 - Detention Officer	13.06	
27070 - Firefighter	13.05	
27101 - Guard I	7.41	
27102 - Guard II	8.14	
28000 - Stevedoring/Longshoremen Occupations		
28010 - Blocker and Bracer	16.02	
28020 - Hatch Tender	16.02	
28030 - Line Handler	16.02	
28040 - Stevedore I	15.09	
28050 - Stevedore II	16.82	
29000 - Technical Occupations		
21150 - Graphic Artist	18.39	
29010 - Air Traffic Control Specialist, Center (2)		29.10
29011 - Air Traffic Control Specialist, Station (2)		20.07

29012 - Air Traffic Control Specialist, Terminal (2)	22.09	
29023 - Archeological Technician I	11.09	
29024 - Archeological Technician II	12.47	
29025 - Archeological Technician III	15.40	
29030 - Cartographic Technician	16.20	
29035 - Computer Based Training (CBT) Specialist/ Instructor	22.36	
29040 - Civil Engineering Technician	17.79	
29061 - Drafter I	11.77	
29062 - Drafter II	14.13	
29063 - Drafter III	16.71	
29064 - Drafter IV	20.36	
29081 - Engineering Technician I	9.96	
29082 - Engineering Technician II	11.15	
29083 - Engineering Technician III	12.50	
29084 - Engineering Technician IV	15.47	
29085 - Engineering Technician V	18.94	
29086 - Engineering Technician VI	23.84	
29090 - Environmental Technician	15.47	
29100 - Flight Simulator/Instructor (Pilot)	26.75	
29160 - Instructor	18.88	
29210 - Laboratory Technician	15.86	
29240 - Mathematical Technician	15.47	
29361 - Paralegal/Legal Assistant I	13.50	
29362 - Paralegal/Legal Assistant II	15.43	
29363 - Paralegal/Legal Assistant III	18.88	
29364 - Paralegal/Legal Assistant IV	22.83	
29390 - Photooptics Technician	14.06	
29480 - Technical Writer	21.11	
29491 - Unexploded Ordnance (UXO) Technician I	18.49	
29492 - Unexploded Ordnance (UXO) Technician II	23.12	
29493 - Unexploded Ordnance (UXO) Technician III	26.81	
29494 - Unexploded (UXO) Safety Escort	18.49	
29495 - Unexploded (UXO) Sweep Personnel	18.49	
29620 - Weather Observer, Senior (3)	17.61	
29621 - Weather Observer, Combined Upper Air and Surface Programs (3)	13.66	
29622 - Weather Observer, Upper Air	13.66	
31000 - Transportation/ Mobile Equipment Operation Occupations		
31030 - Bus Driver	13.88	
31260 - Parking and Lot Attendant	8.10	
31290 - Shuttle Bus Driver	11.37	
31300 - Taxi Driver	10.56	
31361 - Truckdriver, Light Truck	11.37	
31362 - Truckdriver, Medium Truck	12.11	
31363 - Truckdriver, Heavy Truck	13.98	
31364 - Truckdriver, Tractor-Trailer	13.98	
99000 - Miscellaneous Occupations		
99020 - Animal Caretaker	7.72	
99030 - Cashier	6.92	
99041 - Carnival Equipment Operator	8.85	
99042 - Carnival Equipment Repairer	9.49	
99043 - Carnival Worker	7.39	
99050 - Desk Clerk	7.80	
99095 - Embalmer	18.49	
99300 - Lifeguard	8.06	

99310 - Mortician	18.49	
99350 - Park Attendant (Aide)	10.13	
99400 - Photofinishing Worker (Photo Lab Tech., Darkroom Tech)		7.87
99500 - Recreation Specialist	11.63	
99510 - Recycling Worker	9.74	
99610 - Sales Clerk	8.06	
99620 - School Crossing Guard (Crosswalk Attendant)		8.13
99630 - Sport Official	7.01	
99658 - Survey Party Chief (Chief of Party)	11.13	
99659 - Surveying Technician (Instr. Person/Surveyor Asst./Instr.)		10.12
99660 - Surveying Aide	6.66	
99690 - Swimming Pool Operator	12.12	
99720 - Vending Machine Attendant	10.05	
99730 - Vending Machine Repairer	12.12	
99740 - Vending Machine Repairer Helper	10.05	

ALL OCCUPATIONS LISTED ABOVE RECEIVE THE FOLLOWING BENEFITS:

HEALTH & WELFARE: Life, accident, and health insurance plans, sick leave, pension plans, civic and personal leave, severance pay, and savings and thrift plans.

Minimum employer contributions costing an average of \$2.56 per hour computed on the basis of all hours worked by service employees employed on the contract.

VACATION: 2 weeks paid vacation after 1 year of service with a contractor or successor; 3 weeks after 7 years, and 4 weeks after 11 years. Length of service includes the whole span of continuous service with the present contractor or successor, wherever employed, and with the predecessor contractors in the performance of similar work at the same Federal facility. (Reg. 29 CFR 4.173)

HOLIDAYS: A minimum of ten paid holidays per year: New Year's Day, Martin Luther King Jr.'s Birthday, Washington's Birthday, Memorial Day, Independence Day, Labor Day, Columbus Day, Veterans' Day, Thanksgiving Day, and Christmas Day. (A contractor may substitute for any of the named holidays another day off with pay in accordance with a plan communicated to the employees involved.) (See 29 CFR 4.174)

THE OCCUPATIONS WHICH HAVE PARENTHESES AFTER THEM RECEIVE THE FOLLOWING BENEFITS (as numbered):

1) Does not apply to employees employed in a bona fide executive, administrative, or professional capacity as defined and delineated in 29 CFR 541. (See CFR 4.156)

2) APPLICABLE TO AIR TRAFFIC CONTROLLERS ONLY - NIGHT DIFFERENTIAL: An employee is entitled to pay for all work performed between the hours of 6:00 P.M. and 6:00 A.M. at the rate of basic pay plus a night pay differential amounting to 10 percent of the rate of basic pay.

3) WEATHER OBSERVERS - NIGHT PAY & SUNDAY PAY: If you work at night as part of a regular tour of duty, you will earn a night differential and receive an additional 10% of basic pay for any hours worked between 6pm and 6am. If you are a full-time employed (40 hours a week) and Sunday is part of your regularly scheduled workweek, you are paid at your rate of basic pay plus a Sunday premium of 25% of your basic rate for each hour of Sunday work which is not overtime (i.e. occasional work on Sunday outside the normal tour of duty is considered overtime work).

HAZARDOUS PAY DIFFERENTIAL: An 8 percent differential is applicable to employees employed in a position that represents a high degree of hazard when working with or in close proximity to ordnance, explosives, and incendiary materials. This includes work such as screening, blending, dying, mixing, and pressing of sensitive ordnance, explosives, and pyrotechnic compositions such as lead azide, black powder and photoflash powder. All dry-house activities involving propellants or explosives. Demilitarization, modification, renovation, demolition, and maintenance operations on sensitive ordnance, explosives and incendiary materials. All

operations involving regrading and cleaning of artillery ranges.

A 4 percent differential is applicable to employees employed in a position that represents a low degree of hazard when working with, or in close proximity to ordance, (or employees possibly adjacent to) explosives and incendiary materials which involves potential injury such as laceration of hands, face, or arms of the employee engaged in the operation, irritation of the skin, minor burns and the like; minimal damage to immediate or adjacent work area or equipment being used. All operations involving, unloading, storage, and hauling of ordance, explosive, and incendiary ordance material other than small arms ammunition. These differentials are only applicable to work that has been specifically designated by the agency for ordance, explosives, and incendiary material differential pay.

**** UNIFORM ALLOWANCE ****

If employees are required to wear uniforms in the performance of this contract (either by the terms of the Government contract, by the employer, by the state or local law, etc.), the cost of furnishing such uniforms and maintaining (by laundering or dry cleaning) such uniforms is an expense that may not be borne by an employee where such cost reduces the hourly rate below that required by the wage determination. The Department of Labor will accept payment in accordance with the following standards as compliance:

The contractor or subcontractor is required to furnish all employees with an adequate number of uniforms without cost or to reimburse employees for the actual cost of the uniforms. In addition, where uniform cleaning and maintenance is made the responsibility of the employee, all contractors and subcontractors subject to this wage determination shall (in the absence of a bona fide collective bargaining agreement providing for a different amount, or the furnishing of contrary affirmative proof as to the actual cost), reimburse all employees for such cleaning and maintenance at a rate of \$3.35 per week (or \$.67 cents per day). However, in those instances where the uniforms furnished are made of "wash and wear" materials, may be routinely washed and dried with other personal garments, and do not require any special treatment such as dry cleaning, daily washing, or commercial laundering in order to meet the cleanliness or appearance standards set by the terms of the Government contract, by the contractor, by law, or by the nature of the work, there is no requirement that employees be reimbursed for uniform maintenance costs.

**** NOTES APPLYING TO THIS WAGE DETERMINATION ****

Source of Occupational Title and Descriptions:

The duties of employees under job titles listed are those described in the "Service Contract Act Directory of Occupations," Fourth Edition, January 1993, as amended by the Third Supplement, dated March 1997, unless otherwise indicated. This publication may be obtained from the Superintendent of Documents, at 202-783-3238, or by writing to the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402. Copies of specific job descriptions may also be obtained from the appropriate contracting officer.

ATTACHMENT AG

WAGE DETERMINATION NO: 94-2508 REV (15) AREA: TX,CORPUS CHRISTI

WAGE DETERMINATION NO: 94-2508 REV (15) AREA: TX,CORPUS CHRISTI

REGISTER OF WAGE DETERMINATIONS UNDER | U.S. DEPARTMENT OF LABOR

FOR OFFICIAL USE ONLY BY FEDERAL AGENCIES PARTICIPATING IN MOU WITH DOL

WASHINGTON D.C. 20210

Wage Determination No.: 1994-2508

William W.Gross Division of | Revision No.: 15

Director Wage Determinations| Date Of Last Revision: 09/22/2003

State: **Texas**

Area: **Texas** Counties of Aransas, Bee, Calhoun, Goliad, Jim Wells, **Kleberg**, Live Oak, Nueces, Refugio, San Patricio, Victoria

****Fringe Benefits Required Follow the Occupational Listing****

OCCUPATION CODE - TITLE	MINIMUM WAGE RATE
01000 - Administrative Support and Clerical Occupations	
01011 - Accounting Clerk I	8.24
01012 - Accounting Clerk II	10.07
01013 - Accounting Clerk III	11.78
01014 - Accounting Clerk IV	13.01
01030 - Court Reporter	11.60
01050 - Dispatcher, Motor Vehicle	10.81
01060 - Document Preparation Clerk	9.86
01070 - Messenger (Courier)	8.71
01090 - Duplicating Machine Operator	9.86
01110 - Film/Tape Librarian	9.55
01115 - General Clerk I	8.81
01116 - General Clerk II	9.24
01117 - General Clerk III	13.33
01118 - General Clerk IV	15.06
01120 - Housing Referral Assistant	15.91
01131 - Key Entry Operator I	9.60
01132 - Key Entry Operator II	12.12
01191 - Order Clerk I	8.88
01192 - Order Clerk II	9.90
01261 - Personnel Assistant (Employment) I	8.01
01262 - Personnel Assistant (Employment) II	8.99
01263 - Personnel Assistant (Employment) III	12.98
01264 - Personnel Assistant (Employment) IV	14.64
01270 - Production Control Clerk	14.92
01290 - Rental Clerk	10.63
01300 - Scheduler, Maintenance	10.86
01311 - Secretary I	10.86
01312 - Secretary II	14.33
01313 - Secretary III	15.91
01314 - Secretary IV	17.66

01315 - Secretary V	19.60
01320 - Service Order Dispatcher	11.08
01341 - Stenographer I	8.24
01342 - Stenographer II	9.24
01400 - Supply Technician	15.59
01420 - Survey Worker (Interviewer)	11.60
01460 - Switchboard Operator-Receptionist	9.13
01510 - Test Examiner	14.33
01520 - Test Proctor	14.33
01531 - Travel Clerk I	9.08
01532 - Travel Clerk II	9.85
01533 - Travel Clerk III	10.31
01611 - Word Processor I	9.54
01612 - Word Processor II	11.05
01613 - Word Processor III	12.37
03000 - Automatic Data Processing Occupations	
03010 - Computer Data Librarian	10.30
03041 - Computer Operator I	10.75
03042 - Computer Operator II	12.78
03043 - Computer Operator III	14.06
03044 - Computer Operator IV	16.73
03045 - Computer Operator V	18.57
03071 - Computer Programmer I (1)	14.20
03072 - Computer Programmer II (1)	17.63
03073 - Computer Programmer III (1)	22.32
03074 - Computer Programmer IV (1)	26.91
03101 - Computer Systems Analyst I (1)	20.35
03102 - Computer Systems Analyst II (1)	26.89
03103 - Computer Systems Analyst III (1)	27.62
03160 - Peripheral Equipment Operator	10.75
05000 - Automotive Service Occupations	
05005 - Automotive Body Repairer, Fiberglass	17.34
05010 - Automotive Glass Installer	15.94
05040 - Automotive Worker	15.94
05070 - Electrician, Automotive	16.65
05100 - Mobile Equipment Servicer	14.56
05130 - Motor Equipment Metal Mechanic	17.34
05160 - Motor Equipment Metal Worker	15.94
05190 - Motor Vehicle Mechanic	17.34
05220 - Motor Vehicle Mechanic Helper	13.82
05250 - Motor Vehicle Upholstery Worker	15.25
05280 - Motor Vehicle Wrecker	15.94
05310 - Painter, Automotive	16.65
05340 - Radiator Repair Specialist	15.94
05370 - Tire Repairer	14.07
05400 - Transmission Repair Specialist	17.34
07000 - Food Preparation and Service Occupations	
(not set) - Food Service Worker	6.35
07010 - Baker	8.37
07041 - Cook I	7.19
07042 - Cook II	8.37
07070 - Dishwasher	6.19
07130 - Meat Cutter	11.65
07250 - Waiter/Waitress	6.34

09000 - Furniture Maintenance and Repair Occupations	
09010 - Electrostatic Spray Painter	16.65
09040 - Furniture Handler	13.82
09070 - Furniture Refinisher	16.65
09100 - Furniture Refinisher Helper	13.82
09110 - Furniture Repairer, Minor	15.25
09130 - Upholsterer	16.65
11030 - General Services and Support Occupations	
11030 - Cleaner, Vehicles	7.42
11060 - Elevator Operator	7.89
11090 - Gardener	9.46
11121 - House Keeping Aid I	6.82
11122 - House Keeping Aid II	7.29
11150 - Janitor	7.94
11210 - Laborer, Grounds Maintenance	8.18
11240 - Maid or Houseman	6.66
11270 - Pest Controller	9.60
11300 - Refuse Collector	7.89
11330 - Tractor Operator	9.39
11360 - Window Cleaner	8.49
12000 - Health Occupations	
12020 - Dental Assistant	10.93
12040 - Emergency Medical Technician (EMT)/Paramedic/Ambulance Driver	13.12
12071 - Licensed Practical Nurse I	11.28
12072 - Licensed Practical Nurse II	12.65
12073 - Licensed Practical Nurse III	14.15
12100 - Medical Assistant	10.75
12130 - Medical Laboratory Technician	11.22
12160 - Medical Record Clerk	9.79
12190 - Medical Record Technician	13.54
12221 - Nursing Assistant I	8.35
12222 - Nursing Assistant II	9.38
12223 - Nursing Assistant III	10.23
12224 - Nursing Assistant IV	11.49
12250 - Pharmacy Technician	12.19
12280 - Phlebotomist	11.83
12311 - Registered Nurse I	17.14
12312 - Registered Nurse II	20.98
12313 - Registered Nurse II, Specialist	20.98
12314 - Registered Nurse III	25.38
12315 - Registered Nurse III, Anesthetist	25.38
12316 - Registered Nurse IV	30.41
13000 - Information and Arts Occupations	
13002 - Audiovisual Librarian	15.80
13011 - Exhibits Specialist I	16.89
13012 - Exhibits Specialist II	20.60
13013 - Exhibits Specialist III	25.21
13041 - Illustrator I	16.89
13042 - Illustrator II	20.60
13043 - Illustrator III	25.21
13047 - Librarian	20.58
13050 - Library Technician	10.73
13071 - Photographer I	13.47
13072 - Photographer II	16.43

13073 - Photographer III	19.23	
13074 - Photographer IV	23.46	
13075 - Photographer V	28.47	
15000 - Laundry, Dry Cleaning, Pressing and Related Occupations		
15010 - Assembler	6.83	
15030 - Counter Attendant	6.83	
15040 - Dry Cleaner	8.02	
15070 - Finisher, Flatwork, Machine	6.83	
15090 - Presser, Hand	6.83	
15100 - Presser, Machine, Drycleaning	6.83	
15130 - Presser, Machine, Shirts	6.83	
15160 - Presser, Machine, Wearing Apparel, Laundry	6.83	6.83
15190 - Sewing Machine Operator	8.45	
15220 - Tailor	8.91	
15250 - Washer, Machine	7.22	
19000 - Machine Tool Operation and Repair Occupations		
19010 - Machine-Tool Operator (Toolroom)	17.07	
19040 - Tool and Die Maker	19.94	
21000 - Material Handling and Packing Occupations		
21010 - Fuel Distribution System Operator	14.54	
21020 - Material Coordinator	14.81	
21030 - Material Expediter	14.81	
21040 - Material Handling Laborer	9.71	
21050 - Order Filler	10.19	
21071 - Forklift Operator	10.70	
21080 - Production Line Worker (Food Processing)	10.70	10.70
21100 - Shipping/Receiving Clerk	10.05	
21130 - Shipping Packer	10.05	
21140 - Store Worker I	11.00	
21150 - Stock Clerk (Shelf Stocker; Store Worker II)	14.93	
21210 - Tools and Parts Attendant	11.77	
21400 - Warehouse Specialist	11.77	
23000 - Mechanics and Maintenance and Repair Occupations		
23010 - Aircraft Mechanic	19.07	
23040 - Aircraft Mechanic Helper	15.20	
23050 - Aircraft Quality Control Inspector	19.91	
23060 - Aircraft Servicer	16.78	
23070 - Aircraft Worker	17.53	
23100 - Appliance Mechanic	16.65	
23120 - Bicycle Repairer	13.35	
23125 - Cable Splicer	19.07	
23130 - Carpenter, Maintenance	16.01	
23140 - Carpet Layer	15.28	
23160 - Electrician, Maintenance	17.34	
23181 - Electronics Technician, Maintenance I	13.86	
23182 - Electronics Technician, Maintenance II	20.67	
23183 - Electronics Technician, Maintenance III	23.04	
23260 - Fabric Worker	14.58	
23290 - Fire Alarm System Mechanic	17.34	
23310 - Fire Extinguisher Repairer	15.25	
23340 - Fuel Distribution System Mechanic	19.07	
23370 - General Maintenance Worker	12.02	
23400 - Heating, Refrigeration and Air Conditioning Mechanic	17.34	17.34
23430 - Heavy Equipment Mechanic	17.79	

23440 - Heavy Equipment Operator	17.34
23460 - Instrument Mechanic	17.34
23470 - Laborer	12.71
23500 - Locksmith	17.53
23530 - Machinery Maintenance Mechanic	21.16
23550 - Machinist, Maintenance	20.96
23580 - Maintenance Trades Helper	13.82
23640 - Millwright	17.34
23700 - Office Appliance Repairer	16.65
23740 - Painter, Aircraft	16.65
23760 - Painter, Maintenance	16.65
23790 - Pipefitter, Maintenance	17.88
23800 - Plumber, Maintenance	17.17
23820 - Pneudraulic Systems Mechanic	17.34
23850 - Rigger	17.34
23870 - Scale Mechanic	15.94
23890 - Sheet-Metal Worker, Maintenance	17.34
23910 - Small Engine Mechanic	15.94
23930 - Telecommunication Mechanic I	19.07
23931 - Telecommunication Mechanic II	19.83
23950 - Telephone Lineman	19.07
23960 - Welder, Combination, Maintenance	17.34
23965 - Well Driller	17.34
23970 - Woodcraft Worker	17.34
23980 - Woodworker	15.94
24000 - Personal Needs Occupations	
24570 - Child Care Attendant	8.99
24580 - Child Care Center Clerk	11.21
24600 - Chore Aid	6.53
24630 - Homemaker	13.71
25000 - Plant and System Operation Occupations	
25010 - Boiler Tender	20.98
25040 - Sewage Plant Operator	18.32
25070 - Stationary Engineer	20.98
25190 - Ventilation Equipment Tender	13.82
25210 - Water Treatment Plant Operator	16.65
27000 - Protective Service Occupations	
(not set) - Police Officer	21.79
27004 - Alarm Monitor	10.72
27006 - Corrections Officer	19.97
27010 - Court Security Officer	19.97
27040 - Detention Officer	19.97
27070 - Firefighter	18.49
27101 - Guard I	8.14
27102 - Guard II	10.27
28000 - Stevedoring/Longshoremen Occupations	
28010 - Blocker and Bracer	13.75
28020 - Hatch Tender	13.75
28030 - Line Handler	13.75
28040 - Stevedore I	11.91
28050 - Stevedore II	12.56
29000 - Technical Occupations	
21150 - Graphic Artist	17.34
29010 - Air Traffic Control Specialist, Center (2)	29.36

29011 - Air Traffic Control Specialist, Station (2)	20.24	
29012 - Air Traffic Control Specialist, Terminal (2)	22.29	
29023 - Archeological Technician I	17.12	
29024 - Archeological Technician II	19.15	
29025 - Archeological Technician III	23.71	
29030 - Cartographic Technician	21.12	
29035 - Computer Based Training (CBT) Specialist/ Instructor		20.35
29040 - Civil Engineering Technician	21.15	
29061 - Drafter I	12.88	
29062 - Drafter II	16.59	
29063 - Drafter III	20.26	
29064 - Drafter IV	23.71	
29081 - Engineering Technician I	13.81	
29082 - Engineering Technician II	15.54	
29083 - Engineering Technician III	18.97	
29084 - Engineering Technician IV	22.19	
29085 - Engineering Technician V	27.07	
29086 - Engineering Technician VI	32.85	
29090 - Environmental Technician	20.30	
29100 - Flight Simulator/Instructor (Pilot)	26.89	
29160 - Instructor	18.81	
29210 - Laboratory Technician	12.24	
29240 - Mathematical Technician	24.32	
29361 - Paralegal/Legal Assistant I	14.93	
29362 - Paralegal/Legal Assistant II	16.79	
29363 - Paralegal/Legal Assistant III	18.67	
29364 - Paralegal/Legal Assistant IV	22.57	
29390 - Photooptics Technician	19.23	
29480 - Technical Writer	22.86	
29491 - Unexploded Ordnance (UXO) Technician I		18.66
29492 - Unexploded Ordnance (UXO) Technician II		22.57
29493 - Unexploded Ordnance (UXO) Technician III		27.05
29494 - Unexploded (UXO) Safety Escort		18.66
29495 - Unexploded (UXO) Sweep Personnel		18.66
29620 - Weather Observer, Senior (3)	15.25	
29621 - Weather Observer, Combined Upper Air and Surface Programs (3)		13.02
29622 - Weather Observer, Upper Air (3)		13.02
31000 - Transportation/ Mobile Equipment Operation Occupations		
31030 - Bus Driver	11.00	
31260 - Parking and Lot Attendant	5.86	
31290 - Shuttle Bus Driver	8.43	
31300 - Taxi Driver	7.89	
31361 - Truckdriver, Light Truck	8.43	
31362 - Truckdriver, Medium Truck	13.92	
31363 - Truckdriver, Heavy Truck	14.28	
31364 - Truckdriver, Tractor-Trailer	14.94	
99000 - Miscellaneous Occupations		
99020 - Animal Caretaker	7.77	
99030 - Cashier	8.44	
99041 - Carnival Equipment Operator		10.05
99042 - Carnival Equipment Repairer		10.47
99043 - Carnival Worker	8.18	
99050 - Desk Clerk	8.99	
99095 - Embalmer	18.66	

99300 - Lifeguard	9.80	
99310 - Mortician	18.23	
99350 - Park Attendant (Aide)	11.84	
99400 - Photofinishing Worker (Photo Lab Tech., Darkroom Tech)		8.30
99500 - Recreation Specialist	12.46	
99510 - Recycling Worker	9.54	
99610 - Sales Clerk	9.21	
99620 - School Crossing Guard (Crosswalk Attendant)		6.35
99630 - Sport Official	9.69	
99658 - Survey Party Chief (Chief of Party)	15.47	
99659 - Surveying Technician (Instr. Person/Surveyor Asst./Instr.)		12.80
99660 - Surveying Aide	10.40	
99690 - Swimming Pool Operator	10.03	
99720 - Vending Machine Attendant	8.68	
99730 - Vending Machine Repairer	10.03	
99740 - Vending Machine Repairer Helper	8.68	

ALL OCCUPATIONS LISTED ABOVE RECEIVE THE FOLLOWING BENEFITS:

HEALTH & WELFARE: Life, accident, and health insurance plans, sick leave, pension plans, civic and personal leave, severance pay, and savings and thrift plans.

Minimum employer contributions costing an average of \$2.56 per hour computed on the basis of all hours worked by service employees employed on the contract.

VACATION: 2 weeks paid vacation after 1 year of service with a contractor or successor; and 3 weeks after 8 years. Length of service includes the whole span of continuous service with the present contractor or successor, wherever employed, and with the predecessor contractors in the performance of similar work at the same Federal facility. (Reg. 29 CFR 4.173)

HOLIDAYS: A minimum of ten paid holidays per year: New Year's Day, Martin Luther King Jr.'s Birthday, Washington's Birthday, Memorial Day, Independence Day, Labor Day, Columbus Day, Veterans' Day, Thanksgiving Day, and Christmas Day. (A contractor may substitute for any of the named holidays another day off with pay in accordance with a plan communicated to the employees involved.) (See 29 CFR 4.174)

THE OCCUPATIONS WHICH HAVE PARENTHESES AFTER THEM RECEIVE THE FOLLOWING BENEFITS (as numbered):

- 1) Does not apply to employees employed in a bona fide executive, administrative, or professional capacity as defined and delineated in 29 CFR 541. (See CFR 4.156)
- 2) APPLICABLE TO AIR TRAFFIC CONTROLLERS ONLY - NIGHT DIFFERENTIAL: An employee is entitled to pay for all work performed between the hours of 6:00 P.M. and 6:00 A.M. at the rate of basic pay plus a night pay differential amounting to 10 percent of the rate of basic pay.
- 3) WEATHER OBSERVERS - NIGHT PAY & SUNDAY PAY: If you work at night as part of a regular tour of duty, you will earn a night differential and receive an additional 10% of basic pay for any hours worked between 6pm and 6am. If you are a full-time employed (40 hours a week) and Sunday is part of your regularly scheduled workweek, you are paid at your rate of basic pay plus a Sunday premium of 25% of your basic rate for each hour of Sunday work which is not overtime (i.e. occasional work on Sunday outside the normal tour of duty is considered overtime work).

HAZARDOUS PAY DIFFERENTIAL: An 8 percent differential is applicable to employees employed in a position that represents a high degree of hazard when working with or in close proximity to ordinance, explosives, and incendiary materials. This includes work such as screening, blending, dying, mixing, and pressing of sensitive ordnance, explosives, and pyrotechnic compositions such as lead azide, black powder and photoflash powder. All dry-house activities involving propellants or

explosives. Demilitarization, modification, renovation, demolition, and maintenance operations on sensitive ordnance, explosives and incendiary materials. All operations involving regrading and cleaning of artillery ranges.

A 4 percent differential is applicable to employees employed in a position that represents a low degree of hazard when working with, or in close proximity to ordnance, (or employees possibly adjacent to) explosives and incendiary materials which involves potential injury such as laceration of hands, face, or arms of the employee engaged in the operation, irritation of the skin, minor burns and the like; minimal damage to immediate or adjacent work area or equipment being used. All operations involving, unloading, storage, and hauling of ordnance, explosive, and incendiary ordnance material other than small arms ammunition. These differentials are only applicable to work that has been specifically designated by the agency for ordnance, explosives, and incendiary material differential pay.

**** UNIFORM ALLOWANCE ****

If employees are required to wear uniforms in the performance of this contract (either by the terms of the Government contract, by the employer, by the state or local law, etc.), the cost of furnishing such uniforms and maintaining (by laundering or dry cleaning) such uniforms is an expense that may not be borne by an employee where such cost reduces the hourly rate below that required by the wage determination. The Department of Labor will accept payment in accordance with the following standards as compliance:

The contractor or subcontractor is required to furnish all employees with an adequate number of uniforms without cost or to reimburse employees for the actual cost of the uniforms. In addition, where uniform cleaning and maintenance is made the responsibility of the employee, all contractors and subcontractors subject to this wage determination shall (in the absence of a bona fide collective bargaining agreement providing for a different amount, or the furnishing of contrary affirmative proof as to the actual cost), reimburse all employees for such cleaning and maintenance at a rate of \$3.35 per week (or \$.67 cents per day). However, in those instances where the uniforms furnished are made of "wash and wear" materials, may be routinely washed and dried with other personal garments, and do not require any special treatment such as dry cleaning, daily washing, or commercial laundering in order to meet the cleanliness or appearance standards set by the terms of the Government contract, by the contractor, by law, or by the nature of the work, there is no requirement that employees be reimbursed for uniform maintenance costs.

**** NOTES APPLYING TO THIS WAGE DETERMINATION ****

Source of Occupational Title and Descriptions:

The duties of employees under job titles listed are those described in the "Service Contract Act Directory of Occupations," Fourth Edition, January 1993, as amended by the Third Supplement, dated March 1997, unless otherwise indicated. This publication may be obtained from the Superintendent of Documents, at 202-783-3238, or by writing to the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402. Copies of specific job descriptions may also be obtained from the appropriate contracting officer.

REQUEST FOR AUTHORIZATION OF ADDITIONAL CLASSIFICATION AND WAGE RATE {Standard Form 1444 (SF 1444)}

Conformance Process:

The contracting officer shall require that any class of service employee which is not listed herein and which is to be employed under the contract (i.e., the work to be performed is not performed by any classification listed in the wage determination), be classified by the contractor so as to provide a reasonable relationship (i.e., appropriate level of skill comparison) between such unlisted classifications and the classifications listed in the wage determination. Such conformed classes of employees shall be paid the monetary wages and furnished the

fringe benefits as are determined. Such conforming process shall be initiated by the contractor prior to the performance of contract work by such unlisted class(es) of employees. The conformed classification, wage rate, and/or fringe benefits shall be retroactive to the commencement date of the contract. {See Section 4.6 (C)(vi)} When multiple wage determinations are included in a contract, a separate SF 1444 should be prepared for each wage determination to which a class(es) is to be conformed.

The process for preparing a conformance request is as follows:

- 1) When preparing the bid, the contractor identifies the need for a conformed (occupation) and computes a proposed rate).
- 2) After contract award, the contractor prepares a written report listing in order (proposed classification title), a Federal grade equivalency (FGE) for each proposed classification), job description), and rationale for proposed wage rate), including information regarding the agreement or disagreement of the authorized representative of the employees involved, or where there is no authorized representative, the employees themselves. This report should be submitted to the contracting officer no later than 30 days after such unlisted class(es) of employees performs any contract work.
- 3) The contracting officer reviews the proposed action and promptly submits a report of the action, together with the agency's recommendations and pertinent information including the position of the contractor and the employees, to the Wage and Hour Division, Employment Standards Administration, U.S. Department of Labor, for review. (See section 4.6(b)(2) of Regulations 29 CFR Part 4).
- 4) Within 30 days of receipt, the Wage and Hour Division approves, modifies, or disapproves the action via transmittal to the agency contracting officer, or notifies the contracting officer that additional time will be required to process the request.
- 5) The contracting officer transmits the Wage and Hour decision to the contractor.
- 6) The contractor informs the affected employees.

Information required by the Regulations must be submitted on SF 1444 or bond paper.

When preparing a conformance request, the "Service Contract Act Directory of Occupations" (the Directory) should be used to compare job definitions to insure that duties requested are not performed by a classification already listed in the wage determination. Remember, it is not the job title, but the required tasks that determine whether a class is included in an established wage determination. Conformances may not be used to artificially split, combine, or subdivide classifications listed in the wage determination.

ATTACHMENT AH

Attachment AH

OFFEROR'S MANAGEMENT PLAN (RESERVED)

NOTE: The successful offeror's management plan will be added to the contract at time of award.

ATTACHMENT AI

Attachment AI

Family Practice Clinic

NAVHOSP Pensacola, FL

See Section B, Lots 1 and 11

1. Site of Service.

a. The contractor shall provide personnel for service in the Family Practice Clinic at NAVHOSP Pensacola. The Family Practice Clinic provides services to approximately 14,000 TRICARE Prime enrollees.

2. Labor categories. The contractor shall provide personnel from the following labor categories:

Physician (Phys) (Family Practitioner) (two individuals)

Registered Nurse (RN)* (two individuals)

Certified Medical Assistant (CMA)* (12 individuals)

* Wage Determination position. See Section J.

3. Qualifications. Each healthcare worker shall adhere to the applicable qualification requirements given in Section C of the basic contract and shall meet and maintain additional qualifications given below.

a. Physicians shall be board certified in Family Practice.

4. Hours of operation. The Family Practice Clinic operates from 0730 to 2000 Monday through Friday and from 0730 to 1200 Saturday, Sunday, and holidays.

5. Staffing and scheduling.

a. The contractor shall provide 2 individual full-time physicians, 2 individual full-time registered nurses, and 12 individual full-time certified medical assistants. Each physician/RN/CMA MUST BE A FULL-TIME INDIVIDUAL. The Commanding Officer will not privilege/approve more than one individual for each of the required positions.

b. The physicians will be supervised by the Department Head, Family Practice, and the RNs and CMAs will be supervised by the Division Officer, Family Practice.

c. Physician hours. The two contractor physicians shall supplement the approximate 14 active duty Navy healthcare practitioner staff (physicians and physician extenders) assigned to the Family Practice Clinic. The Department Head will schedule all healthcare practitioners, active duty and contractor, to ensure adequate coverage of all clinic operating hours. Evening and weekend coverage will be equitably rotated among all practitioners. Shifts will generally include a ½- or 1-hour uncompensated meal break. Each contractor physician shall be on duty for about 40 hours each week, except during periods of approved leave and holidays. In no instance will an individual contractor physician be required to provide services (on-site service plus approved leave and holidays) in excess of 160 hours per 4-week period.

d. RN hours. The two contractor RNs shall supplement the approximate 3 active duty Navy RN staff assigned to the Family Practice Clinic. The Division Officer will schedule all RNs, active duty and contractor, to ensure adequate coverage of all clinic operating hours. Evening and weekend coverage will be equitably rotated among all RNs. Shifts will generally be scheduled for an 8.5 or 9 hour period and include a ½-hour or 1-hour uncompensated meal break, respectively. Each contractor RN shall be on duty for about 40 hours each week,

except during periods of approved leave and holidays. In no instance will an individual contractor RN be required to provide services (on-site service plus approved leave and holidays) in excess of 40 hours per week.

e. CMA hours. The Division Officer will schedule CMAs to ensure adequate coverage of all clinic operating hours. Additionally, CMAs will be scheduled to cover the period 0630 to 0730 Monday through Friday to prepare the clinic for daily operations. Evening and weekend coverage will be equitably rotated. Shifts will generally be scheduled for an 8.5 or 9 hour period and include a ½-hour or 1-hour uncompensated meal break, respectively. Each contractor CMA shall be on duty for about 40 hours each week, except during periods of approved leave and holidays. In no instance will an individual contractor CMA be required to provide services (on-site service plus approved leave and holidays) in excess of 40 hours per week.

f. The specific schedule for each physician/RN/CMA for each 2-week period will be scheduled 1 month in advance by the supervisor.

g. Contractor physicians/RNs/CMAs will each be credited for 8 hours work for each holiday (those who work on a holiday will have a paid compensatory 8-hour day off).

h. The contractor physicians will each accrue 10 hours of personal leave (annual plus sick) for each 80 hours worked. The contractor RNs will each accrue 8 hours of personal leave (annual plus sick) for each 80 hours worked. The contractor CMAs will each accrue 6 hours of personal leave (annual plus sick) for each 80 hours worked. Physicians/RNs/CMAs shall be subject to leave approval in accordance with Section C. The contractor need not provide back-up coverage for contractor personnel during periods of approved leave.

6. Duties. As assigned, each healthcare worker shall perform the applicable duties given in Section C of the basic contract plus additional duties given below.

a. Each contractor physician shall serve as Primary Care Manager (PCM) for a panel of patients enrolled to an HMO-style benefit. The Commanding Officer will enroll to each contractor physician approximately 1000 to 1200 TRICARE Prime enrollees.

b. Contract physicians who have a patient in clinic who requires admission to the Family Medicine Service shall contact the Navy physician who is serving as the hospitalist and discuss the admission. If the hospitalist is busy and unable to admit the patient, the contract physician shall complete holding orders and refer the patient to the ward. The Navy physician serving as hospitalist will complete all additional requirements for admission.

c. Contractor family practitioners will not be responsible for obstetrical care of their enrollees, but will remain responsible for primary care of pregnant patient.

7. Staff Turnover. Maintenance of staff continuity is extremely important given the Primary Care Manager role of the physicians under this task order. Turnover of healthcare practitioners disrupts the relationship between the patient and their PCM. Turnover also causes the MTF to incur substantial administrative costs for credentialing, to update information systems, and to notify patients of PCM changes. The contractor shall make every effort to minimize turnover and, notwithstanding contractor employee probation policies, shall recruit only practitioners who indicate interest in a long-term commitment under the task order.

ATTACHMENT AJ

Attachment AJ

Immunization/Allergy Clinic

NAVHOSP Pensacola, FL

See Section B, Lots 1 and 11

1. Site of Service.

a. The contractor shall provide personnel for service in the Immunization/Allergy Clinic at NAVHOSP Pensacola.

2. Labor categories. The contractor shall provide personnel from the following labor categories:

Physician (Phys) (Allergist) (one individual)

Licensed Practical Nurse (LPN)* (one individual)

* Wage Determination position. See Section J.

3. Qualifications. Each healthcare worker shall adhere to the applicable qualification requirements given in Section C of the basic contract and shall meet and maintain additional qualifications given below.

a. The Physician shall be board certified in Allergy and Immunology.

4. Hours of operation. The Immunization/Allergy Clinic operates from 0800 to 1800 Monday, Tuesday, Wednesday and Friday, and from 0800 to 1200 Thursday. The clinic does not operate on the day of observance of Federal holidays.

5. Staffing and scheduling.

a. The contractor shall provide one individual full-time allergist and one individual full-time LPN. The physician and LPN MUST BE FULL-TIME INDIVIDUALS. The Commanding Officer will not privilege/approve more than one individual for each of the required positions.

b. The physician will be supervised by the Department Head, Family Practice, and the LPN will be supervised by the Division Officer, Family Practice.

c. Physician hours. Shifts will generally be scheduled for a 10-hour period Monday, Tuesday, Wednesday, and Friday, including a 1-hour uncompensated meal break. The Thursday shift shall be 4 hours. The contractor physician shall be on duty for about 40 hours each week, except during periods of approved leave and holidays. In no instance will the contractor physician be required to provide services (on-site service plus approved leave and holidays) in excess of 160 hours per 4-week period.

d. LPN hours. Shifts will generally be scheduled for a 10-hour period Monday, Tuesday, Wednesday, and Friday, including a 1-hour uncompensated meal break. The Thursday shift shall be 4 hours. The contractor LPN shall be on duty for about 40 hours each week, except during periods of approved leave and holidays. In no instance will the contractor LPN be required to provide services (on-site service plus approved leave and holidays) in excess of 40 hours per week.

e. The specific schedule for the physician and LPN for each 2-week period will be scheduled 1 month in advance by the respective supervisor.

f. The contractor physician and LPN will each be credited for 8 hours work for each holiday (those who work on a holiday will have a paid compensatory 8-hour day off).

g. The contractor physician will accrue 10 hours of personal leave (annual plus sick) for each 80 hours worked. The contractor LPN will accrue 6 hours of personal leave (annual plus sick) for each 80 hours worked. The physician and LPN shall be subject to leave approval in accordance with Section C. The contractor need not provide back-up coverage for contractor personnel during periods of approved leave.

6. Duties. As assigned, each healthcare worker shall perform the applicable duties given in Section C of the basic contract.

ATTACHMENT AK

Attachment AK
 Radiology Department
 NAVHOSP Pensacola, FL
 See Section B, Lots 2 and 12

1. Site of Service. The contractor shall provide personnel for service in the Radiology Department at NAVHOSP Pensacola.

2. Labor categories. The contractor shall provide personnel from the following labor categories:

Radiologist (coverage)
 Ultrasound Technologist (coverage)

3. Qualifications. Each healthcare worker shall adhere to the applicable qualification requirements given in Section C of the basic contract and shall meet and maintain the additional qualifications given here:

a. The radiologist shall be board certified in Diagnostic Radiology.

4. Staffing and scheduling.

a. The contractor shall provide sufficient personnel to cover the schedules given below. The contractor is responsible for scheduling personnel to cover the schedule, for providing the leave benefit for these personnel, for approving leave for these personnel, and for providing any holiday benefit. These personnel will not accrue leave under the task order; individuals on leave, holiday status, or otherwise absent shall be subject to replacement coverage by the contractor in accordance with paragraph C.3 and section C.3.2 of the basic contract. The contractor shall maintain sufficient back-up personnel to ensure coverage of the schedule during periods of both scheduled and unscheduled absence.

b. Two basic schedules apply to the contractor coverage of the Radiology Department. The first schedule given below applies to 2 weeks out of every 4 during which the contractor is responsible solely for coverage of a weekday, normal working hours schedule. The second schedule given below applies to the other 2 weeks out of 4 during which the contractor will be responsible for a combination of weekday coverage of normal working hours, on-site coverage of after-hours service, and off-site on-call coverage.

TIME PERIOD	MON	TUES	WED	THURS	FRI	SAT, SUN, HOL
0700 -1600*	2 Rads** 2 UTs***	2 Rads 2 UTs	2 Rads 2 UTs	2 Rads 2 UTs	2 Rads 2 UTs	
Total paid hours per day	16 hrs Rad 16 hrs UT					

TIME PERIOD	MON	TUES	WED	THURS	FRI	SAT, SUN, HOL

0700-1600*	1 Rad** 2 UTs***	1 Rad 2 UTs	1 Rad 2 UTs	1 Rad 2 UTs	1 Rad 2 UTs	
1600-2000 (on-site coverage)	1 Rad					
2000-0700 (on-call coverage)	1 Rad					
0800-1200 (on-site coverage)						1 Rad
1200-0800 (on-call coverage)						1 Rad
Total paid hours per day	12 hrs Rad 16 hrs UT	4 hrs Rad				

* NOTE. This period includes a 1-hour uncompensated meal break for each position. Meal breaks will be scheduled to allow continuity of staffing and to meet workload.

** Radiologist

*** Ultrasound Technologist

c. The contractor radiologists shall be responsible to cover call. Each call assignment lasts 1 week. As shown in the table above, a portion of each call assignment is in-house and the remainder is from home with teleradiology available. The contractor radiologists shall cover call 2 out of every 4 weeks, with active duty radiologists covering the other 2 weeks.

d. The Department Head, Radiology will provide to the contractor a schedule of the on-call rotation no less than 1 month in advance.

e. The contractor shall provide a copy of the 1-month staff schedule for the above tables, including the month's call assignment, to the COR prior to the 20th of each preceding month. A minimum 72-hour notice of changes to the work schedule is required. The 72-hour notice will be waived for emergency situations such as sudden illness or accident.

f. Contractor personnel will be supervised by the Department Head, Radiology.

g. The Commanding Officer will not privilege/approve more than four radiologists and four ultrasound technologists to perform the services required under this task order.

5. Duties. As assigned, each healthcare worker shall perform all applicable duties given in Section C of the basic contract.

a. In addition to the duties given in Section C of the basic contract, the radiologist shall perform the following

(1) Perform a full range of diagnostic radiology examinations within the personnel and equipment capabilities of the MTF and in accordance with privileges granted by the Commanding Officer.

(2) Provide services including plain film interpretation; common special procedures such as barium studies, I.V.P., myelograms, sinograms, oral cholecystograms, arthrograms, sialograms and venograms; plain film mammograms; ultrasounds, including guided biopsies such as breast, thyroid and subcutaneous masses; nuclear medicine studies; magnetic resonance image interpretation, and routine CT interpretations.

(3) Supervise, perform, or assist in the instruction of, other health care professionals seeing patients within the scope of their clinical privileges or responsibilities.

(4) Peer review is an important and integral part of the duties to be performed by the contractor radiologists. Contractor radiologists shall perform peer review on not less than 5% of films (or as otherwise directed by the Department Head, Radiology). The contract radiologists shall compile a monthly report on peer review findings and submit it to the Department Head, Radiology.

(5) Most on-call services are provided via teleradiology with equipment provided by the Naval Hospital. The contractor is responsible to provide the Internet connection necessary for the teleradiology equipment. The current equipment utilizes a dial-up modem, but it is expected to be converted to a broadband requirement before or during the term of this task order. Services that require the on-call radiologist to return to the hospital occur on average approximately once per week of call; in those instances the contractor will be reimbursed from the time of arrival at the MTF to the time of departure.

ATTACHMENT AL

Attachment AL

Physical Therapy Services

NAVHOSP Pensacola, FL

See Section B, Lots 2 and 12

1. Site of Service. The contractor shall provide personnel for service in the Physical/Occupational Therapy Department at NAVHOSP Pensacola, FL.

2. Labor categories. The contractor shall provide personnel from the following labor categories:

Physical Therapist (one part-time individual)

Physical Therapy Assistant (two individuals)

3. Qualifications. The healthcare workers shall adhere to the applicable qualification requirements given in Section C of the basic contract.

4. Staffing and scheduling, Physical Therapist.

a. The contractor shall provide one part-time individual Physical Therapist. To maintain continuity of services, the Physical Therapist **MUST BE A SINGLE INDIVIDUAL**. The Commanding Officer will not privilege more than one individual for the required position.

b. The Head, Physical/Occupational Therapy Department will supervise the contract Physical Therapist.

c. Services will normally be required Monday through Wednesday between the hours of 0715 and 1615 (a 9-hour period which includes an uncompensated 1 hour for a meal break). Services will not normally be required on the day of observance of Federal holidays. The contract Physical Therapist shall be on duty for about 24 hours each week, except during periods of approved leave and holidays. In no instance will the Physical Therapist be required to provide services (on-site service plus approved leave and holidays) in excess of 96 hours per 4-week period. The specific schedule for each 2-week period will be scheduled 1 month in advance by the supervisor.

d. The Physical Therapist will be credited for 8 hours work for each holiday that falls on a scheduled work day (if work is required on a holiday, a paid compensatory 8-hour day off will be granted).

e. The Physical Therapist will accrue 8 hours of personal leave (annual plus sick) for each 80 hours worked and shall be subject to leave approval in accordance with Section C. The contractor need not provide back-up coverage for the Physical Therapist during periods of approved leave and holidays.

5. Staffing and scheduling, Physical Therapy Assistants.

a. The contractor shall provide two full-time Physical Therapy Assistants. To maintain continuity of services, the Physical Therapy Assistants **MUST BE A FULL-TIME INDIVIDUALS**. The Commanding Officer will not approve more than one individual for each required position.

b. The Head, Physical/Occupational Therapy Department will supervise the contract Physical Therapy Assistants.

c. Services will normally be required Monday through Friday between the hours of 0715 and 1615 (a 9-hour period which includes an uncompensated 1 hour for a meal break). Services will not normally be required on the day of observance of Federal holidays. The contract Physical Therapy Assistants shall each be on duty for about

40 hours each week, except during periods of approved leave and holidays. In no instance will the Physical Therapy Assistants be required to provide services (on-site service plus approved leave and holidays) in excess of 40 hours per week. The specific schedule for each 2-week period will be scheduled 1 month in advance by the supervisor.

d. The Physical Therapy Assistants will each be credited for 8 hours work for each holiday (if work is required on a holiday, a paid compensatory 8-hour day off will be granted).

e. The Physical Therapy Assistants will each accrue 6 hours of personal leave (annual plus sick) for each 80 hours worked and shall be subject to leave approval in accordance with Section C. The contractor need not provide back-up coverage for the Physical Therapy Assistants during periods of approved leave and holidays.

6. Duties. As assigned, the Physical Therapist and Physical Therapy Assistants shall perform all applicable duties given in Section C of the basic contract.

ATTACHMENT AM

Attachment AM

Internal Medicine Services

NAVHOSP Pensacola, FL

See Section B, Lots 3 and 13

1. Site of Service.

a. The contractor shall provide personnel for service in the Internal Medicine Department, the Cardiology Clinic, and the Respiratory Therapy Clinic at NAVHOSP Pensacola.

2. Labor categories. The contractor shall provide personnel from the following labor categories:

Physician (Phys) (General Internist (preferred) or Family Practice) (one individual)

Family Nurse Practitioner (FNP) (two individuals)

Physician Assistant (PA) (coverage)

Registered Nurse (RN)* (coverage)

Certified Medical Assistant (CMA)* (coverage)

Registered Respiratory Therapist (RRT) (one individual)

* Wage Determination position. See Section J.

3. Qualifications. Each healthcare worker shall adhere to the applicable qualification requirements given in Section C of the basic contract and shall meet and maintain additional qualifications given below.

a. The physician shall be board certified in Internal Medicine or Family Practice. This requirement is waived for a physician who completed their internal medicine or family practice residency training within 2 years prior to the start date of this task order; an individual privileged under this waiver shall obtain their board certification within 2 years of completion of their residency training. Proposal by the contractor of an Internist will be considered an enhancement during the best value contract award decision process.

4. Hours of operation. The Internal Medicine Department and Cardiology Clinic operate from 0730 to 1800 Monday through Friday, with the exception of the day of observance of Federal holidays. The Respiratory Therapy Clinic operates 24 hours per day.

5. Staffing and scheduling.

a. The contractor shall provide one individual full-time physician, two individual full-time family nurse practitioners, and one individual registered respiratory therapists. Each physician/FNP/RRT MUST BE A FULL-TIME INDIVIDUAL. The Commanding Officer will not privilege/approve more than one individual for each of the required positions.

b. The physician and FNPs will be supervised by the Department Head, Internal Medicine. The RRT will be supervised by the Division Officer, Respiratory Therapy.

c. The contractor physician and FNPs shall provide services Monday through Friday, with the exception of the day of observance of Federal holidays. Shifts will generally be 9 hours, including a 1-hour uncompensated meal break, and will be scheduled on a flexible basis across the department operating hours. The contractor physician and FNPs shall each be on duty for about 40 hours each week, except during periods of approved leave and holidays. In no instance will an individual contractor physician or FNP be required to provide services (on-site service plus approved leave and holidays) in excess of 160 hours per 4-week period.

d. The contractor RRT shall supplement the approximate four active duty Navy RRTs assigned to the Respiratory Therapy Service. The supervisor will schedule all RRTs to ensure adequate coverage of all clinic operating hours. Evening, night, weekend, and holiday shifts will be equitably shared among all RRTs. RRTs are scheduled to a combination of 12-hour day shifts, 12-hour night shifts, and 8-hour day shifts. In a typical month an individual RRT is assigned to fourteen to fifteen 12-hour shifts or to five 8-hour day shifts each week. Each of these shift lengths is extend by ½ hour to allow for shift turnover and for a ½-hour uncompensated meal break during the shift. RRTs work holidays during the months they are assigned to 12-hour shifts and receive compensatory time off during the months they are assigned to 8-hour shifts.

e. The specific schedule for each physician/FNP/RRT for each 2-week period will be scheduled 1 month in advance by the supervisor.

f. The contractor physician/FNPs/RRT will each be credited for 8 hours work for each holiday (those who work on a holiday will have a paid compensatory 8-hour day off).

g. The contractor physician and FNPs will each accrue 10 hours of personal leave (annual plus sick) for each 80 hours worked. The contractor RRT will each accrue 8 hours of personal leave (annual plus sick) for each 80 hours worked. The contractor physician/FNPs/RRT shall be subject to leave approval in accordance with Section C. The contractor need not provide back-up coverage for contractor personnel during periods of approved leave.

h. For all other positions required under this task order, the contractor shall provide sufficient personnel to cover the schedule given below. The contractor is responsible for scheduling personnel to cover the schedule, for providing the leave benefit for these personnel, for approving leave for these personnel, and for providing any holiday benefit. These personnel will not accrue leave under the task order; individuals on leave, holiday status, or otherwise absent shall be subject to replacement coverage by the contractor in accordance with paragraph C.3 and section C.3.2 of the basic contract. The contractor shall maintain sufficient back-up personnel to ensure coverage of the schedule during periods of both scheduled and unscheduled absence.

TIME PERIOD	MON	TUES	WED	THURS	FRI
0800 -1800*	1 Physician Asst 2 RN 6 CMA				
Total compensated hours per day	8 Physician Asst 16 RN 48 CMA				

* NOTE. Staff will be flexed across this 10-hour period to create shifts that are 9 hours. Each 9-hour shift will include a 1-hour uncompensated meal break. Meal breaks will be scheduled to allow continuity of staffing and to meet workload.

i. The physician assistants will be supervised by the Department Head, Internal Medicine, and the RNs and CMAs will be supervised by the Division Officer, Internal Medicine.

j. The Department Head/Division Officer will inform the contractor of the specific schedule to be covered, not later than the 15th of each month. The contractor shall provide a copy of the 1-month staff schedule for the above table to the COR prior to the 20th of each preceding month. A minimum 72-hour notice of changes to the work schedule is required. The 72-hour notice will be waived for emergency situations such as sudden illness or accident.

k. The RRT under this task order will be assigned duties in the Respiratory Therapy Service. Other healthcare workers under this task order may be assigned duties in either the Internal Medicine Department or the

Cardiology Clinic. The primary duty station for the physician and FNPs is the Internal Medicine Department. The PA position generally serves in Internal Medicine all day on Tuesday and a half day on Friday, with the remainder of service in Cardiology. The RN positions generally serve in Internal Medicine. The CMA positions are generally split, with one serving in Cardiology and the remainder in Internal Medicine.

6. Duties. As assigned, each healthcare worker shall perform the applicable duties given in Section C of the basic contract plus additional duties given below.

a. The contractor physician shall serve as Primary Care Manager (PCM) for a panel of patients enrolled to an HMO-style benefit. The Commanding Officer will enroll to the contractor physician approximately 1000 to 1200 TRICARE Prime enrollees.

b. The contractor nurse practitioners shall each serve as Primary Care Manager (PCM) for a panel of patients enrolled to an HMO-style benefit. The Commanding Officer will enroll to each contractor nurse practitioner approximately 900 to 1100 TRICARE Prime enrollees.

c. In addition to enrolled patients, the contractor internist and nurse practitioners shall treat non-enrolled patients on a space available basis.

d. Contract physician/FNPs who have a patient in clinic who requires admission to the Internal Medicine Service shall contact the Navy physician who is serving as the hospitalist and discuss the admission. If the hospitalist is busy and unable to admit the patient, the contract physician shall complete holding orders and refer the patient to the ward. The Navy physician serving as hospitalist will complete all additional requirements for admission.

7. Staff turnover and staff levels.

a. Maintenance of staff continuity is extremely important given the Primary Care Manager role of the physician and nurse practitioners under this task order. Turnover of healthcare practitioners disrupts the relationship between the patient and their PCM. Turnover also causes the MTF to incur substantial administrative costs for credentialing, to update information systems, and to notify patients of PCM changes. The contractor shall make every effort to minimize turnover and, notwithstanding contractor employee probation policies, shall recruit only practitioners who indicate interest in a long-term commitment under the task order.

b. For the physician assistant and RN coverage positions, the MTF will not privilege/approve more than two physician assistants and four RNs.

ATTACHMENT AN

Attachment AN

Obstetrics and Gynecology Services

NAVHOSP Pensacola, FL

See Section B, Lots 4 and 14

1. Site of Service. The contractor shall provide personnel for service in the OB/GYN Clinic at NAVHOSP Pensacola.

2. Labor category. The contractor shall provide personnel from the following labor category:

Physician (Obstetrician) (one individual)

Certified Medical Assistant (CMA)* (one individual)

* Wage Determination position, see Section J.

3. Qualifications. The healthcare workers shall adhere to the applicable qualification requirements given in Section C of the basic contract and shall meet and maintain the additional qualifications given below.

a. The Obstetrician shall be board certified in Obstetrics and Gynecology.

4. Staffing and Scheduling:

a. The contractor shall provide one individual full-time Obstetrician and one individual full-time Certified Medical Assistant. To maintain continuity of services, each healthcare worker MUST BE A FULL-TIME INDIVIDUAL. The Commanding Officer will not credential/approve more than one individual for each required position.

b. The Department Head, OB/GYN will supervise the Obstetrician. The Division Officer, OB/GYN will supervise the CMA.

c. Obstetrician services will normally be required Monday through Friday (except on the day of observance of Federal holidays) between the hours of 0800 and 1700, a 9-hour period which includes an uncompensated 1-hour meal break. Services will not normally be required on the day of observance of Federal Holidays; if services are required on a Federal holiday, the healthcare worker will be compensated with another day off during that same pay period. The Obstetrician shall each be on duty in the OB/GYN clinic for about 40 hours each week, except during periods of approved leave and holidays, and without regard to the impact of on-call service on the physician's clinic schedule.

d. In addition to clinic services, the contract obstetrician shall perform first call and second call services. The OB/GYN Clinic shares call responsibilities with the Family Practice service.

e. OB/GYN is responsible for first call Tuesday, Wednesday, and Saturday, with each call being a 24-hour on-board watch extending from 0730 to 0730 (subject to change). The individual with first call stands duty in the clinic on Tuesday or Wednesday, remains on-board overnight, and receives the next day off. The individual with Saturday first call remains on board from 0730 Saturday till 0730 Sunday and receives Monday off. All hours of on-board first call are paid hours of service; the following day off is not paid.

f. OB/GYN is responsible for second call Sunday, Monday, Thursday, and Friday. Second call is a 24-hour beeper watch, not an on-board watch (except during overlapping normally scheduled clinic hours). The physician on second call must be capable of returning to the hospital within 30 minutes of receiving a call-back.

Second call is not a compensated watch. The physician who is required to return to the hospital during a second-call watch will be given compensatory time off commensurate with the duration of the call-back.

g. Current staffing of the OB/GYN clinic is six providers, including the contract obstetrician. At this level, the contract physician can expect to have first-call duty about twice per month and second-call duty about three times per month, on average.

h. CMA services will normally be required Monday through Friday (except on the day of observance of Federal holidays) between the hours of 0800 and 1700, a 9-hour period which includes an uncompensated 1-hour meal break. Services will not normally be required on the day of observance of Federal Holidays; if services are required on a Federal holiday, the healthcare worker will be compensated with another day off during that same pay period. The contractor CMA shall be on duty for about 40 hours each week, except during periods of approved leave and holidays. In no instance will an individual contractor CMA be required to provide services (on-site service plus approved leave and holidays) in excess of 40 hours per week.

i. The specific schedule for the Obstetrician/CMA for each 2-week period will be scheduled 1 month in advance by the supervisor.

j. The contractor Obstetrician/CMA will each be credited for 8 hours work for each holiday (those who work on a holiday will have a paid compensatory 8-hour day off).

k. The contractor physician will accrue 10 hours of personal leave (annual plus sick) for each 80 hours worked. The contractor CMA will accrue 6 hours of personal leave (annual plus sick) for each 80 hours worked. The contractor physician/CMA shall be subject to leave approval in accordance with Section C. The contractor need not provide back-up coverage for the Obstetrician/CMA during periods of approved leave and holidays.

5. Duties. As assigned, the Obstetrician/CMA shall perform all applicable duties given in Section C of the basic contract.

ATTACHMENT AO

Attachment AO

Otolaryngology Services

NAVHOSP Pensacola, FL

See Section B, Lots 4 and 14

1. Site of Service. The contractor shall provide personnel for service in the Ear, Nose, and Throat Clinic at NAVHOSP Pensacola.

2. Labor Category: The contractor shall provide personnel from the following labor category:

Physician (Otolaryngologist) (one individual)

Ear, Nose and Throat (ENT) Technician (two individuals)

3. Qualifications. The health care workers shall adhere to the applicable qualification requirements given in Section C of the basic contract and the additional requirements given here:

a. The physician shall be residency trained in Otolaryngology.

b. The ENT technicians shall possess the qualifications specified for an operating room technician in the basic contract.

c. The ENT technicians shall have a minimum of 12 months experience within the past 36 months performing outpatient and inpatient surgical treatment of patients with otolaryngology, head and neck disorders.

4. Staffing and scheduling.

a. The Contractor shall provide one full-time Otolaryngologist and two full-time ENT Technicians. Each healthcare worker MUST BE A FULL-TIME INDIVIDUAL. The Commanding Officer will not privilege/approve more than one individual for each of the required positions.

b. The physician will be supervised by the ENT Department Head. The ENT technicians will be supervised by the ENT Division Officer.

c. The contractor physician and ENT technicians shall provide services Monday through Friday, with the exception of the day of observance of Federal holidays. Shifts will generally be 9 hours, including a 1-hour uncompensated meal break, from 0730 to 1630. The contractor physician and ENT technicians shall each be on duty for about 40 hours each week, except during periods of approved leave and holidays. In no instance will an individual contractor physician be required to provide services (on-site service plus approved leave and holidays) in excess of 160 hours per 4-week period. In no instance will an individual contractor ENT technician be required to provide services (on-site service plus approved leave and holidays) in excess of 40 hours per week.

d. The specific schedule for the physician and technicians for each 2-week period will be scheduled 1 month in advance by the supervisor.

e. Contractor physician/ENT technicians will each be credited for 8 hours work for each holiday. If a worker is required to work on a holiday, they will have a paid compensatory 8-hour day off.

f. The contractor physician will accrue 10 hours of personal leave (annual plus sick) for each 80 hours worked. The contractor ENT technicians will each accrue 6 hours of personal leave (annual plus sick) for each 80

hours worked. Physician/technicians shall be subject to leave approval in accordance with Section C. The contractor need not provide back-up coverage for contractor personnel during periods of approved leave.

5. Duties. As assigned, the contract personnel shall perform all applicable duties in Section C of the basic contract and the additional duties given here:

a. The contractor physician shall carry the duty pager for one week, every third week. The frequency of return to the facility is approximately three times each duty. The healthcare provider will be granted an equal amount of paid compensatory time off for recalls to the facility.

b. ENT technician duties:

- (1) Provide assistance and support to the ENT Physician, including clerical functions as required.
- (2) Perform minor clinical surgical procedures and assist in major surgical procedures.
- (3) Administer audiometry tests and record results.
- (4) Identify, prepare and use various instruments and equipment needed for the diagnosis and treatment of patients in the ENT service.

ATTACHMENT AP

Attachment AP

Perioperative Registered Nurse

NAVHOSP Pensacola, FL

See Section B, Lots 4 and 14

1. Site of Service. The contractor shall provide personnel for service in the Main Operating Room at NAVHOSP Pensacola. This unit entails 5 operating rooms with an average caseload of 217 procedures per month. Care is administered to patients of all ages, ASA acuity level I-V.

2. Labor categories. The contractor shall provide personnel from the following labor categories:

Registered Nurse, Perioperative* (one individual)

* Wage Determination position. See Section J.

3. Qualifications: The RN shall meet and maintain the applicable qualifications given in Section C of the basic contract.

4. Staffing and scheduling.

a. The contractor shall provide one full-time Perioperative Registered Nurse (RN). The RN MUST BE A FULL-TIME INDIVIDUAL. The Commanding Officer will not approve more than one individual for the required position.

b. The Division Officer, Operating Room Services or his/her designated representative will supervise the RN.

c. Services will normally be required Monday through Friday for an 8-hour shift from 0645 to 1530. Each shift includes a 45-minute uncompensated meal break. Services will not normally be required on the day of observance of Federal holidays. The RN shall be on duty for about 40 hours each week, except during periods of approved leave and holidays.

d. The specific schedule for each 2-week period will be scheduled 1 month in advance by the supervisor.

e. The RN will be credited for 8 hours work for each holiday (if work is required on a holiday, a paid compensatory 8-hour day off will be granted).

f. The RN will accrue 8 hours of personal leave (annual plus sick) for each 80 hours worked and shall be subject to leave approval in accordance with Section C. The contractor need not provide back-up coverage for the RN during periods of approved leave and holidays.

5. Duties. As assigned, the healthcare worker shall perform all applicable duties given in Section C of the basic contract.

ATTACHMENT AQ

Attachment AQ

Optometry Clinic

NAVHOSP Pensacola, FL

See Section B, Lots 4 and 14

1. Site of Service. The contractor shall provide personnel for service in the Optometry Clinic at NAVHOSP Pensacola. The task order also includes occasional service at the Branch Medical Clinic, Naval Air Station Pensacola (about 5 miles from the hospital) instead of at the main hospital clinic.
2. Labor categories. The contractor shall provide personnel from the following labor categories:

Ophthalmic Technician (one individual)
3. Qualifications. The healthcare worker shall adhere to the applicable qualification requirements given in Section C of the basic contract.
4. Hours of operation. The Optometry Clinic operates from 0700 to 1730 Tuesday through Friday, except the clinic does not operate on the day of observance of Federal holidays.
5. Staffing and scheduling.
 - a. The contractor shall provide one individual full-time ophthalmic technician. The ophthalmic technician **MUST BE A FULL-TIME INDIVIDUAL**. The Commanding Officer will not approve more than one individual for the required position.
 - b. The ophthalmic technician will be supervised by the Department Head, Optometry Clinic.
 - c. Shifts will generally be scheduled for a 10½-hour period, including a ½-hour uncompensated meal break. The contractor ophthalmic technician shall be on duty for about 40 hours each week, except during periods of approved leave and holidays. In no instance will the contractor ophthalmic technician be required to provide services (on-site service plus approved leave and holidays) in excess of 40 hours per week.
 - d. The specific schedule for each 2-week period will be scheduled 1 month in advance by the supervisor.
 - e. The contractor ophthalmic technician will be credited for 10 hours work for each holiday (those who work on a holiday will have a paid compensatory 10-hour day off).
 - f. The contractor ophthalmic technician will accrue 6 hours of personal leave (annual plus sick) for each 80 hours worked. The ophthalmic technician shall be subject to leave approval in accordance with Section C. The contractor need not provide back-up coverage for contractor personnel during periods of approved leave.
6. Duties. As assigned, the healthcare worker shall perform the applicable duties given in Section C of the basic contract.

ATTACHMENT AR

Attachment AR

Family Practice Clinic

Branch Medical Clinic Naval Support Activity, Panama City, FL

See Section B, Lots 5 and 15

1. Site of Service. The contractor shall provide personnel for service in the Family Practice Clinic at Branch Medical Clinic (BMC) Naval Support Activity, Panama City.

2. Labor categories. The contractor shall provide personnel from the following labor categories:

Family Nurse Practitioner (FNP) (one individual)

Registered Nurse (RN)* (one individual)

Certified Medical Assistant (CMA)* (2 individuals)

* Wage Determination position. See Section J.

3. Qualifications. Each healthcare worker shall adhere to the applicable qualification requirements given in Section C of the basic contract.

4. Hours of operation. The Family Practice Clinic operates from 0730 to 1600 Monday through Friday except on the day of observance of Federal holidays.

5. Staffing and scheduling.

a. The contractor shall provide one individual full-time Family Nurse Practitioner, one individual full-time registered nurse, and two individual full-time certified medical assistants. Each FNP/RN/CMA MUST BE A FULL-TIME INDIVIDUAL. The Commanding Officer will not privilege/approve more than one individual for each of the required positions.

b. The Head of the Branch Medical Clinic will supervise the contract healthcare workers.

c. FNP hours. The Head of the BMC will schedule all healthcare practitioners, active duty and contractor, to ensure adequate coverage of all clinic operating hours. Shifts will generally be scheduled for an 8.5-hour period and include a ½-hour uncompensated meal break. The contractor FNP shall be on duty for about 40 hours each week, except during periods of approved leave and holidays. In no instance will the contractor FNP be required to provide services (on-site service plus approved leave and holidays) in excess of 160 hours per 4-week period.

d. RN hours. The Head of the BMC will schedule all RNs, active duty and contractor, to ensure adequate coverage of all clinic operating hours. Shifts will generally be scheduled for an 8.5-hour period and include a ½-hour uncompensated meal break. The contractor RN shall be on duty for about 40 hours each week, except during periods of approved leave and holidays. In no instance will the contractor RN be required to provide services (on-site service plus approved leave and holidays) in excess of 40 hours per week.

e. CMA hours. The Head of the BMC will schedule the CMAs to ensure adequate coverage of all clinic operating hours. Shifts will generally be scheduled for an 8.5-hour period and include a ½-hour uncompensated meal break. Each contractor CMA shall be on duty for about 40 hours each week, except during periods of approved leave and holidays. In no instance will an individual contractor CMA be required to provide services (on-site service plus approved leave and holidays) in excess of 40 hours per week.

f. The specific schedule for each FNP/RN/CMA for each 2-week period will be scheduled 1 month in advance by the supervisor.

g. Contractor FNP/RN/CMA's will each be credited for 8 hours work for each holiday (those who work on a holiday will have a paid compensatory 8-hour day off).

h. The contractor FNP will accrue 10 hours of personal leave (annual plus sick) for each 80 hours worked. The contractor RN will each accrue 8 hours of personal leave (annual plus sick) for each 80 hours worked. The contractor CMA's will each accrue 6 hours of personal leave (annual plus sick) for each 80 hours worked. The FNP/RN/CMA's shall be subject to leave approval in accordance with Section C. The contractor need not provide back-up coverage for contractor personnel during periods of approved leave.

6. Duties. As assigned, each healthcare worker shall perform the applicable duties given in Section C of the basic contract .

a. The contractor FNP shall serve as Primary Care Manager (PCM) for a panel of patients enrolled to an HMO-style benefit. The Head of the BMC will enroll to the contractor FNP approximately 900 to 1100 TRICARE Prime enrollees.

b. In addition to enrolled patients, the contractor FNP shall treat non-enrolled patients on a space available basis, as assigned

7. Staff Turnover. Maintenance of staff continuity is extremely important given the Primary Care Manager role of the FNP under this task order. Turnover of healthcare practitioners disrupts the relationship between the patient and their PCM. Turnover also causes the MTF to incur substantial administrative costs for credentialing, to update information systems, and to notify patients of PCM changes. The contractor shall make every effort to minimize turnover and, notwithstanding contractor employee probation policies, shall recruit only an FNP who indicates interest in a long-term commitment under the task order.

ATTACHMENT AS

Attachment AS

Primary Care Department

Branch Medical Clinic Naval Support Activity, Mid-South

See Lots 6 and 16

1. Site of Service. The contractor shall provide personnel for service in the Primary Care Department at Branch Medical Clinic (BMC) Naval Support Activity, Mid-South, located in Millington, TN.

2. Labor categories. The contractor shall provide personnel from the following labor categories:

Family Nurse Practitioner (FNP) (two individuals)

Certified Medical Assistant (CMA)* (one individual)

* Wage Determination position. See Section J.

3. Qualifications. Each healthcare worker shall adhere to the applicable qualification requirements given in Section C of the basic contract.

4. Hours of operation. The Family Practice Clinic operates from 0700 to 1600 Monday and Wednesday through Friday, 0700 to 1900 Tuesday, and 0700 to 1200 Saturday. The clinic is closed on the day of observance of Federal holidays. In addition to being closed on the day of observance, the clinic is also closed on Christmas Day and New Year's Day if they fall on a Saturday.

5. Staffing and scheduling.

a. The contractor shall provide two individual full-time Family Nurse Practitioners and one individual full-time certified medical assistant. Each FNP/CMA MUST BE A FULL-TIME INDIVIDUAL. The Commanding Officer will not privilege/approve more than one individual for each of the required positions.

b. The Head, Primary Care Department will supervise the contract healthcare workers.

c. FNP hours. The Head, Primary Care Department will schedule all healthcare practitioners, active duty and contractor, to ensure adequate coverage of all clinic operating hours. Shifts will generally be scheduled for an 9-hour period and include a 1-hour uncompensated meal break. The contractor FNPs shall each be on duty for about 40 hours each week, except during periods of approved leave and holidays. In no instance will the contractor FNPs be required to provide services (on-site service plus approved leave and holidays) in excess of 160 hours per 4-week period.

d. CMA hours. The Head, Primary Care Department will schedule the CMA and other active duty support staff to ensure adequate coverage of all clinic operating hours. Shifts will generally be scheduled for an 9-hour period and include a 1-hour uncompensated meal break. The contractor CMA shall be on duty for about 40 hours each week, except during periods of approved leave and holidays. In no instance will the contractor CMA be required to provide services (on-site service plus approved leave and holidays) in excess of 40 hours per week.

e. The specific schedule for each FNP/CMA for each 2-week period will be scheduled 1 month in advance by the supervisor.

f. Contractor FNPs/CMA will be credited for 8 hours work for each holiday (those who work on a holiday will have a paid compensatory day off).

g. The contractor FNPs will each accrue 10 hours of personal leave (annual plus sick) for each 80 hours worked. The contractor CMA will accrue 6 hours of personal leave (annual plus sick) for each 80 hours worked. The FNPs/CMA shall be subject to leave approval in accordance with Section C. The contractor need not provide back-up coverage for contractor personnel during periods of approved leave.

6. Duties. As assigned, each healthcare worker shall perform the applicable duties given in Section C of the basic contract.

a. The contractor FNPs shall each serve as Primary Care Manager (PCM) for a panel of patients enrolled to an HMO-style benefit. The Head, Primary Care Department will enroll to each contractor FNP approximately 900 to 1100 TRICARE Prime enrollees.

b. In addition to enrolled patients, the contractor FNPs shall treat non-enrolled patients on a space available basis, as assigned

7. Staff Turnover. Maintenance of staff continuity is extremely important given the Primary Care Manager role of the FNPs under this task order. Turnover of healthcare practitioners disrupts the relationship between the patient and their PCM. Turnover also causes the MTF to incur substantial administrative costs for credentialing, to update information systems, and to notify patients of PCM changes. The contractor shall make every effort to minimize turnover and, notwithstanding contractor employee probation policies, shall recruit only an FNP who indicates interest in a long-term commitment under the task order.

ATTACHMENT AT

Attachment AT

Family Practice/Primary Care Clinic

NAVHOSP Corpus Christi, TX

See Section B, Lot 7

1. Site of Service. The contractor shall provide personnel for service in the Family Practice/Primary Care Clinic at NAVHOSP Corpus Christi. The Family Practice/Primary Care Clinic provides services to approximately 11,000 TRICARE Prime enrollees.

2. Labor categories. The contractor shall provide personnel from the following labor categories:

Physician (Phys) (Family Practitioner) (three individuals)

Family Nurse Practitioner (FNP) (one individual)

Registered Nurse (RN)* (two individuals)

Licensed Practical Nurse (LPN)* (five individuals)

* Wage Determination position. See Section J.

3. Qualifications. Each healthcare worker shall adhere to the applicable qualification requirements given in Section C of the basic contract and shall meet and maintain additional qualifications given below.

a. Physicians shall be residency trained in Family Practice.

b. The Nurse Practitioner shall be certified as a Family Nurse Practitioner.

4. Hours of operation. The Family Practice/Primary Care Clinic operates from 0730 to 2000 Monday through Friday and from 0800 to 1630 on Saturday, Sunday, and the day of observance of Federal holidays. However, the clinic operates from 0800 to 1430 on the following days: New Years Day; Thanksgiving Day; December 24th; Christmas Day; and December 31st.

5. Staffing and scheduling.

a. The contractor shall provide three individual full-time physicians, one individual full-time family nurse practitioner; two individual full-time registered nurses, and five individual full-time licensed practical nurses. Each physician/FNP/RN/LPN MUST BE A FULL-TIME INDIVIDUAL. The Commanding Officer will not privilege/approve more than one individual for each of the required positions.

b. The healthcare workers will be supervised by the Head, Primary Care Teams.

c. Healthcare practitioner hours. The contractor physicians and FNP shall supplement the approximate four active duty Navy healthcare practitioner staff (physicians and physician extenders) assigned to the Family Practice/Primary Care Clinic. The Head, Primary Care Teams will schedule all healthcare practitioners, active duty and contractor, to ensure adequate coverage of all clinic operating hours. Evening, weekend, and holiday coverage will be equitably rotated among all practitioners. Shifts will generally be scheduled for an 8.5 or 9 hour period and include a ½-hour or 1-hour uncompensated meal break, respectively. Each contractor physician/FNP shall be on duty for about 40 hours each week, except during periods of approved leave and holidays. In no instance will an individual contractor physician/FNP be required to provide services (on-site service plus approved leave and holidays) in excess of 160 hours per 4-week period.

d. In addition to regular clinic hours, contractor physicians/FNP shall share on-call duties with the active duty healthcare practitioner staff. Each physician/FNP shall stand an overnight on-call beeper watch approximately three to five times per month.

e. Nursing hours. The contractor RNs and LPNs shall supplement the approximate two active duty Navy nursing staff assigned to the Family Practice/Primary Care Clinic. The Head, Primary Care Teams will schedule all nursing staff, active duty and contractor, to ensure adequate coverage of all clinic operating hours. Evening, weekend, and holiday coverage will be equitably rotated among all RNs/LPNs. Shifts will generally be scheduled for an 8.5 or 9 hour period and include a ½-hour or 1-hour uncompensated meal break, respectively. Each contractor RN/LPN shall be on duty for about 40 hours each week, except during periods of approved leave and holidays. In no instance will an individual contractor RN/LPN be required to provide services (on-site service plus approved leave and holidays) in excess of 40 hours per week.

f. The specific schedule for each physician/FNP/RN/LPN for each 2-week period will be scheduled 1 month in advance by the supervisor.

g. Contractor physicians/FNP/RNs/LPNs will each be credited for 8 hours work for each holiday (those who work on a holiday will have a paid compensatory 8-hour day off).

h. The contractor physicians and FNP will each accrue 10 hours of personal leave (annual plus sick) for each 80 hours worked. The contractor RNs will each accrue 8 hours of personal leave (annual plus sick) for each 80 hours worked. The contractor LPNs will each accrue 6 hours of personal leave (annual plus sick) for each 80 hours worked. Physicians/FNP/RNs/LPNs shall be subject to leave approval in accordance with Section C. The contractor need not provide back-up coverage for contractor personnel during periods of approved leave.

6. Duties. As assigned, each healthcare worker shall perform the applicable duties given in Section C of the basic contract plus additional duties given below.

a. Each contractor physician shall serve as Primary Care Manager (PCM) for a panel of patients enrolled to an HMO-style benefit. The Commanding Officer will enroll to each contractor physician approximately 1200 to 1500 TRICARE Prime enrollees.

b. The contractor FNP shall serve as Primary Care Manager (PCM) for a panel of patients enrolled to an HMO-style benefit. The Head of the BMC will enroll to the contractor FNP approximately 1200 to 1500 TRICARE Prime enrollees.

c. In addition to enrolled patients, the contractor physicians/FNP shall treat non-enrolled patients on a space available basis, as assigned.

d. During on-call beeper watches, the contractor physicians/FNP shall provide telephone consultation and make appropriate patient referrals, including to sources of emergency care, but will not be required to return to the hospital to provide care.

e. Contractor physicians/FNP will not be responsible for obstetrical care of their enrollees. Primary Care of pregnant enrollees will be the responsibility of the obstetrician during pregnancy.

f. Contractor physicians/FNP will not have inpatient responsibilities.

7. Staff Turnover. Maintenance of staff continuity is extremely important given the Primary Care Manager role of the physicians/FNP under this task order. Turnover of healthcare practitioners disrupts the relationship between the patient and their PCM. Turnover also causes the MTF to incur substantial administrative costs for credentialing, to update information systems, and to notify patients of PCM changes. The contractor shall make every effort to minimize turnover and, notwithstanding contractor employee probation policies, shall recruit only practitioners who indicate interest in a long-term commitment under the task order.

ATTACHMENT AU

Attachment AU

Family Practice/Pediatrics Clinic

NAVHOSP Corpus Christi, TX

See Section B, Lot 7

1. Site of Service. The contractor shall provide personnel for service in the Family Practice/Pediatrics Clinic at NAVHOSP Corpus Christi. The Family Practice/Pediatrics Clinic provides services to approximately 4500 TRICARE Prime enrollees.

2. Labor categories. The contractor shall provide personnel from the following labor categories:
Physician (Phys) (Pediatrician) (two individuals)

3. Qualifications. Each healthcare worker shall adhere to the applicable qualification requirements given in Section C of the basic contract and shall meet and maintain additional qualifications given below.

a. Physicians shall be board certified in Pediatrics.

4. Hours of operation. The Family Practice/Pediatrics Clinic operates from 0730 to 2000 Monday through Friday and from 0800 to 1630 on Saturday, Sunday, and the day of observance of Federal holidays. However, the clinic operates from 0800 to 1430 on the following days: New Years Day; Thanksgiving Day; December 24th; Christmas Day; and December 31st.

5. Staffing and scheduling.

a. The contractor shall provide two individual full-time physicians. Each physician MUST BE A FULL-TIME INDIVIDUAL. The Commanding Officer will not privilege more than one individual for each of the required positions.

b. The physicians will be supervised by the Head, Primary Care Teams.

c. Pediatrician hours. The contractor physicians shall supplement the approximate two active duty Navy healthcare practitioner staff (physicians and physician extenders) assigned to the Family Practice/Pediatrics Clinic. The Head, Primary Care Teams will schedule all healthcare practitioners, active duty and contractor, to ensure adequate coverage of all clinic operating hours. Evening, weekend, and holiday coverage will be equitably rotated among all practitioners. Shifts will generally be scheduled for an 8.5 or 9 hour period and include a ½-hour or 1-hour uncompensated meal break, respectively. Each contractor physician shall be on duty for about 40 hours each week, except during periods of approved leave and holidays. In no instance will an individual contractor physician be required to provide services (on-site service plus approved leave and holidays) in excess of 160 hours per 4-week period.

d. In addition to regular clinic hours, contractor physicians shall share on-call duties with the active duty healthcare practitioner staff. Each physician shall stand an overnight on-call beeper watch approximately two times per month.

e. The specific schedule for each physician for each 2-week period will be scheduled 1 month in advance by the supervisor.

f. Contractor physicians will each be credited for 8 hours work for each holiday (those who work on a holiday will have a paid compensatory 8-hour day off).

g. The contractor physicians will each accrue 10 hours of personal leave (annual plus sick) for each 80 hours worked. Physicians shall be subject to leave approval in accordance with Section C. The contractor need not provide back-up coverage for contractor personnel during periods of approved leave.

6. Duties. As assigned, each healthcare worker shall perform the applicable duties given in Section C of the basic contract plus additional duties given below.

a. Each contractor physician shall serve as Primary Care Manager (PCM) for a panel of patients enrolled to an HMO-style benefit. The Commanding Officer will enroll to each contractor physician approximately 1200 to 1500 TRICARE Prime enrollees.

b. In addition to enrolled patients, the contractor physicians shall treat non-enrolled patients on a space available basis, as assigned.

c. During on-call beeper watches, the contractor physicians shall provide telephone consultation and make appropriate patient referrals, including to sources of emergency care, but will not be required to return to the hospital to provide care.

7. Staff Turnover. Maintenance of staff continuity is extremely important given the Primary Care Manager role of the physicians under this task order. Turnover of healthcare practitioners disrupts the relationship between the patient and their PCM. Turnover also causes the MTF to incur substantial administrative costs for credentialing, to update information systems, and to notify patients of PCM changes. The contractor shall make every effort to minimize turnover and, notwithstanding contractor employee probation policies, shall recruit only physicians who indicate interest in a long-term commitment under the task order.

ATTACHMENT AV

Attachment AV

Internal Medicine Services

NAVHOSP Corpus Christi, TX

See Section B, Lot 8

1. Site of Service. The contractor shall provide personnel for service in the Internal Medicine Clinic at NAVHOSP Corpus Christi.

2. Labor categories. The contractor shall provide personnel from the following labor categories:

Physician (Phys) (General Internist) (one part-time individual)

Certified Medical Assistant (CMA)* (one part-time individual)

* Wage Determination position. See Section J.

3. Qualifications. Each healthcare worker shall adhere to the applicable qualification requirements given in Section C of the basic contract and shall meet and maintain additional qualifications given below.

a. The physician shall be board certified in Internal Medicine.

4. Hours of operation. The Internal Medicine Clinic operates from 0730 to 1630 Monday through Friday, with the exception of the day of observance of Federal holidays.

5. Staffing and scheduling.

a. The contractor shall provide one individual part-time physician and one individual part-time Certified Medical Assistant. The physician and CMA MUST EACH BE AN INDIVIDUAL. The Commanding Officer will not privilege/approve more than one individual for each of the required positions.

b. The physician and CMA will be supervised by the Clinical Nurse Manager, Internal Medicine.

c. The contractor physician and CMA shall normally provide services Monday and Tuesday from 0730 to 1630 and Wednesday from 0730 to 1130, with the exception of the day of observance of Federal holidays. Monday and Tuesday 9-hour shifts include a 1-hour uncompensated meal break. The contractor physician and CMA shall each be on duty for about 20 hours each week, except during periods of approved leave and holidays. In no instance will an individual contractor physician or CMA be required to provide services (on-site service plus approved leave and holidays) in excess of 20 hours per week.

d. The specific schedule for the physician and CMA for each 2-week period will be scheduled 1 month in advance by the supervisor.

e. The contractor physician and CMA will each be credited for 8 hours work for each holiday whose day of observance falls on a regularly scheduled Monday or Tuesday and 4 hours work for each holiday whose day of observance falls on a regularly scheduled Wednesday. If work is required on a holiday, the physician or CMA will receive a paid compensatory day off.

f. The contractor physician will accrue 10 hours of personal leave (annual plus sick) for each 80 hours worked. The contractor CMA will accrue 6 hours of personal leave (annual plus sick) for each 80 hours worked. The physician and CMA shall be subject to leave approval in accordance with Section C. The contractor need not provide back-up coverage for contractor personnel during periods of approved leave.

6. Duties. As assigned, each healthcare worker shall perform the applicable duties given in Section C of the basic contract plus additional duties given below.

a. The contractor internist shall serve as both a Primary Care Manager (PCM) for a panel of patients enrolled to an HMO-style benefit as well as a specialty referral provider. The Commanding Officer will enroll to the contractor physician approximately 100 to 200 TRICARE Prime enrollees.

b. In addition to enrolled patients, the contractor internist shall treat non-enrolled patients on a space available basis.

7. Staff Turnover. Maintenance of staff continuity is extremely important given the Primary Care Manager role of the physician under this task order. Turnover of healthcare practitioners disrupts the relationship between the patient and their PCM. Turnover also causes the MTF to incur substantial administrative costs for credentialing , to update information systems, and to notify patients of PCM changes. The contractor shall make every effort to minimize turnover and, notwithstanding contractor employee probation policies, shall recruit only practitioners who indicate interest in a long-term commitment under the task order.

ATTACHMENT AW

Attachment AW
Radiologist Services
NAVHOSP Corpus Christi, TX
See Section B, Lot 8

1. Site of Service. The contractor shall provide personnel for service in the Radiology Clinic at NAVHOSP Corpus Christi.

2. Labor Category: The contractor shall provide personnel from the following labor category:

Physician (Radiologist) (one individual)

3. Qualifications. The physician shall adhere to the applicable qualification requirements given in Section C of the basic contract and the additional requirements given here:

a. The physician shall be board certified in Radiology.

4. Staffing and scheduling.

a. The Contractor shall provide one full-time Radiologist. The physician must be **MUST BE A FULL-TIME INDIVIDUAL**. The Commanding Officer will not privilege more than one individual for the required position.

b. The physician will be supervised by the Head, Radiology Clinic.

c. The contractor physician shall generally provide services Monday through Friday, with the exception of the day of observance of Federal holidays. Shifts will generally be 9 hours, including a 1-hour uncompensated meal break, from 0730 to 1630. The contractor physician shall be on duty for about 40 hours each week, except during periods of approved leave and holidays. In no instance will the contractor physician be required to provide services (on-site service plus approved leave and holidays) in excess of 160 hours per 4-week period.

d. The specific schedule for the physician for each 2-week period will be scheduled 1 month in advance by the supervisor.

e. The contractor physician will be credited for 8 hours work for each holiday. If work is required on a holiday, they will have a paid compensatory 8-hour day off.

f. The contractor physician will accrue 10 hours of personal leave (annual plus sick) for each 80 hours worked. The physician shall be subject to leave approval in accordance with Section C. The contractor need not provide back-up coverage for contractor personnel during periods of approved leave.

5. Duties. As assigned, the contract physician shall perform all applicable duties in Section C of the basic contract and the additional duties given here:

(1) Perform a full range of diagnostic radiology examinations within the personnel and equipment capabilities of the MTF and in accordance with privileges granted by the Commanding Officer.

(2) Provide services including plain film interpretation; common special procedures such as barium studies, I.V.P., myelograms, sinograms, oral cholecystograms, arthrograms, sialograms and venograms; plain film mammograms; ultrasounds, including guided biopsies such as breast, thyroid and subcutaneous masses;

nuclear medicine studies; magnetic resonance image interpretation, and routine CT interpretations.

(3) Supervise, perform, or assist in the instruction of, other health care professionals seeing patients within the scope of their clinical privileges or responsibilities.

(4) Peer review is an important and integral part of the duties to be performed by the contractor radiologist. The contractor radiologist shall perform peer review on not less than 5% of films (or as otherwise directed by the Head, Radiology Clinic). The contract radiologist shall compile a monthly report on peer review findings and submit it to the Head, Radiology Clinic.

ATTACHMENT AX

Attachment AX

Dermatologist Services

NAVHOSP Corpus Christi, TX

See Section B, Lot 8

1. Site of Service. The contractor shall provide personnel for service in the Dermatology Clinic at NAVHOSP Corpus Christi.

2. Labor Category: The contractor shall provide personnel from the following labor category:

Physician (Dermatologist) (one part-time individual)

3. Qualifications. The physician shall adhere to the applicable qualification requirements given in Section C of the basic contract and the additional requirements given here:

a. The physician shall be board certified in Dermatology.

4. Staffing and scheduling.

a. The Contractor shall provide one part-time Dermatologist. The physician must be **MUST BE A SINGLE INDIVIDUAL**. The Commanding Officer will not privilege more than one individual for the required position.

b. The physician will be supervised by the Head, Specialty Clinics Department.

c. The contractor physician shall generally provide services Wednesday and Thursday from 0730 to 1630 and Friday from 0800 to 1200, with the exception of the day of observance of Federal holidays. Shifts of 9 hours include a 1-hour uncompensated meal break. The contractor physician shall be on duty for about 20 hours each week, except during periods of approved leave and holidays. In no instance will the contractor physician be required to provide services (on-site service plus approved leave and holidays) in excess of 80 hours per 4-week period.

d. The specific schedule for the physician for each 2-week period will be scheduled 1 month in advance by the supervisor.

e. The contractor physician will be credited for 8 hours work for each holiday whose day of observance falls on a regularly scheduled Wednesday or Thursday and 4 hours work for each holiday whose day of observance falls on a regularly scheduled Friday. If work is required on a holiday, the physician will receive a paid compensatory day off.

f. The contractor physician will accrue 10 hours of personal leave (annual plus sick) for each 80 hours worked. The physician shall be subject to leave approval in accordance with Section C. The contractor need not provide back-up coverage for contractor personnel during periods of approved leave.

5. Duties. As assigned, the contract physician shall perform all applicable duties in Section C of the basic contract and the additional duties given here:

ATTACHMENT AY

Attachment AY

Physical Therapy Clinic

NAVHOSP Corpus Christi, TX

See Section B, Lot 9

1. Site of Service. The contractor shall provide personnel for service in the Physical Therapy Clinic at NAVHOSP Corpus Christi.

2. Labor categories. The contractor shall provide personnel from the following labor categories:

Physical Therapist (one individual)

Physical Therapy Assistant (two individuals)

3. Qualifications. The healthcare workers shall adhere to the applicable qualification requirements given in Section C of the basic contract.

4. Operating hours. The Physical Therapy Clinic operates from 0730 to 1630, Monday through Friday except for the day of observance of Federal holidays.

5. Staffing and scheduling.

a. The contractor shall provide one individual full-time Physical Therapist and two individual full-time Physical Therapy Assistants. To maintain continuity of services, the Physical Therapist and Assistants MUST EACH BE A FULL-TIME INDIVIDUAL. The Commanding Officer will not privilege/approve more than one individual for the required position.

b. The Head, Physical Therapy Clinic will supervise the contract Physical Therapist and Assistants.

c. Services will normally be required Monday through Friday between the hours of 0730 and 1630 (a 9-hour period which includes an uncompensated 1 hour for a meal break). Services will not normally be required on the day of observance of Federal holidays. The contract Physical Therapist and Assistants shall each be on duty for about 40 hours each week, except during periods of approved leave and holidays. In no instance will the Physical Therapist or Assistants be required to provide services (on-site service plus approved leave and holidays) in excess of 160 hours per 4-week period. The specific schedule for each 2-week period will be scheduled 1 month in advance by the supervisor.

d. The Physical Therapist and Assistants will each be credited for 8 hours work for each holiday (if work is required on a holiday, a paid compensatory 8-hour day off will be granted).

e. The Physical Therapist will accrue 8 hours of personal leave (annual plus sick) for each 80 hours worked. The Physical Therapy Assistants will each accrue 6 hours of personal leave (annual plus sick) for each 80 hours worked. Each Therapist/Assistant shall be subject to leave approval in accordance with Section C. The contractor need not provide back-up coverage for the Physical Therapist and Assistants during periods of approved leave and holidays.

6. Duties. As assigned, the Physical Therapist and Physical Therapy Assistants shall perform all applicable duties given in Section C of the basic contract.

ATTACHMENT AZ

Attachment AZ

Pharmacy Technicians

NAVHOSP Corpus Christi, TX and BRMEDCLIN Fort Worth, TX

See Section B, Lot 9

1. Site of Service.

a. The contractor shall provide personnel for service in the Pharmacy Department at NAVHOSP Corpus Christi and BMC Fort Worth.

2. Labor categories. The contractor shall provide personnel from the following labor categories:

Pharmacy Technician (Pharm Tech)* (two individuals)

* Wage Determination position. See Section J.

3. Qualifications. Each healthcare worker shall adhere to the applicable qualification requirements given in Section C of the basic contract.

4. Staffing and scheduling, Pharmacy Technicians.

a. The contractor shall provide two individual full-time Pharmacy Technicians, one at each of the locations specified in this task order. To maintain continuity of services, the Pharmacy Technicians MUST BE FULL-TIME INDIVIDUALS. The Commanding Officer will not approve more than one individual for each required position.

b. The Head, Pharmacy Department at each location will supervise the contractor Pharmacy Technicians.

c. Pharmacy Technician services will be required 7 days per week. Pharmacy technician shifts will normally be 8½ or 9 hours, including a ½-hour or 1-hour uncompensated meal break, respectively. Shifts will be scheduled during the periods of 0600 to 2100 hours Monday through Friday and 0730 to 1630 hours Saturday, Sunday, and holidays. Evening, weekend, and holiday shifts will be rotated among all pharmacy technicians (Government and contractor) who are assigned to the Pharmacy Department. The specific schedule for each 2-week period will be scheduled 1 month in advance by the supervisor.

d. The pharmacy technicians shall each be on duty for about 40 hours each week, except during periods of approved leave and holidays. In no instance will a pharmacy technician be required to provide services (on-site service plus approved leave and holidays) in excess of 40 hours per week.

e. Each pharmacy technician will be credited for 8 hours work for each holiday (if work is required on a holiday, a paid compensatory 8-hour day off will be granted).

f. Each pharmacy technician will accrue 6 hours of personal leave (annual plus sick) for each 80 hours worked and shall be subject to leave approval in accordance with Section C. The contractor need not provide back-up coverage for a pharmacy technician during periods of approved leave and holidays.

5. Duties. As assigned, each healthcare worker shall perform all applicable duties given in Section C of the basic contract.

ATTACHMENT BA

Attachment BA

Dietitian Services

NAVHOSP Corpus Christi, TX and BRMEDCLIN Ingleside, TX

See Section B, Lot 9

1. Site of Service. The contractor shall provide personnel for service in the Wellness Centers at NAVHOSP Corpus Christi and at BMC Ingleside.

2. Labor categories. The contractor shall provide personnel from the following labor categories:

Dietitian (two individuals)

3. Qualifications. Each healthcare worker shall adhere to the applicable qualification requirements given in Section C of the basic contract.

4. Staffing and scheduling, Dietitians.

a. The contractor shall provide two individual full-time Dietitians. To maintain continuity of services, the Dietitians MUST BE FULL-TIME INDIVIDUALS. The Commanding Officer will not approve more than one individual for each required position.

b. The Head, Wellness Center and their designated deputy at each location will supervise the contractor Dietitians.

c. Dietitian shifts will normally be 8½ or 9 hours, including a ½-hour or 1-hour uncompensated meal break, respectively. Shifts will be scheduled during the periods of 0730 to 2000 hours Monday through Friday. The contractor dietitians will rotate between the two locations in the task order and will rotate among day and evening shifts. The specific schedule for each 2-week period will be scheduled 1 month in advance by the supervisor.

d. The dietitians shall each be on duty for about 40 hours each week, except during periods of approved leave and holidays. In no instance will a dietitian be required to provide services (on-site service plus approved leave and holidays) in excess of 160 hours per 4-week period.

e. Each dietitian will be credited for 8 hours work for each holiday (if work is required on a holiday, a paid compensatory 8-hour day off will be granted).

f. Each dietitian will accrue 8 hours of personal leave (annual plus sick) for each 80 hours worked and shall be subject to leave approval in accordance with Section C. The contractor need not provide back-up coverage for a dietitian during periods of approved leave and holidays.

5. Duties. As assigned, each healthcare worker shall perform all applicable duties given in Section C of the basic contract.

ATTACHMENT BB

Attachment BB

Health Educator Services

NAVHOSP Corpus Christi, TX and BRMEDCLIN Kingsville, TX

See Section B, Lot 9

1. Site of Service.

a. The contractor shall provide personnel for service in the Wellness Centers at NAVHOSP Corpus Christi and at BMC Kingsville.

2. Labor categories. The contractor shall provide personnel from the following labor categories:

Health Educator (RN) (Breast Care) (one individual) (NAVHOSP Corpus Christi)

Health Educator (one individual) (BMC Kingsville)

3. Qualifications. Each healthcare worker shall adhere to the applicable qualification requirements given in Section C of the basic contract and the additional requirements given here:

a. The Health Educator (RN) (Breast Care) shall comply with the qualifications given in the basic contract for Registered Nurse plus the following:

(1) Possess experience as a Registered Nurse of at least 12 months within the preceding 24 months in coordinating care, providing case management services, and/or educating breast cancer patients.

b. The Health Educator (non-RN) shall comply with the qualifications given in the basic contract for Health Educator.

4. Staffing and scheduling, Health Educator (RN) (Breast Care).

a. The contractor shall provide one individual full-time Health Educator (RN) (Breast Care). To maintain continuity of services, the Health Educator (RN) (Breast Care) MUST BE A FULL-TIME INDIVIDUAL. The Commanding Officer will not approve more than one individual for the required position.

b. The Head, Wellness Center or designated deputy will supervise the contractor Health Educator (RN) (Breast Care).

c. Health Educator (RN) (Breast Care) shifts will normally be 8½ or 9 hours, including a ½-hour or 1-hour uncompensated meal break, respectively. Shifts will be scheduled during the periods of 0730 to 2000 hours Monday through Friday and 0730 to 1630 on Saturday. Weekday shifts which extend past 1630 occur about eight times per year and Saturday shifts occur about three times per year. The specific schedule for each 2-week period will be scheduled 1 month in advance by the supervisor.

d. The Health Educator (RN) (Breast Care) shall be on duty for about 40 hours each week, except during periods of approved leave and holidays. In no instance will the Health Educator (RN) (Breast Care) be required to provide services (on-site service plus approved leave and holidays) in excess of 160 hours per 4-week period.

e. The Health Educator (RN) (Breast Care) will be credited for 8 hours work for each holiday (if work is required on a holiday, a paid compensatory 8-hour day off will be granted).

f. The Health Educator (RN) (Breast Care) will accrue 8 hours of personal leave (annual plus sick) for each 80 hours worked and shall be subject to leave approval in accordance with Section C. The contractor need not provide back-up coverage for the Health Educator (RN) (Breast Care) during periods of approved leave and holidays.

5. Staffing and scheduling, Health Educator (Kingsville).

a. The contractor shall provide one individual full-time Health Educator at BMC Kingsville. To maintain continuity of services, the Health Educator MUST BE A FULL-TIME INDIVIDUAL. The Commanding Officer will not approve more than one individual for the required position.

b. The Head, Wellness Center or designated deputy will supervise the contractor Health Educator.

c. Health Educator shifts will normally be 8½ or 9 hours, including a ½-hour or 1-hour uncompensated meal break, respectively. Shifts will be scheduled during the periods of 0730 to 2000 hours Monday through Friday and 0730 to 1630 on Saturday. Weekday shifts which extend past 1630 occur about eight times per year and Saturday shifts occur about three times per year. The specific schedule for each 2-week period will be scheduled 1 month in advance by the supervisor.

d. The Health Educator shall be on duty for about 40 hours each week, except during periods of approved leave and holidays. In no instance will the Health Educator be required to provide services (on-site service plus approved leave and holidays) in excess of 160 hours per 4-week period.

e. The Health Educator will be credited for 8 hours work for each holiday (if work is required on a holiday, a paid compensatory 8-hour day off will be granted).

f. The Health Educator will accrue 8 hours of personal leave (annual plus sick) for each 80 hours worked and shall be subject to leave approval in accordance with Section C. The contractor need not provide back-up coverage for the Health Educator during periods of approved leave and holidays.

6. Duties. As assigned, each healthcare worker shall perform all applicable duties given in Section C of the basic contract.

a. In lieu of the Health Educator duties given in the basic contract, the Health Educator (RN) (Breast Care) shall perform the following:

(1) Provide care of breast cancer patients. Coordinate care of military beneficiaries with professional healthcare staff. Actively participate in the care and management of the patient during the entire episode of care in treating cancer.

(2) Implement the Department of Defense (DoD) Health Affairs Breast Cancer initiative.

(3) Oversee the local breast cancer initiative, coordinating policies and programs with major commands and the TRICARE Regional Office.

(4) Coordinate MTF and regional tracking and assessment programs.

(5) Develop and monitor programs, including administrative duties such as education and counseling of medical staff and beneficiaries, maintaining database management functions, population monitoring functions, statistical analysis, epidemiological follow-up and presenting proposals and results to professional staff.

(6) Track education and counseling, assessing program improvements and coordinates activities to assure optimum program effectiveness.

(7) Collect data to assure quality care and intervention.

(8) Conduct local military and community awareness programs to include marketing and presentations at public and professional meetings. Awareness programs may include health fairs, military GMTs, provider orientation to BSE and awareness month activities.

(9) Participate in wellness activities supported by the MTF, such as, presenting lectures/classes, displays, attending related meetings and any other duties as applicable.

ATTACHMENT BC

Attachment BC

Family Practice and Pediatrics Clinics

Branch Medical Clinic (BMC) Ingleside, TX

See Section B, Lot 10

1. Site of Service. The contractor shall provide personnel for service in the Family Practice and Pediatrics Clinics at BMC Ingleside.

2. Labor categories. The contractor shall provide personnel from the following labor categories:

Physician (Phys) (Family Practitioner) (one individual)

Physician (Phys) (Pediatrician) (one individual)

Certified Medical Assistant (CMA)* (two individuals)

* Wage Determination position. See Section J.

3. Qualifications. Each healthcare worker shall adhere to the applicable qualification requirements given in Section C of the basic contract and shall meet and maintain additional qualifications given below.

a. The Family Practitioner shall be board certified in Family Practice.

b. The Pediatrician shall be board certified in Pediatrics.

4. Hours of operation. The Family Practice and Pediatrics Clinics each operate from 0730 to 1600 Monday through Friday, except for the day of observance of Federal holidays.

5. Staffing and scheduling.

a. The contractor shall provide one individual full-time Family Practitioner, one individual full-time Pediatrician, and two individual full-time Certified Medical Assistants (CMAs). Each physician/CMA MUST BE A FULL-TIME INDIVIDUAL. The Commanding Officer will not privilege/approve more than one individual for each of the required positions.

b. The healthcare workers will be supervised by the Head, Primary Care Clinics.

c. Physician hours. The contractor Family Practitioner and Pediatrician shall supplement the approximate one active duty Navy healthcare practitioner staff (physicians and physician extenders) assigned to the Family Practice Clinic. There are no active duty practitioners assigned to the Pediatrics Clinic. The Head, Primary Care Clinics will schedule all healthcare practitioners, active duty and contractor, to ensure adequate coverage of all clinic operating hours. Shifts will generally be scheduled for an 8½-hour period and include a ½-hour uncompensated meal break. Each contractor physician shall be on duty for about 40 hours each week, except during periods of approved leave and holidays. In no instance will an individual contractor physician be required to provide services (on-site service plus approved leave and holidays) in excess of 160 hours per 4-week period.

d. CMA hours. One CMA will be assigned to the Family Practice Clinic and one to the Pediatrics Clinic. The Head, Primary Care Clinics will schedule CMAs to ensure adequate coverage of all clinic operating hours. Shifts will generally be scheduled for an 8½-hour period and include a ½-hour uncompensated meal break. Each contractor CMA shall be on duty for about 40 hours each week, except during periods of approved leave and holidays. In no instance will an individual contractor CMA be required to provide services (on-site service plus approved leave and holidays) in excess of 40 hours per week.

e. The specific schedule for each physician/CMA for each 2-week period will be scheduled 1 month in advance by the supervisor.

f. Contractor physicians/CMAs will each be credited for 8 hours work for each holiday (those who work on a holiday will have a paid compensatory 8-hour day off).

g. The contractor physicians will each accrue 10 hours of personal leave (annual plus sick) for each 80 hours worked. The contractor CMAs will each accrue 6 hours of personal leave (annual plus sick) for each 80 hours worked. Physicians/CMAs shall be subject to leave approval in accordance with Section C. The contractor need not provide back-up coverage for contractor personnel during periods of approved leave.

6. Duties. As assigned, each healthcare worker shall perform the applicable duties given in Section C of the basic contract plus additional duties given below.

a. Each contractor physician shall serve as Primary Care Manager (PCM) for a panel of patients enrolled to an HMO-style benefit. The Commanding Officer will enroll to the contractor Family Practitioner approximately 1200 to 1500 TRICARE Prime enrollees. The Commanding Officer will enroll to the contractor Pediatrician approximately 1200 to 1500 TRICARE Prime enrollees.

b. In addition to enrolled patients, the contractor physicians/FNP shall treat non-enrolled patients on a space available basis, as assigned.

7. Staff Turnover. Maintenance of staff continuity is extremely important given the Primary Care Manager role of the physicians/FNP under this task order. Turnover of healthcare practitioners disrupts the relationship between the patient and their PCM. Turnover also causes the MTF to incur substantial administrative costs for credentialing, to update information systems, and to notify patients of PCM changes. The contractor shall make every effort to minimize turnover and, notwithstanding contractor employee probation policies, shall recruit only practitioners who indicate interest in a long-term commitment under the task order.

ATTACHMENT BD

Attachment BD
 NOTIONAL TASK ORDER
 Emergency Department
 NAVHOSP Pensacola, FL

Notional Task Order
 NAVHOSP Pensacola Emergency Department (Section J, Attachment BD)
 Services for the period 1 Oct 2004 through 30 Sep 2005

Line Item	Description	Quantity	Units	Unit Price	Total Price
0001AA	Physicians, Emergency Medicine	8352	Hours	\$	\$
0002AA	Physician Assistant	2088	Hours	\$	\$
0003AA	Family Nurse Practitioner	2088	Hours	\$	\$
0004AA	Registered Nurse, Emergency Nurse services	17520	Hours	\$	\$
0006AA	Emergency Medical Technician, Paramedic services	4380	Hours	\$	\$
0007AA	Certified Medical Assistant services	8760	Hours	\$	\$
	TOTAL PRICE				\$

1. Site of Service. The contractor shall provide personnel for service in the Emergency Department at NAVHOSP Pensacola, FL.

2. Labor categories. The contractor shall provide personnel from the following labor categories:

Physician, Emergency Medicine
 Physician Assistant
 Family Nurse Practitioner
 Registered Nurse (RN), Emergency Nurse*
 Emergency Medical Technician-Paramedic (EMT-P)*
 Certified Medical Assistant*

* Wage Determination position, See Section J.

3. Qualifications. Each healthcare worker shall adhere to the applicable qualification requirements given in Section C of the basic contract and shall meet and maintain additional qualifications given below.

a. Physicians shall meet and maintain one of the following two sets of qualifications:

(1) Residency trained in Emergency Medicine, PLUS not less than 1 year of experience within the last 3 years as a full-time physician in an emergency department with not less than 5,000 annual visits per full-time physician; OR

(2) Residency trained in Family Practice, PLUS 3 years of experience within the last 5 years as a full-time physician in an emergency department with not less than 5,000 annual visits per full-time physician.

b. Physicians shall have current certification in Advanced Cardiac Life Support (ACLS), Advanced Trauma Life Support (ATLS), and Pediatric Advanced Life Support (PALS).

c. Physician Assistants shall have a current certification in Advanced Cardiac Life Support (ACLS) and at least 1 year of full-time experience in the last 3 years in an emergency department.

d. Registered nurses shall have Advance Cardiac Life Support (ACLS) certification and shall have not less than 1 year of emergency department experience in the last 3 years or at least 2 years of full-time experience in the last 3 years in an ICU.

e. Licensed Practical Nurses shall have not less than 1 year of clinical experience.

f. EMTs shall have Paramedic certification (EMT-P) and shall have a current Florida Paramedic License.

4. Hours of operation. The contractor shall provide Emergency Room services on a 24-hour basis daily, including holidays.

5. Staffing and scheduling.

a. The contractor shall provide four individual full-time physicians, one individual full-time physician assistant and one individual Family Nurse Practitioner. These Contractor healthcare practitioners MUST BE FULL-TIME INDIVIDUALS. The Commanding Officer will not privilege more than one individual for each of the required positions.

b. The Navy Medical Director will provide supervision of all activities within the department.

c. The six contractor healthcare practitioners shall supplement the active duty Navy healthcare practitioners assigned to the Emergency Department. The Medical Director will schedule all practitioners to ensure adequate coverage of all department operating hours. Each contractor healthcare practitioner shall be on duty in the department for about 40 hours each week, except during periods of approved leave or for holidays. In no instance will an individual contractor healthcare practitioner be required to provide services (on-site service plus approved leave and holidays) in excess of 160 hours per 4-week period. The specific schedule for each practitioner for each 2-week period will be scheduled 1 month in advance by the Medical Director

d. Healthcare practitioners will each be credited for 8 hours work for each holiday (those who work on a holiday will have a paid compensatory 8-hour day off).

e. The contractor healthcare practitioners will each accrue 10 hours of personal leave (annual plus sick) for each 80 hours worked and shall be subject to leave approval in accordance with Section C. . The contractor need not provide back-up coverage for contractor healthcare practitioners during periods of approved leave or holidays.

f. For all labor categories other than physician and physician assistant, the contractor shall provide sufficient personnel to cover the schedule given below. The contractor is responsible for scheduling personnel to cover the schedule, for providing the leave benefit for these personnel, for approving leave for these personnel, and for providing any holiday benefit. These personnel will not accrue leave under the task order; individuals on leave, holiday status, or otherwise absent shall be subject to replacement coverage by the contractor in accordance with paragraph C.3 and C.3.2 (and its subparagraphs) of the basic contract. The contractor shall maintain sufficient back-up personnel to ensure coverage of the schedule during periods of both scheduled and unscheduled absence.

g. All hours of service on the following table are paid hours of service. Health care workers will be granted a brief meal break on each shift as patient load permits. Personnel shall arrive in the department far enough in advance of their scheduled shift to be prepared to assume their duties at the designated shift start time.

TIME PERIOD	SUN	MON	TUES	WED	THURS	FRI	SAT
-------------	-----	-----	------	-----	-------	-----	-----

0000 -0800	2 RNs 1 CMA						
0800 -2000	2 RNs 1 CMA 1 EMT-P						
2000 -2400	2 RNs 1 CMA						

h. Registered nurses. Not less than 60% of the nurses on the contractor’s Emergency Department Registered Nurse roster shall be full-time staff, defined as staff who provide an average of not less than 35 hours of service per week.

i. The contractor shall provide a copy of the 1-month staff schedule for the above table to the COR prior to the 20th of each month. A minimum 72-hour notice of changes to the work schedule is required. The 72-hour notice will be waived for emergency situations such as sudden illness or accident.

6. Duties. As assigned, each healthcare worker shall perform the applicable duties given in Section C.

ATTACHMENT BE

Attachment BE

Polysomnographic Technologist

NAVHOSP Pensacola, FL

See Section B, Lots 4 and 14

1. Site of Service. The contractor shall provide personnel for service in the Sleep Laboratory at NAVHOSP Pensacola.

2. Labor categories. The contractor shall provide personnel from the following labor categories:

Technologist, Polysomnographic (PSG) (two individuals)

3. Qualifications: The PSG Technologists shall meet and maintain the applicable qualifications given in Section C of the basic contract.

4. Staffing and scheduling.

a. The contractor shall provide two full-time PSG Technologists. The PSG Technologists MUST BE FULL-TIME INDIVIDUALS. The Commanding Officer will not approve more than one individual for the required position.

b. The Department Head, Neurology or his/her designated representative will supervise the PSG Technologists.

c. Sleep lab services are scheduled 6 days per week, commencing Sunday evening and concluding Saturday morning, from 1930 hours in the evening till 0830 the following morning. Each PSG Technologist will be scheduled to cover three of the week's six 13-hour shifts. Shifts do not include a meal break but each PSG will be allowed a break as workload permits. Each PSG technologist may eat meals during sleep observation, however, work spaces must be promptly cleaned upon finishing meals. Services will not normally be required on the day of observance of Federal holidays, i.e., the shift that commences at 1930 on the day of observance will not be scheduled. The PSG Technologists shall each be on duty for about 39 hours each week, except during periods of approved leave and holidays.

d. The specific schedule for each 2-week period will be scheduled 1 month in advance by the supervisor.

e. Holidays. Holidays will be scheduled equally between the two PSG Technologists so that each will be scheduled for five holidays during each 12 months of service. Since work is not normally required on a holiday, each PSG Technologist will be credited for 13 hours of paid work for each of their five scheduled holidays, i.e., each will receive pay for five holidays per year at 13 hours per holiday or a total of 75 hours of holiday pay each per 12 months of service. If unusual circumstances require that work be performed on a holiday, a paid compensatory 13-hour day off will be granted.

f. The PSG Technologists will each accrue 8 hours of personal leave (annual plus sick) for each 80 hours worked and shall be subject to leave approval in accordance with Section C. The contractor need not provide back-up coverage for the PSG Technologists during periods of approved leave and holidays.

5. Duties. As assigned, the healthcare worker shall perform all applicable duties given in Section C of the basic contract.

Exhibit/Attachment Table of Contents

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Section K - Representations, Certifications and Other Statements of Offerors

CLAUSES INCORPORATED BY FULL TEXT

52.203-2 CERTIFICATE OF INDEPENDENT PRICE DETERMINATION (APR 1985)

(a) The offeror certifies that --

(1) The prices in this offer have been arrived at independently, without, for the purpose of restricting competition, any consultation, communication, or agreement with any other offeror or competitor relating to --

(i) Those prices,

(ii) The intention to submit an offer, or

(iii) The methods of factors used to calculate the prices offered:

(2) The prices in this offer have not been and will not be knowingly disclosed by the offeror, directly or indirectly, to any other offeror or competitor before bid opening (in the case of a sealed bid solicitation) or contract award (in the case of a negotiated solicitation) unless otherwise required by law; and

(3) No attempt has been made or will be made by the offeror to induce any other concern to submit or not to submit an offer for the purpose of restricting competition.

(b) Each signature on the offer is considered to be a certification by the signatory that the signatory --

(1) Is the person in the offeror's organization responsible for determining the prices offered in this bid or proposal, and that the signatory has not participated and will not participate in any action contrary to subparagraphs (a)(1) through (a)(3) of this provision; or

(2) (i) Has been authorized, in writing, to act as agent for the following principals in certifying that those principals have not participated, and will not participate in any action contrary to subparagraphs (a)(1) through (a)(3) of this provision _____ (insert full name of person(s) in the offeror's organization responsible for determining the prices offered in this bid or proposal, and the title of his or her position in the offeror's organization);

(ii) As an authorized agent, does certify that the principals named in subdivision (b)(2)(i) above have not participated, and will not participate, in any action contrary to subparagraphs (a)(1) through (a)(3) above; and

(iii) As an agent, has not personally participated, and will not participate, in any action contrary to subparagraphs (a)(1) through (a)(3) of this provision.

(c) If the offeror deletes or modifies subparagraph (a)(2) of this provision, the offeror must furnish with its offer a signed statement setting forth in detail the circumstances of the disclosure.

(End of clause)

52.203-11 CERTIFICATION AND DISCLOSURE REGARDING PAYMENTS TO INFLUENCE CERTAIN FEDERAL TRANSACTIONS (APR 1991)

(a) The definitions and prohibitions contained in the clause, at FAR 52.203-12, Limitation on Payments to Influence

Certain Federal Transactions, included in this solicitation, are hereby incorporated by reference in paragraph (b) of this Certification.

(b) The offeror, by signing its offer, hereby certifies to the best of his or her knowledge and belief that on or after December 23, 1989,--

(1) No Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress on his or her behalf in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment or modification of any Federal contract, grant, loan, or cooperative agreement;

(2) If any funds other than Federal appropriated funds (including profit or fee received under a covered Federal transaction) have been paid, or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress or an employee of a Member of Congress on his or her behalf in connection with this solicitation, the offeror shall complete and submit, with its offer, OMB standard form LLL, Disclosure of Lobbying Activities, to the Contracting Officer; and

(3) He or she will include the language of this certification in all subcontract awards at any tier and require that all recipients of subcontract awards in excess of \$100,000 shall certify and disclose accordingly.

(c) Submission of this certification and disclosure is a prerequisite for making or entering into this contract imposed by section 1352, title 31, United States Code. Any person who makes an expenditure prohibited under this provision, shall be subject to a civil penalty of not less than \$10,000, and not more than \$100,000, for each such failure.

(End of provision)

52.204-3 TAXPAYER IDENTIFICATION (OCT 1998)

(a) Definitions.

“Common parent,” as used in this provision, means that corporate entity that owns or controls an affiliated group of corporations that files its Federal income tax returns on a consolidated basis, and of which the offeror is a member.

“Taxpayer Identification Number (TIN),” as used in this provision, means the number required by the Internal Revenue Service (IRS) to be used by the offeror in reporting income tax and other returns. The TIN may be either a Social Security Number or an Employer Identification Number.

(b) All offerors must submit the information required in paragraphs (d) through (f) of this provision to comply with debt collection requirements of 31 U.S.C. 7701(c) and 3325(d), reporting requirements of 26 U.S.C. 6041, 6041A, and 6050M, and implementing regulations issued by the IRS. If the resulting contract is subject to the payment reporting requirements described in Federal Acquisition Regulation (FAR) 4.904, the failure or refusal by the offeror to furnish the information may result in a 31 percent reduction of payments otherwise due under the contract.

(c) The TIN may be used by the Government to collect and report on any delinquent amounts arising out of the offeror's relationship with the Government (31 U.S.C. 7701(c)(3)). If the resulting contract is subject to the payment reporting requirements described in FAR 4.904, the TIN provided hereunder may be matched with IRS records to verify the accuracy of the offeror's TIN.

(d) Taxpayer Identification Number (TIN).

___ TIN: _____

___ TIN has been applied for.

___ TIN is not required because:

___ Offeror is a nonresident alien, foreign corporation, or foreign partnership that does not have income effectively connected with the conduct of a trade or business in the United States and does not have an office or place of business or a fiscal paying agent in the United States;

___ Offeror is an agency or instrumentality of a foreign government;

___ Offeror is an agency or instrumentality of the Federal Government.

(e) Type of organization.

___ Sole proprietorship;

___ Partnership;

___ Corporate entity (not tax-exempt);

___ Corporate entity (tax-exempt);

___ Government entity (Federal, State, or local);

___ Foreign government;

___ International organization per 26 CFR 1.6049-4;

___ Other _____

(f) Common parent.

___ Offeror is not owned or controlled by a common parent as defined in paragraph (a) of this provision.

___ Name and TIN of common parent:

Name _____

TIN _____

(End of provision)

52.209-5 CERTIFICATION REGARDING DEBARMENT, SUSPENSION, PROPOSED DEBARMENT, AND OTHER RESPONSIBILITY MATTERS (DEC 2001)

(a)(1) The Offeror certifies, to the best of its knowledge and belief, that--

(i) The Offeror and/or any of its Principals--

(A) Are () are not () presently debarred, suspended, proposed for debarment, or declared ineligible for the award of contracts by any Federal agency;

(B) Have () have not (), within a three-year period preceding this offer, been convicted of or had a civil judgment rendered against them for: commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, state, or local) contract or subcontract; violation of Federal or state antitrust statutes relating to the submission of offers; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion, or receiving stolen property; and

(C) Are () are not () presently indicted for, or otherwise criminally or civilly charged by a governmental entity with, commission of any of the offenses enumerated in subdivision (a)(1)(i)(B) of this provision.

(ii) The Offeror has () has not (), within a three-year period preceding this offer, had one or more contracts terminated for default by any Federal agency.

(2) "Principals," for the purposes of this certification, means officers; directors; owners; partners; and, persons having primary management or supervisory responsibilities within a business entity (e.g., general manager; plant manager; head of a subsidiary, division, or business segment, and similar positions).

THIS CERTIFICATION CONCERNS A MATTER WITHIN THE JURISDICTION OF AN AGENCY OF THE UNITED STATES AND THE MAKING OF A FALSE, FICTITIOUS, OR FRAUDULENT CERTIFICATION MAY RENDER THE MAKER SUBJECT TO PROSECUTION UNDER SECTION 1001, TITLE 18, UNITED STATES CODE.

(b) The Offeror shall provide immediate written notice to the Contracting Officer if, at any time prior to contract award, the Offeror learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

(c) A certification that any of the items in paragraph (a) of this provision exists will not necessarily result in withholding of an award under this solicitation. However, the certification will be considered in connection with a determination of the Offeror's responsibility. Failure of the Offeror to furnish a certification or provide such additional information as requested by the Contracting Officer may render the Offeror nonresponsible.

(d) Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render, in good faith, the certification required by paragraph (a) of this provision. The knowledge and information of an Offeror is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

(e) The certification in paragraph (a) of this provision is a material representation of fact upon which reliance was placed when making award. If it is later determined that the Offeror knowingly rendered an erroneous certification, in addition to other remedies available to the Government, the Contracting Officer may terminate the contract resulting from this solicitation for default.

(End of provision)

52.219-1 SMALL BUSINESS PROGRAM REPRESENTATIONS (APR 2002)

(a)(1) The North American Industry Classification System (NAICS) code for this acquisition is 622110.

(2) The small business size standard is 29 Million.

(3) The small business size standard for a concern which submits an offer in its own name, other than on a construction or service contract, but which proposes to furnish a product which it did not itself manufacture, is 500 employees.

(b) Representations. (1) The offeror represents as part of its offer that it () is, () is not a small business concern.

(2) (Complete only if the offeror represented itself as a small business concern in paragraph (b)(1) of this provision.) The offeror represents, for general statistical purposes, that it () is, () is not a small disadvantaged business concern as defined in 13 CFR 124.1002.

(3) (Complete only if the offeror represented itself as a small business concern in paragraph (b)(1) of this provision.) The offeror represents as part of its offer that it () is, () is not a women-owned small business concern.

(4) (Complete only if the offeror represented itself as a small business concern in paragraph (b)(1) of this provision.) The offeror represents as part of its offer that it () is, () is not a veteran-owned small business concern.

(5) (Complete only if the offeror represented itself as a veteran-owned small business concern in paragraph (b)(4) of this provision.) The offeror represents as part of its offer that it () is, () is not a service-disabled veteran-owned small business concern.

(6) (Complete only if the offeror represented itself as a small business concern in paragraph (b)(1) of this provision.) The offeror represents, as part of its offer, that--

(i) It () is, () is not a HUBZone small business concern listed, on the date of this representation, on the List of Qualified HUBZone Small Business Concerns maintained by the Small Business Administration, and no material change in ownership and control, principal office, or HUBZone employee percentage has occurred since it was certified by the Small Business Administration in accordance with 13 CFR part 126; and

(ii) It () is, () is not a joint venture that complies with the requirements of 13 CFR part 126, and the representation in paragraph (b)(6)(i) of this provision is accurate for the HUBZone small business concern or concerns that are participating in the joint venture. (The offeror shall enter the name or names of the HUBZone small business concern or concerns that are participating in the joint venture: _____.) Each HUBZone small business concern participating in the joint venture shall submit a separate signed copy of the HUBZone representation.

(c) Definitions. As used in this provision--

Service-disabled veteran-owned small business concern--

(1) Means a small business concern--

(i) Not less than 51 percent of which is owned by one or more service-disabled veterans or, in the case of any publicly owned business, not less than 51 percent of the stock of which is owned by one or more service-disabled veterans; and

(ii) The management and daily business operations of which are controlled by one or more service-disabled veterans or, in the case of a veteran with permanent and severe disability, the spouse or permanent caregiver of such veteran.

(2) Service-disabled veteran means a veteran, as defined in 38 U.S.C. 101(2), with a disability that is service-connected, as defined in 38 U.S.C. 101(16).

"Small business concern," means a concern, including its affiliates, that is independently owned and operated, not dominant in the field of operation in which it is bidding on Government contracts, and qualified as a small business under the criteria in 13 CFR Part 121 and the size standard in paragraph (a) of this provision.

Veteran-owned small business concern means a small business concern--

- (1) Not less than 51 percent of which is owned by one or more veterans (as defined at 38 U.S.C. 101(2)) or, in the case of any publicly owned business, not less than 51 percent of the stock of which is owned by one or more veterans; and
- (2) The management and daily business operations of which are controlled by one or more veterans.

"Women-owned small business concern," means a small business concern --

- (1) That is at least 51 percent owned by one or more women; in the case of any publicly owned business, at least 51 percent of the stock of which is owned by one or more women; and
- (2) Whose management and daily business operations are controlled by one or more women.

(d) Notice.

(1) If this solicitation is for supplies and has been set aside, in whole or in part, for small business concerns, then the clause in this solicitation providing notice of the set-aside contains restrictions on the source of the end items to be furnished.

(2) Under 15 U.S.C. 645(d), any person who misrepresents a firm's status as a small, HUBZone small, small disadvantaged, or women-owned small business concern in order to obtain a contract to be awarded under the preference programs established pursuant to section 8(a), 8(d), 9, or 15 of the Small Business Act or any other provision of Federal law that specifically references section 8(d) for a definition of program eligibility, shall--

- (i) Be punished by imposition of fine, imprisonment, or both;
- (ii) Be subject to administrative remedies, including suspension and debarment; and
- (iii) Be ineligible for participation in programs conducted under the authority of the Act.

(End of provision)

52.222-22 PREVIOUS CONTRACTS AND COMPLIANCE REPORTS (FEB 1999)

The offeror represents that --

- (a) () It has, () has not participated in a previous contract or subcontract subject to the Equal Opportunity clause of this solicitation;
- (b) () It has, () has not, filed all required compliance reports; and
- (c) Representations indicating submission of required compliance reports, signed by proposed subcontractors, will be obtained before subcontract awards.

(End of provision)

52.222-25 AFFIRMATIVE ACTION COMPLIANCE (APR 1984)

The offeror represents that

(a) it has developed and has on file, has not developed and does not have on file, at each establishment, affirmative action programs required by the rules and regulations of the Secretary of Labor (41 CFR 60-1 and 60-2), or

(b) has not previously had contracts subject to the written affirmative action programs requirement of the rules and regulations of the Secretary of Labor.

(End of provision)

52.223-13 CERTIFICATION OF TOXIC CHEMICAL RELEASE REPORTING (JUN 2003)

(a) Submission of this certification is a prerequisite for making or entering into this contract imposed by Executive Order 12969, August 8, 1995.

(b) By signing this offer, the offeror certifies that--

(1) As the owner or operator of facilities that will be used in the performance of this contract that are subject to the filing and reporting requirements described in section 313 of the Emergency Planning and Community Right-to-Know Act of 1986 (EPCRA) (42 U.S.C. 11023) and section 6607 of the Pollution Prevention Act of 1990 (PPA) (42 U.S.C. 13106), the offeror will file and continue to file for such facilities for the life of the contract the Toxic Chemical Release Inventory Form (Form R) as described in sections 313(a) and (g) of EPCRA and section 6607 of PPA; or

(2) None of its owned or operated facilities to be used in the performance of this contract is subject to the Form R filing and reporting requirements because each such facility is exempt for at least one of the following reasons: (Check each block that is applicable.)

(i) The facility does not manufacture, process or otherwise use any toxic chemicals listed under section 313(c) of EPCRA, 42 U.S.C. 11023(c);

(ii) The facility does not have 10 or more full-time employees as specified in section 313.(b)(1)(A) of EPCRA 42 U.S.C. 11023(b)(1)(A);

(iii) The facility does not meet the reporting thresholds of toxic chemicals established under section 313(f) of EPCRA, 42 U.S.C. 11023(f) (including the alternate thresholds at 40 CFR 372.27, provided an appropriate certification form has been filed with EPA);

(iv) The facility does not fall within Standard Industrial Classification Code (SIC) major groups 20 through 39 or their corresponding North American Industry Classification System (NAICS) sectors 31 through 33; or

(v) The facility is not located within the United States or its outlying areas.

(End of clause)

252.209-7001 DISCLOSURE OF OWNERSHIP OR CONTROL BY THE GOVERNMENT OF A TERRORIST COUNTRY (MAR 1998)

(a) "Definitions."

As used in this provision --

(a) "Government of a terrorist country" includes the state and the government of a terrorist country, as well as any political subdivision, agency, or instrumentality thereof.

(2) "Terrorist country" means a country determined by the Secretary of State, under section 6(j)(1)(A) of the Export Administration Act of 1979 (50 U.S.C. App. 2405(j)(i)(A)), to be a country the government of which has repeatedly provided support for such acts of international terrorism. As of the date of this provision, terrorist countries include: Cuba, Iran, Iraq, Libya, North Korea, Sudan, and Syria.

(3) "Significant interest" means --

(i) Ownership of or beneficial interest in 5 percent or more of the firm's or subsidiary's securities. Beneficial interest includes holding 5 percent or more of any class of the firm's securities in "nominee shares," "street names," or some other method of holding securities that does not disclose the beneficial owner;

(ii) Holding a management position in the firm, such as a director or officer;

(iii) Ability to control or influence the election, appointment, or tenure of directors or officers in the firm;

(iv) Ownership of 10 percent or more of the assets of a firm such as equipment, buildings, real estate, or other tangible assets of the firm; or

(v) Holding 50 percent or more of the indebtedness of a firm.

(b) "Prohibition on award."

In accordance with 10 U.S.C. 2327, no contract may be awarded to a firm or a subsidiary of a firm if the government of a terrorist country has a significant interest in the firm or subsidiary or, in the case of a subsidiary, the firm that owns the subsidiary, unless a waiver is granted by the Secretary of Defense.

(c) "Disclosure."

If the government of a terrorist country has a significant interest in the Offeror or a subsidiary of the Offeror, the Offeror shall disclose such interest in an attachment to its offer. If the Offeror is a subsidiary, it shall also disclose any significant interest the government of a terrorist country has in any firm that owns or controls the subsidiary. The disclosure shall include --

(1) Identification of each government holding a significant interest; and

(2) A description of the significant interest held by each government.

(End of provision)

Section L - Instructions, Conditions and Notices to Bidders

SECTION L

L.1. through L.5 – Reserved

L.6 SUBMISSION OF COST OR PRICING DATA

- a. It is expected that this contract will be awarded based upon a determination that there is adequate price competition; therefore, the offeror is not required to submit additional cost or price data (beyond that required by Section L.7) or to certify cost or pricing data with its proposal.
- b. If, after receipt of the proposals, the Contracting Officer determines that adequate price competition does not exist in accordance with FAR 15.403-3 and 15.403-4, the offeror shall provide other information requested to be submitted to determine fair and reasonableness of price or cost realism, or certified cost or pricing data as requested by the Contracting Officer.

L.7 PROPOSAL CONTENT AND INSTRUCTIONS FOR PREPARATION OF PROPOSALS

L.7.1 Introduction and Purpose - This section specifies the format and content that offerors shall use in this Request for Proposal (RFP). The intent is not to restrict the offerors in the manner in which they will perform their work but rather to ensure a certain degree of uniformity in the format of the responses for evaluation purposes. Offerors must submit a proposal that is legible and comprehensive enough to provide the basis for a sound evaluation by the Government. Information provided should be precise, factual, and complete. Legibility, clarity, completeness, and responsiveness are of the utmost importance. Proposals shall be in the form prescribed by, and shall contain a response to, each of the areas identified in Section L.7. Any proposal which does not provide, as a minimum, that which is required in this solicitation may be determined to be substantially incomplete and not warrant any further consideration. A complete proposal, including both Technical and Business, shall be submitted by the closing date specified in Section A of the solicitation.

L.7.2 Volume I: Technical Proposal. The Technical Proposal shall be in two parts: Past Performance and Management Plan. In accordance with electronic submission requirements given in this section, the offeror shall submit the following:

a. Past Performance.

(1) The offeror shall provide information about not more than five of their previous/current contracts that are most relevant to the requirements of the solicitation, including information that is relevant to both minimum quantities and maximum quantities. In order to be considered relevant the services must have been provided within the last 5 years. The most relevant contracts will be those which most closely match the minimum solicitation requirements in terms of scope (the range of clinical environments required by the contract, e.g., Emergency Department, Critical Care Unit, Pediatrics Clinic), magnitude (total number of personnel provided under the contract), and complexity (range of labor categories and variety of locations provided under the contract). In selecting the most relevant contracts, the offeror may include contracts that demonstrate the prior experience of corporate officials or subcontractors/teaming partners who will be performing in support of the contract resulting from this solicitation; such contracts shall be clearly notated to show the relationship of the past performance entry to the offeror.

(2) IF THE OFFEROR HAS NO RELEVANT PAST PERFORMANCE, they shall affirmatively state that they possess no relevant past performance.

(3) The offeror's past performance information must include the following information on each contract:

- (a) The contract number.

(b) A brief description of services provided under the contract. IF RELEVANCE IS NOT APPARENT, provide supplemental information to clearly demonstrate the relevance.

(c) The number and type of health care workers provided, e.g., 2 family practice RNs; 3 laboratory technicians. List all categories provided under the contract.

(d) Location(s) of services provided.

(e) Dates of services provided.

(f) Name, organization, and telephone number of a VERIFIED point of contact at the entity where services were provided. (The Government will be contacting the points of contact to obtain verification and rating of past performance information.)

(g) The number, type and severity of any quality, delivery or price problems in performing the contract, the corrective action taken, and the effectiveness of the corrective action.

(h) Additional information. A discussion of noteworthy successes, accomplishments, awards, or commendations achieved during the referenced experience and any other information the offeror considers relevant to its corporate experience.

b. Management Plan. The offeror shall provide a persuasive written discussion demonstrating their capability and capacity to accomplish timely, effective, and complete start-up and continuity of the services required by the solicitation, both the minimum requirements and future maximum requirements. The plan should include specific action steps and milestones. The plan should discuss the corporate personnel who will be responsible for start-up of services, the tasks they will perform, and the schedule for accomplishing those tasks. The plan should discuss the offeror's approach to ongoing, day-to-day management and oversight of contract operations, including identification of the corporate personnel who will be responsible and how their qualifications and experience will contribute to successful contract operations. The management plan should address the key functions necessary for successful contract performance, such as personnel recruitment, retention, credentialing, scheduling, and human resource functions. The plan should discuss any difference in approach between the initial, minimum quantities and future requirements such as those exemplified by the Notional Task Order (Section J, Attachment BD). The offeror should discuss any risks associated with accomplishing future requirements, such as the Notional Task Order, and plans for mitigating those risks.

c. Offerors are cautioned not to include any pricing or cost information in any portion their technical proposal. Note that this exclusion does not apply to presentation of the results of the offeror's recruitment market survey or price information for Past Performance contracts.

d. Credentials packages shall not be proposed at this time for specific health care workers for the minimum quantities. However, awardees will be required to propose specific personnel and provide documentary evidence of minimum requirements fulfillment within 30 days of Task Order award for those health care workers proposed to satisfy the minimum quantities.

L.7.3 Volume II: Business Proposal. In accordance with electronic submission requirements given in this section, the offeror shall submit the following:

a. Completed Standard Form 33.

b. Acknowledgment of any amendments issued by the Government prior to the receipt of proposals.

c. Completed SECTION K - Representations, Certifications and Other Statements of Offerors of this Solicitation.

d. Completed business proposal containing a completed copy of:

(1) Section B.11, Lots 0001 through 0016, and

(2) Completed Supplemental Pricing Worksheets (sample at Section J, Attachment AB) for Lots 0001 through 0016. The offeror shall submit a separate Supplemental Pricing Worksheet for each uniquely priced SLIN. ONLY PRICES FOR LOTS 0001 THROUGH 0016 ARE REQUIRED WITH THE INITIAL PROPOSAL. The offeror shall include a copy of all sources, including market surveys, used for the bases of proposed compensation rates and benefits.

(3) A price must be proposed for each minimum quantity Lot in Section B.11 (Lots 0001 through 0010). Multiple awards are contemplated as a result of this solicitation.

L.7.4 ELECTRONIC FILE SUBMISSION

a. The Technical Proposal and Business Proposal shall be submitted by mail in electronic format as files on 3.5" diskettes or on CD-ROMs. Files shall be in Microsoft Office for Windows format, either .doc or .xls files as specified herein.

b. For the mailed diskettes or CD-ROMs, two identical sets of diskettes or CD-ROMs shall be submitted. Within each set, there shall be one diskette/CD-ROM for the Technical Proposal and one diskette/CD-ROM for the Business Proposal. Each diskette/CD-ROM shall be labeled as to the name of the offeror and the contents of the diskette/CD-ROM.

c. Technical Proposal

(1) The Past Performance file shall be submitted on a Technical Proposal diskette/CD-ROM and shall be named: [name of offeror] Past Performance.doc

(2) The Management Plan file shall be submitted on a Technical Proposal diskette/CD-ROM and shall be named: [name of offeror] Management Plan.doc

(3) Each Technical Proposal file shall be a Microsoft Word for Windows file (.doc) with 1 inch margins all around, Times New Roman font of not less than 10 pitch. Each page of each document shall have a footer indicating the name of the offeror and "page X of Y."

(4) The sum total of the pages submitted for the Technical Proposal (combined count of Past Performance and Management Plan) SHALL NOT EXCEED 30 PAGES.

d. Business Proposal

(1) Standard Form 33. This form will be provided to the offeror electronically as part of the solicitation package. It shall be appropriately completed, signed, and mailed in hard copy.

(2) Acknowledgment of any amendments. Each amendment shall be signed and returned by mail.

(3) Section K - Representations, Certifications and Other Statements of Offerors of this Solicitation. An electronic copy of Section K will be provided to the offeror electronically as part of the solicitation package. It shall be printed, appropriately completed, and returned by mail.

(4) Section B and Supplemental Pricing Worksheets. A group of electronic files (one for each Lot 0001 through 0016) will be provided to the offeror electronically as part of the solicitation package. The files will be named "Lot [number of Lot] business proposal.xls". The offeror shall complete all pricing and supplemental pricing information required on the various tabs included in each of the electronic files. Blue boxes designate those

fields into which the offeror can enter data. The completed files shall be submitted on a Business Proposal diskette/CD-ROM. The files shall be renamed: [name of offeror] Lot [number of Lot] business proposal.xls.

(5) Source Information. Source information for each Supplemental Pricing Worksheet shall be provided at the bottom of each Supplemental Pricing Worksheet following the notation "Source Information Notes."

e. The offeror is responsible for ensuring that submitted diskettes/CD-ROMs are not physically damaged nor contain corrupted files such that they are not readable by the Government. The offeror shall ensure that the two sets of diskettes/CD-ROMs are identical.

L.8 PROPOSAL EVALUATION

a. The combination of Technical Proposal factors (Past Performance and Management Plan) are significantly more important than the combined Business Proposal evaluation factors (Completeness, Reasonableness, and Realism).

b. The Government reserves the right to award without discussions. It should be noted that award may be made to other than the lowest priced offer. Offerors are cautioned that each initial offer should contain the offeror's best terms.

c. The Government may set the competitive range following evaluation of technical and business proposals and conduct discussions with remaining offerors. Discussions may be in person, by telephone, or in writing at the discretion of the contracting officer.

d. The minimum quantity PER CONTRACT awarded will be AT LEAST ONE LOT for the period of 01 Aug 04 through 30 Sep 04 or 1 Nov 04 through 30 Sep 05. The Government will determine which positions are awarded to each successful offeror (via Task Order) at the time of award of the basic contract. Task Orders for the minimum quantities will be issued concurrent with the award of each contract. Task Orders issued after the minimum quantities are satisfied will be priced individually at the time of Task Order proposal request (see Section H for Task Order procedures).

L.8.1 Volume I. Technical Proposal Evaluation.

Technical Proposals submitted in response to this solicitation will be evaluated in accordance with the two technical factors listed below. Past performance is twice as important as the Management Plan.

a. Past Performance Information

(1) The Government will evaluate the information provided by the offeror.

(2) Based on the quantity and quality of the offeror's past performance, the Government will assess the risk to the Government of future non-performance of solicitation requirements by the offeror.

(3) Greater consideration will be given to experience that is most relevant to the RFP.

(4) The Government will not restrict its past performance evaluation to information submitted by offeror but will also consider any other relevant information in its possession.

(5) The Government reserves the right to contact the points of contact identified in the offeror's proposal for the purpose of verifying the offeror's record of past performance.

b. Management Plan

(1) Based on the comprehensiveness, specificity, realism, and quality of the plans and capabilities demonstrated within the offeror's proposal, the Government will assess the risk to the Government of future non-performance of solicitation requirements by the offeror.

(2) The Government will not assume that the offeror possesses any capability or qualification unless it is specified in the proposal.

L.8.2 Volume II. Business Proposal Evaluation.

Adequate price competition is expected for this acquisition. The Business Proposal will be evaluated with consideration to the following factors:

- a. **COMPLETENESS.** All price information required by the RFP has been submitted and tracks to Section B.
- b. **REASONABLENESS.** The degree to which the proposed prices compare to the prices a reasonable prudent person would expect to incur for the same or similar services.
- c. **REALISM.** The offeror's SLIN prices and information provided on the Supplemental Pricing Worksheets will be used to determine price realism and to aid in the evaluation of the offeror's proposal. The offeror's SLIN prices and the Supplemental Pricing Worksheets will be examined to identify unusually low price estimates, understatements of costs, inconsistent pricing patterns, potential misunderstandings of the solicitation requirements, and the risk of personnel recruitment and retention problems during contract performance.

L.9 REVIEW OF AGENCY PROTESTS

9.1 The contracting activity, Naval Medical Logistics Command, will process agency protests in accordance with the requirements set forth in FAR 33.101(d).

9.2 Pursuant to FAR 33.101(d)(4), agency protests may be filed directly with the appropriate reviewing authority; or a protester may appeal a decision rendered by a Contracting Officer to the appropriate reviewing authority.

9.3 The reviewing authority for Ms. Shirley Overcash is Ms. Marylee Renna, Naval Medical Logistics Command, Code 02, 1681 Nelson Street, Fort Detrick, MD 21702-9203. Agency procurement protests should clearly identify the initial adjudicating official, i.e., the "Contracting Officer" or the "Reviewing Official".

9.4 Offerors should note this review of the Contracting Officer's decision will not extend GAO's timeliness requirements. Therefore, any subsequent protest to GAO must be filed within 10 days of knowledge of initial adverse agency action.

CLAUSES INCORPORATED BY REFERENCE

52.215-1	Instructions to Offerors--Competitive Acquisition	MAY 2001
52.222-24	Preaward On-Site Equal Opportunity Compliance Evaluation	FEB 1999

CLAUSES INCORPORATED BY FULL TEXT

52.216-1 TYPE OF CONTRACT (APR 1984)

The Government contemplates award of a firm fixed price contract resulting from this solicitation.

(End of clause)

52.233-2 SERVICE OF PROTEST (AUG 1996)

(a) Protests, as defined in section 33.101 of the Federal Acquisition Regulation, that are filed directly with an agency, and copies of any protests that are filed with the General Accounting Office (GAO), shall be served on the Contracting Officer (addressed as follows) by obtaining written and dated acknowledgment of receipt from

Naval Medical Logistics Command
ATTN: Code 02 (Mrs. Shirley Overcash)
1681 Nelson Street
Ft Detrick, MD 21702-9203

(b) The copy of any protest shall be received in the office designated above within one day of filing a protest with the GAO.

(End of provision)

52.237-1 SITE VISIT (APR 1984)

(a) Offerors or quoters are urged and expected to inspect the site where services are to be performed and to satisfy themselves regarding all general and local conditions that may affect the cost of contract performance, to the extent that the information is reasonably obtainable. In no event shall failure to inspect the site constitute grounds for a claim after contract award.

(End of clause)

252.204-7001 COMMERCIAL AND GOVERNMENT ENTITY (CAGE) CODE REPORTING (AUG 1999)

(a) The offeror is requested to enter its CAGE code on its offer in the block with its name and address. The CAGE code entered must be for that name and address. Enter "CAGE" before the number.

(b) If the offeror does not have a CAGE code, it may ask the Contracting Officer to request one from the Defense Logistics Information Service (DLIS). The Contracting Officer will--

(1) Ask the Contractor to complete section B of a DD Form 2051, Request for Assignment of a Commercial and Government Entity (CAGE) Code;

(2) Complete section A and forward the form to DLIS; and

(3) Notify the Contractor of its assigned CAGE code.

(c) Do not delay submission of the offer pending receipt of a CAGE code.

(End of provision)

Section M - Evaluation Factors for Award

SECTION M**1. EVALUATION CRITERIA AND BASIS FOR AWARD.**

1.1. The Government intends to award at least 3 multiple indefinite delivery indefinite quantity (ID/IQ) contracts resultant from the issuance of this solicitation to those responsible offerors submitting proposals that are determined most advantageous to the Government, price and other factors considered. The evaluation of proposals will be based on a technical evaluation of Past Performance, the Management Plan, and the Business Proposal submitted by each offeror. The Government intends to make multiple awards under this solicitation to allow for maximum competition for future task order awards. Awards under this procurement will be made to the offerors determined to be the best value to the Government.

1.2. In the evaluation of offerors' proposals, Past Performance is significantly more important than the Management Plan. Additionally, the combined technical evaluation factors of Past Performance and Management Plan are significantly more important than the combined price evaluation factors of Completeness, Reasonableness, and Realism. However, the closer the merits of the technical proposal are to one another, the greater will be the importance of Price in making the award determination. In the event that two or more proposals are determined not to have any substantial technical differences (i.e. are technically equivalent), award may be made to the lower priced proposal. It should be noted that award may be made to other than the lowest priced offer if the Government determines that a price premium is warranted due to technical merit. A price premium may also be considered to facilitate award of contracts to three or more different offerors to gain the advantages associated with increased competition for future task orders.

1.3. Awards may also be made on the basis of initial offers without discussions. Offerors are therefore cautioned that each initial offer should contain the offeror's best terms.

1.4. Past Performance. The Government will evaluate the "risk to the Government" associated with the offeror's past performance. The Government will give greater consideration to experience that is most relevant to the solicitation. The most relevant contracts will be those which most closely match the minimum solicitation requirements in terms of scope (the range of clinical environments required by the contract, e.g., Emergency Department, Critical Care Unit, Pediatrics Clinic), magnitude (total number of personnel provided under the contract), and complexity (range of labor categories and variety of locations provided under the contract). Medical experience, although relevant, is less relevant than comparable medical experience. The Government reserves the right to contact the points of contact identified in the offeror's proposal for the purpose of verifying the offeror's record of past performance. Also, the Government will not restrict its past performance evaluation to the information submitted by offerors but will consider any other information in its possession

1.5. Management Plan. The Government will evaluate the "risk to the Government" associated with the offeror's Management Plan.

a. The Government will assess whether the offeror has demonstrated the capacity (sufficient skilled personnel) and capability (specific, time-sensitive action plans) necessary to effectively commence and maintain the performance of the services required by the solicitation.

b. Sub-Contracting and Teaming. Sub-contracting and/or teaming is not a requirement of this solicitation. If sub-contracting and/or teaming is not proposed, the offeror shall affirmatively state that no sub-contracting and/or teaming partner will be used and shall provide no further information. If sub-contracting and/or teaming is proposed, the offeror shall identify their proposed sub-Contractor(s) and/or teaming partner(s), their relationships, responsibilities, and remedies for non- or poor performance.

1.6. Business Proposals. The Government will evaluate the business proposal responses with consideration to the following factors:

- a. Completeness. All cost information required by the Request for Proposal (RFP) has been submitted, and
- b. Reasonableness. The degree to which the proposed prices compare to the prices that a reasonable and prudent person would expect to incur for the same or similar services, and
- c. Realism. The proposed labor compensation rates proposed in the offeror's Supplemental Pricing Worksheets for LOTS 0001 through 0016 and Notional Task Order will be examined to identify unusually low cost estimates, understatements of costs, inconsistent pricing patterns, potential misunderstandings of the solicitation requirements, and the risk of personnel recruitment and retention problems during contract performance.