

## HRI Pharmacist Consultant CANDIDATE Proposal Response Form

Date:	
Recruitment Number:	
Project Name:	
Job Title: Pharmacist Consultant	
Consultant Name:	
Consultant Phone #:	
Consultant E-mail:	
Consultant Social Security # <i>(if you do not wish to include at this time, you will be required to provide if selected)</i>	
Consultant NYS License #	
Consultant Full Name as depicted on State/governmental identification or Visa/Passport:	

**Qualifications** - Candidates are evaluated on cost and technical qualifications.

Provide a detailed description of how the proposed Candidate meets the qualification. Include name(s) of previous employer(s), start and end dates of engagement(s), reference, and any additional applicable information.

Leave This Column Blank  
(Applicants Do Not Score)

<u>Qualification Number</u>	<u>Requested Qualifications:</u>	<u>Points Assigned</u>
<u>1.</u>	Cost: hourly rate is \$75-\$100	<ul style="list-style-type: none"> <li>Less than 90% of the posted maximum rate = 30 points</li> <li>Greater than 90% but less than 100% of the posted maximum rate = 20 points</li> <li>100% of the posted maximum rate = 10 points.</li> </ul>
	<b>Requested Bill Rate (in USD): \$</b>	Leave This Cell Blank
<u>2.</u>	You must possess a license and current registration to practice pharmacy in New York State, and two years of post-licensure experience. A <b>copy</b> of academic degree, proof of licensure, and current registration must be submitted with the Candidate Proposal Response.	Pass/Fail
	<b>Provide a detailed description of how the proposed Candidate meets the requested qualification.</b>	Leave This Cell Blank
<u>3.</u>	Candidate is legally authorized to work in the United States	Pass/Fail
	<b>Provide a detailed description of how the proposed Candidate meets the requested qualification.</b>	Leave This Cell Blank
<u>4.</u>	PharmD with a minimum of one year experience as a clinical pharmacist including review and advisement on antimicrobial prescribing	<b>Up to 10 points</b>

	<b>Provide a detailed description of how the proposed Candidate meets the requested qualification.</b>	<b>Leave This Cell Blank</b>
<b>5.</b>	Experience implementing or actively participating/directly involved in AS program(s) activities, especially outside of acute care settings	<b>Up to 10 points</b>
	<b>Provide a detailed description of how the proposed Candidate meets the requested qualification.</b>	<b>Leave This Cell Blank</b>
<b>6.</b>	Training and/or experience and or/certification as an infectious disease pharmacist	<b>Up to 10 points</b>
	<b>Provide a detailed description of how the proposed Candidate meets the requested qualification.</b>	<b>Leave This Cell Blank</b>
<b>7.</b>	Familiar with National Healthcare Safety Network (NHSN) Antimicrobial Use and Resistance (AUR) module	<b>Up to 10 points</b>
	<b>Provide a detailed description of how the proposed Candidate meets the requested qualification.</b>	<b>Leave This Cell Blank</b>
<b>8.</b>	Experience with leading and/or development of quality improvement project(s)	<b>Up to 5 points</b>
	<b>Provide a detailed description of how the proposed Candidate meets the requested qualification.</b>	<b>Leave this Cell Blank</b>
<b>9.</b>	Authorship role in scholarly manuscript (s)	<b>Up to 5 points</b>
	<b>Provide a detailed description of how the proposed Candidate meets the requested qualification.</b>	<b>Leave This Cell Blank</b>
<b>Requested Qualifications Must Total No More Than</b>		<b>80</b>
<b>Interview Must Total No More Than</b>		<b>20</b>
<b>Total Score</b>		<b>100</b>

**Candidate Certification**

Consultant is wholly and solely responsible for the performance of the services provided under the Contract. By submission of this form, the candidate certifies that all the information provided on the HRI Pharmacist Consultant Candidate Proposal Response Form is complete, true, and accurate. Failure to present truthful and accurate responses will result in the rejection of the Candidate.

\_\_\_\_\_  
Contractor Signature

\_\_\_\_\_  
Date