

HRI Pharmacist Consultant VENDOR Proposal Response Form

Date:	
Recruitment Number:	
Project Name:	
Job Title: Pharmacist Consultant	
Vendor Contact Name:	
Vendor Phone #:	
Vendor E-mail:	
Vendor Federal ID #	
Vendor Unique Entity Identifier (UEI) #	
Candidate Full Name as depicted on State/governmental identification or Visa/Passport:	
Have you validated that the candidate was vetted for qualifications prior to submission?	

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 Cell Blank
(Vendors Do Not Score)

<u>Qualification Number</u>	<u>Requested Qualifications:</u>	<u>Points Assigned</u>
<u>1.</u>	Cost: hourly rate is \$75-\$100 including any applicable fringe or indirect costs.	<ul style="list-style-type: none"> Less than 90% of the posted maximum rate = 30 points Greater than 90% but less than 100% of the posted maximum rate = 20 points 100% of the posted maximum rate = 10 points.
	Requested Bill Rate (in USD): \$	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 copy of academic degree, proof of licensure, and current registration must be submitted with the Consultant Vendor Proposal Response form.	Pass/Fail
	Provide a detailed description of how the proposed Candidate meets the requested qualification.	Leave This Cell Blank
<u>3.</u>	Candidate is legally authorized to work in the United States	Pass/Fail
	Provide a detailed description of how the proposed Candidate meets the requested qualification.	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	Up to 10 points
	Provide a detailed description of how the proposed Candidate meets the requested qualification.	Leave This Cell Blank

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

Contractor/Candidate Certification

Contractor is wholly and solely responsible for the performance of the services provided under the Contract from both its own employees, subcontractors, and independent contractors. By submission of this Candidate, the Contractor certifies the acceptance of the HRI Pharmacist Consultant Vendor Proposal Response Form that all information provided is complete, true, and accurate. Failure to present truthful and accurate responses will result in the rejection of the Candidate.

Contractor Signature

Date