

BENTON COUNTY OREGON REQUEST FOR PROPOSALS

RFP NO: 1517-09

RFP Title: *LOCUM TENENS and / or PERMANENT PROVIDER RECRUITMENT SERVICES*

Issue Date: April 7, 2017

Proposals Due: May 5, 2017

No Later Than 12:00 noon, PST

LATE PROPOSALS SHALL NOT BE CONSIDERED

Submittal:

ALL DOCUMENTS SHALL BE SUBMITTED TO THE ISSUING OFFICE TO THE ATTENTION OF *JUDY BLACKBURN*. DOCUMENTS MAY BE HAND DELIVERED, MAILED OR EMAILED TO : judy.a.blackburn@co.benton.or.us . EMAILED FILES MAY NOT BE LARGER THAN 20MB.

Proposal Documents:

Proposal documents may be obtained by visiting the Issuing Office at the address listed below or from the County's web site at: <https://www.co.benton.or.us/health/page/health-services-%E2%80%93-contracts>

Refer Questions to:

Judy Blackburn, Contracts Specialist

Phone: 541-766-6037

Email: judy.a.blackburn@co.benton.or.us

Issuing Office:

Benton County Health Services

ATTN: Judy Blackburn

530 NW 27th Street, PO Box 579

Corvallis, OR 97339

**Pre-Proposal
Conference:**

There is no pre-proposal conference scheduled for this RFP

This RFP is issued under the provision the Oregon Revised Statutes Chapters 279A, 279B, and Benton County public contracting rules. All proposers are charged with the presumptive knowledge of the cited authorities. Submission of a valid proposal by any proposer shall constitute admission of such knowledge on the part of such proposer

PROPOSERS ARE STRONGLY ENCOURAGED TO CAREFULLY READ THE ENTIRE SOLICITATION.

Questions/Answers and Addenda, if any, shall be posted on the County's website at:

<https://www.co.benton.or.us/health/page/health-services-%E2%80%93-contracts>

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INVITATION TO SUBMIT PROPOSALS

Benton County will receive proposals for the Request for Proposals (RFP) for Locum Tenens and/or Permanent Provider Recruitment services until: 12:00 noon, PST on May 5, 2017. Proposals may be mailed or hand delivered to the issuing office or emailed to Judy Blackburn at: judy.a.blackburn@co.benton.or.us. Faxed proposals will not be accepted.

Proposals properly submitted and received will be opened immediately following the time proposals are due.

Electronic proposals must be submitted in accordance with these instructions:

1. Proposals must be submitted as an attachment to an email, submitted to the email address stated above.
2. Unless otherwise stated in the Proposal Requirements, proposal documents may be submitted in PDF format only and should be submitted as a single PDF.
3. Proposals must not include .zip files, or be more than 20MB in size.
4. **To be considered complete, proposals must include the Proposers Statement and Certifications and answers to the questions contained in the Program Qualifications Section.**

PART I - GENERAL INFORMATION

Introduction

Benton County is an Equal Opportunity Employer and the Benton County process of contracting is built on the principles of equity, consistency and understandability. When competition over services exists, a full Request for Proposals (RFP) process is initiated. Appropriate accommodations can be made upon notice for individuals with disabilities who wish to respond. Each proposer must be an "equal opportunity employer" willing to comply with all applicable provisions of the Civil Rights Act of 1964, as amended by the Equal Opportunity Act of 1972 (see 42 USCA 2000), all regulations there under (see 41 CFR Parts 60 and 60-1), Executive Orders 11246 and 11375 and all Oregon statutes and regulations regarding employment.

Benton County, by and through its Community Health Centers of Benton and Linn Counties and its Health Department, is seeking proposals from organizations to provide locum tenens services and /or permanent provider recruitment services.

Contract Term

The initial term of contract(s) arising from this RFP shall be for a period of one year with the option to automatically renew on a yearly basis. The total term of any contract resulting from this RFP, including renewal periods, shall not exceed a total term of 5 years. The County shall have sole right to determine if contracts shall be renewed and shall base its decision on Contractor's performance, available funding and County's needs. The County shall not guarantee any volume of work under the contracts offered as a result of this RFP.

Contract Requirements

- A. The contractor must operate the program independently and not as an agent of Benton County. Applications will be accepted from a consortium of agencies. One joint application from each consortium will be required. Each participating agency must be able to meet the contract requirements of the County as described in Exhibit 1 – County’s Sample Contract.

- B. The contractor must comply with all applicable federal, state, local statutes, and rules governing the operations of the program, including, but not limited to the following:
 - 1. The Americans with Disabilities Act of 1990, 42 USC 12101 et seq. as well as ORS 30.670 through 30.685, ORS 659.425 and ORS 659.430, and all rules and regulations implementing those laws.
 - 2. Federal Code, Title 5 USCA 7201 et seq.: Anti-discrimination in Employment
 - 3. ORS 659.010, 659.015, 659.020 and, 659.030: Enforcement of Civil Rights
 - 4. OAR 309-013-0200: Basic Accounting Records (11/87) (309-013-0020 [Renumbered to 309-013-0120, 309-013-0130, 309-013-0140, 309-013-0150, 309-013-0160, 309-013-0170, 309-013-0180, 309-013-0190, 309-013-0200, 309-013-0210, 309-013-0220])
 - 5. OAR 309-013-0075 through 309-013-0105: Fraud & Embezzlement
 - 6. The Health Insurance Portability and Accountability Act of 1996 (HIPAA), if applicable.

- C. The contractor will comply with all terms in the Benton County contract for these services, the basis for which is the attached Benton County contract, including exhibits. A sample of the contract is included in Exhibit 1. The County reserves the right to further negotiate the terms of the contract independently with any chosen proposer.
 - 1. All contract requirements concerning the provision of insurance must be met. This may include comprehensive liability with Benton County named as additional insured, professional liability, fidelity bonding and workers' compensation coverage. See the insurance required checklist, “Attachment A” of the Benton County Contract (Exhibit 1).

Proposal Preparation and Submission

- A. Proposers are responsible to read and understand all portion of the solicitation documents, including attachments and addenda, if any, and to include all requirements in their proposals. To be responsive, proposals must be made in writing, and address the background, information, questions, criteria, and requests for information contained in the RFP. Proposals must be submitted in the required form and containing all required documents and responses, be signed by the proposer or its authorized representative, and submitted in the manner and number described in the RFP.

Each proposer must be an “equal opportunity employer” willing to comply with all applicable provisions of the Civil Rights Act of 1964, as amended by the Equal Opportunity Act of 1972 (see 42 USCA 2000), all regulations there under (see 41 CFR Parts 60 and 60-1), Executive Orders 11246 and 11375 and all Oregon statutes and regulations regarding employment.

- B. Proposals submitted in response to this RFP become public records under Oregon law and, following contract award, will be subject to disclosure to any person or organization that submits a public records request. Proposers are required to acknowledge that any proposal may be disclosed in its entirety to any person or organization making a records request, except for such information as may be exempt from disclosure under the law.

Each proposer must clearly identify all information included in its proposal that is claimed to be exempt from disclosure. If the County receives a records request, including subpoena, covering information the bidder believes is covered by an applicable public records exemption, it is the proposer’s responsibility to defend and indemnify the County for any costs associated with establishing such an exemption.

- C. Proposals must be received by the time and date stated for receipt in the RFP. To be considered, proposals must be submitted in the form and manner stated in the RFP complete with a Proposer's Certification Form signed by the proposer or its authorized representative, responses to all criteria and requirements included in the RFP, other documents required to be submitted, if any, and contain the number of copies required.

By submitting a proposal, proposer acknowledges that the proposer has read and understands the terms and conditions applicable to this RFP, and accepts and agrees to be bound by the terms and conditions of the contract, including the obligation to perform the scope of work and meet the performance standards.

- D. A proposer may withdraw its proposal at any time prior to the deadline set for receipt of proposals, and may deposit a new sealed proposal in the manner stated in the RFP. The County may release an unopened proposal which has been withdrawn to the proposer or its authorized representative after voiding any date and time stamp mark. The County will not consider proposals received after the time and date indicated for receipt of proposals. A proposer may not modify its proposal after it has been deposited with Lane County, other than to address for minor informalities, unless the proposal is withdrawn and resubmitted as described above.

Submission of Proposals

Proposals will be received by Judy Blackburn, Contract Specialist, Benton County Health Services, until 12:00 noon, PST, on May 5, 2017. Proposals may be mailed or hand delivered to the issuing office or emailed to judy.a.blackburn@co.benton.or.us . Proposals will be publicly opened immediately after 12:00 noon, PST on May 5, 2017.

Electronic proposals must be submitted in PDF format only to: judy.a.blackburn@co.benton.or.us and must be received in complete form prior to the time stated above.

The County may issue an addendum to modify or add to the terms of the RFP, or to change the time or date for submission of proposals. Any addendum will be issued by the County in writing not less than three business days prior to the deadline for receipt of proposals, and available on the County's Health Services Web Page at:

<https://www.co.benton.or.us/health/page/health-services-%E2%80%93-contracts>

Each proposer is responsible to verify for itself if any addendum has been issued prior to submission of its proposal; the County is not responsible to notify individual prospective proposers of the issuance of an addendum. The requirements or clarifications contained in any addenda issued must be included in the proposals received and will become part of any resulting contract.

The County may reject any proposal not in compliance with all prescribed proposal procedures, requirements, rules, or laws, and may reject for good cause any and all proposals upon the County's finding that it is in the public interest to do so.

The County will not examine any proposal prior to opening. The date and hour received will be noted on the envelope or per the e-mail submission. All proposals submitted will be opened publicly at the time, date and place designated in the RFP by Judy Blackburn, Contract Specialist, Benton County Health Services. Any proposal or modification received after the designated deadline will not be opened or considered.

The proposals submitted will be open to public inspection after the issuance of notice of intent to award, with the exception of certain information covered by an exemption to disclosure.

Proposal Evaluation and Award

- A. Proposals will be reviewed by the public officer for responsiveness to the minimum requirements established by RFP, which include:
 - (a) Submission of a completed Proposer's Statements and Certifications in the form included in this RFP.
 - b) Compliance with proposal procedures, public contracting laws, and the requirements of Benton County Contracting Code.
 - (c) Application of any applicable preferences for goods and services that have been manufactured, produced or performed in Oregon (ORS 279A.120), resident bidders (ORS 279A.120), recycled materials (ORS 279A.125), or printing performed within the State (ORS 282.210).

- B Evaluation of proposals will be conducted by the evaluation committee as described in the RFP document based on the minimum requirements established by RFP, compliance with proposal procedures, public contracting laws, and the requirements of Benton County. The evaluation committee will, for the purpose of evaluating proposals, apply any preferences for goods and services that have been manufactured, produced or performed in Oregon (ORS 279A.120), resident bidders (ORS 279A.120),

recycled materials (ORS 279A.125), or printing performed within the State (ORS 282.210).

- C. The evaluation committee for this RFP will be made up of the Director of the Benton County Community Health Centers, the Health Administration's Clinic Operations Director and the Health Services Chief Financial Officer. The County will make the contract award(s) based on the actual proposals received, on the basis of price, qualifications, experience, resources, proposed services, proposers' past record of performance for the County, and other factors identified in the RFP, as well as responses received from references, interviews, and follow-up questions, if any.

Each proposal will be evaluated by the evaluation committee on the basis of how it corresponds to the factors, information, and requirements included in the RFP, and scored according to the criteria included in Criteria for Evaluation.

Based upon evaluation of the submitted proposals, the evaluation committee may choose to conduct interviews with two or more proposers with the highest-scored proposals. Interviews may include a presentation by the proposer and questions regarding the proposal and services to be provided. Specific criteria for selection interviews, if any, will be distributed at the time interviews are scheduled.

In evaluating the proposals and selecting a contractor, Benton County reserves the rights to:

1. Reject any and all proposals,
2. Issue subsequent Requests for Proposals for the same or similar goods or services,
3. Not award a contract for the requested services,
4. Waive any irregularities or informalities,
5. Accept a proposal which the County deems to be the most beneficial to the public and Benton County,
6. Negotiate with any proposer to further amend, modify, redefine or delineate its proposal,
7. Negotiate and accept, without re-advertising, the proposal of the next-highest scored proposer, in the event that a contract cannot be successfully negotiated with the selected proposer, which may occur prior to the time a final recommendation for award is made for executive approval, and
8. Further question any proposer to substantiate claims of experience, background knowledge, and ability.

- D. Minor informalities may be waived. Mistakes discovered after opening where the intended correct statement or amount is clearly evident or properly substantiated may be corrected. Where the intended correct statement or amount is not clearly evident or cannot be substantiated by accompanying documents, and where the statement or amount is material to determining compliance with the minimum requirements of the RFP, the proposal may not be accepted. The County reserves the right to waive technical defects, discrepancies and minor irregularities, and to not award a contract when it finds such action to be in the public interest.

- E. The County will provide written notice of its intent to award to a given proposer or proposers by May 12, 2017.
- F. The County reserves the right to cancel a solicitation, or reject any or all proposals in whole or in part when the cancellation or rejection is in the County's best interests as determined by the County. This includes rejecting any proposal not in compliance with all prescribed public solicitation procedures and requirements, and for good cause, rejecting all proposals upon a finding that it is in the public interest to do so.

If all proposals are rejected, new proposals may be called for in a new solicitation, or the proposals received may be considered with opportunity for supplemental submission. If there is partial rejection, the County may solicit supplemental information only from those proposers who submitted proposals, on the condition that it is unlikely that re-advertising would lead to greater competition. Judy Blackburn is delegated the authority to reject all proposals, prepare findings of best interests, and provide written notice of rejection of all proposals.

Clarification and Protest of Solicitation Documents

If a clarification is necessary, an addendum will be issued in writing not less than 3 business days prior to the deadline for receipt of proposals, and available on the County-web site: at: <https://www.co.benton.or.us/health/page/health-services-%E2%80%93-contracts>. The addendum may postpone the date for submission of proposals by a minimum of five (5) calendar days. The requirements or clarifications contained in any addenda so issued must be included in the proposals received and will become part of any resulting contract.

The apparent silence of the solicitation documents regarding any detail, or the apparent omission from the RFP of a detailed description concerning any point, means that only the best commercial or professional practice, material, or workmanship is to be used.

Protest Procedure

The following procedure applies to Proposers who wish to protest a disqualification of proposal or award of contract:

- a). All protests must be in writing and received by the Contract Specialist no later than 12:00 P.M. , noon, on the fifth (5th) working day after the postmarked notice of intent to award or disqualification.

Address protests to:

PROTEST OF AWARD OR DISQUALIFICATION TO RFP NO.1517-09
ATTN: Judy Blackburn, Contract Specialist
Benton County Health Services
530 NW 27th Street, PO Box 579
Corvallis, OR 97339

- b) Proposers may protest only deviations from laws, rules, regulations, or procedures. Protests must specify the grounds for the protest including the specific citation of law, rule, regulation, or procedure upon which the protest is based. The judgment used in scoring by individual evaluators is not grounds for protest. Disagreement with the judgment of evaluators may not be protested.

Protests not filed within the time specified in paragraph “a.”, above, or which fail to cite the specific law, rule, regulation, or procedure upon which the protest is based shall be dismissed.

PART II - PROGRAM INFORMATION

Program Description

Benton County is interested in contracting with organizations to provide locum tenens and/or provider recruitment services. **Benton County will contract with multiple organizations for services based on County need.** Benton County currently utilizes providers in the areas of Outpatient Family Medicine, Outpatient Pediatrics, Outpatient Internal Medicine, Outpatient Psychiatry and General Practice Dentistry.

Funding

Funding will be dependent upon services utilized.

Additional Program Information

If applicants need additional information about any aspect of the program, questions and requests for information should be addressed to Judy Blackburn at

judy.a.blackburn@co.benton.or.us .

Requested information to the extent it is available, will be provided through an FAQ posted on the Benton County website.

Intergovernmental Participation

Pursuant to Oregon Revised Statute 279A.215, other governmental agencies, bodies or districts (“Participating Agencies”) may participate in the award(s) resulting from this solicitation as if said agencies had generated this solicitation and made this award(s) on their own behalf. Such participation shall be inaugurated on the basis of a letter notification from the Participating Agency to the (originating agency). The Contractor shall have the option of declining participation in any such agreement; that is, Contractor participation in Work or sales resulting from use of this solicitation shall be voluntary. If the Contractor chooses to participate in such agreements, all agency relationships including those for contract administration, ordering, deliveries, approvals, billing and collections shall be between the Participating Agency and the Contractor. Benton County, except for the enabling solicitation and contract, shall not participate in any commercial activity between the Contractor and the Participating Agency. If the Contractor agrees to participate, all such participation shall be on the basis of this solicitation and the resulting award(s) except that reasonable changes in pricing and terms may be negotiated directly between the Participating Agency and the Contractor to accommodate differences in delivery distances and local conditions. All such changes shall be solely between the Contractor and the Participating Agency

PART III - CALENDAR OF EVENTS

Date	Event
April 7, 2017	RFP Packets Available
April 14, 2017	Deadline for Commenting on or Protesting Specifications Believed to Limit Competition
May 2, 2017	Last day for issuance of addendum(s) by the Issuing Office
May 5, 2017	Proposals Due at 12:00 pm (noon), PST
May 12, 2017	Intent to Award Letter(s) Issued
May 17, 2017	Protests of Intent to Award due by 12:00 pm, noon, PST
May 19, 2017	Contract(s) Awarded By County Administrator
June 1, 2017	Anticipated Services Begin

PART IV - GENERAL INSTRUCTIONS FOR SUBMISSION OF PROPOSALS

- A. All proposals must be in the form specified in the RFP and must respond to all items requested. Proposals which are incomplete or fail to include all items may be rejected.
- B. In your proposal, please follow the sequence of questions or documentation requested in all sections of the application. Start the response to each item on a new page. Clearly label your responses so that they correspond to the question being answered. **Restate the question or use the same numbering and lettering in your proposal as in this document. Your answers to each of the questions in the Program Qualification section must consist of a maximum of one page. Submit your proposal by mail or hand deliver to the Issuing Office or email them to judy.a.blackburn@co.benton.or.us. Your proposal is due by 12:00 noon, PST on May 5, 2017.**
- C. A proposal may be withdrawn by written request, if such request is received prior to the scheduled closing date for applications. Change of a filed proposal may be made by submitting the change in writing prior to the scheduled closing date for filing.
- D. Proposers may comment on, or object to any of the specifications of this RFP document which they believe limit competition or any contract term(s) with which they disagree. Comments must be in writing and submitted by mail or hand delivered to the Issuing Office, Attention Judy Blackburn, Contract Specialist and received no later than 12:00 pm, noon, April 14, 2017. RFP Specification and Contract term protests should be clearly marked **An RFP Specification Protest** and include identification of the bid involved (#1517-09) in the protest. Comments will be reviewed by department staff. If the comments are determined to be valid by the department, an addendum to the RFP will be issued to all applicants.
- E. All protests of intent to award must be filed by 12:00 noon PST, May 17, 2017.

***** Please keep your proposal as brief as possible *****

PART V – PROPOSAL CONTENT

Program Qualifications Section (All proposals must be clearly typewritten, single spaced, on 8 ½" x 11 paper and typed on only one side of the paper. **Limit response to one page for each question.**)

1. Please indicate the type of service your organization will provide: (1) locum tenens, (2) permanent recruitment or (3) both. Please indicate the provider types your organization represents.

Psychiatry – MD and NP,
Internal Medicine – MD/DO, NP, and PA
Family Practice – MD/DO, NP, and PA
Pediatrics – MD/DO, NP, and PA
General Practice Dentistry- DMD

2. Please describe your experience providing locum tenens and/or recruitment services for Federally Qualified Health Care Centers (FQHCs). If you have provided recruitment services for Benton County, that experience will be used in scoring.
3. Please indicate your cost for the following (indicate all provider types that apply):
 - a. Locum tenens provider placements include provider charge as well as all administrative costs. Please include costs for transportation, lodging, etc.
 - b. Provider Recruitment placement amount including any transportation. Lodging, and administrative fees charged

If your organization provides permanent placement services, please state your policy regarding non-retained providers. Include refund or credit information as well as retention timing requirements.

4. Describe the process your organization will use to verify suitability of potential providers including experience in the practice area requested by Benton County, board certification and familiarity with electronic health records. If you have provided services for Benton County, information on the suitability of those placements will be used in scoring.
5. Describe your organization's policy on referring practitioners who are on medical monitoring. Please indicate what information would be provided to Benton County.

PROPOSER'S STATEMENTS AND CERTIFICATIONS

The undersigned, having full knowledge of the specifications for the goods or services specified herein, agrees that this bid shall be irrevocable for at least 30 calendar days after the date bids are due or as stated in the solicitation, and if accepted, to furnish any and/or a goods or services as described herein at the prices offered and within the time specified.

BIDDER NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

FAX NUMBER: _____

DATE/STATE OF INCORPORATION: _____

BUSINESS DESIGNATION: Corporation Sole Proprietor Partnership
 S Corporation Non-Profit Government
 Other: _____

MWESB CERTIFICATION: Number _____ Minority Owned Woman Owned Emerging, Small N/A

ASSURANCES - The Bidder attests that:

1. The person signing this bid has the authority to submit an offer and to represent Bidder in all phases of this procurement process;
2. The information provided herein is true and accurate;
3. The Bidder is a resident proposer, as described in ORS 279A.120, of the State of _____ and has not discriminated against any minority, women, or emerging small business enterprises in obtaining any required subcontracts, in accordance with ORS 279A.11 0; "Resident bidder" means a bidder that has paid unemployment taxes or income taxes in this state during the 12 calendar months immediately preceding submission of the bid, has a business address in this state and has stated in the bid whether the bidder is a "resident bidder". ORS 279A.120 (1) ([b]);
4. Any false statement may disqualify this offer from further consideration or because of contract termination; and
5. The Bidder will notify the Health Services Contracts Specialist within 30 days of any change in the information provided on this form.

CERTIFICATION REGARDING DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS- The Bidder certifies to the best of its knowledge and belief that neither it nor any of its principals:

1. Are presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from submitting bids or proposals by any federal, state or local entity, department or agency;
2. Have within a five-year period preceding the date of this certification been convicted of fraud or any other criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) contract, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
3. Are presently indicted for or otherwise criminally charged with commission of any of the offenses enumerated in paragraph 2. of this certification;
4. Have, within a five-year period preceding the date of this certification had a judgment entered against contractor or its principals arising out of the performance of a public or private contract;
5. Have pending in any state or federal court any litigation in which there is a claim against contractor or any of its principals arising out of the performance of ; public or private contract; and
6. Have within a five-year period preceding the date of this certification had one or more public contracts (federal, state, or local) terminated for any reason related to contract performance.

Where Bidder is unable to certify to any of the statements in this certification, Bidder shall attach an explanation to their offer. The inability to certify to all of the statements may not necessarily preclude Bidder from award of a contract under this procurement.

SIGNATURE OF AUTHORIZED PERSON

Signature: _____ Date: _____

Print Name & Title: _____

Contact Person for this Procurement: _____

Phone: _____ Email: _____

Federal Tax ID Number: _____

PART VI - CRITERIA FOR EVALUATION OF PROPOSALS

Agency Name: _____

Reviewer # _____

Each proposal will be evaluated according to the following set of criteria. The evaluation committee may use any material submitted in the proposal for any item in the evaluation process. The weight or degree of importance, associated with criterion 2-5 is printed on the right side of the form. For criterion 2-5, a scale of values ranging from 0 to 10 is provided, where 0 reflects failure with respect to the criterion and 10 denotes excellence. Questions 2-5 will be scored, and the value will be multiplied by the weight for that criterion. Criteria #1 will not be scored but will be used as a quick reference for services provided.

1. In the table below, check the services this organization provides. At least one box must be checked:

Specialty	Provider Type	Locum Tenens Service	Permanent Recruitment Services
Psychiatry	MD	<input type="checkbox"/> YES	<input type="checkbox"/> YES
	NP	<input type="checkbox"/> YES	<input type="checkbox"/> YES
Internal Medicine	MD/DO	<input type="checkbox"/> YES	<input type="checkbox"/> YES
	NP	<input type="checkbox"/> YES	<input type="checkbox"/> YES
	PA	<input type="checkbox"/> YES	<input type="checkbox"/> YES
Family Practice	MD/DO	<input type="checkbox"/> YES	<input type="checkbox"/> YES
	NP	<input type="checkbox"/> YES	<input type="checkbox"/> YES
	PA	<input type="checkbox"/> YES	<input type="checkbox"/> YES
Pediatrics	MD/DO	<input type="checkbox"/> YES	<input type="checkbox"/> YES
	NP	<input type="checkbox"/> YES	<input type="checkbox"/> YES
	PA	<input type="checkbox"/> YES	<input type="checkbox"/> YES
General Dentistry	DMD	<input type="checkbox"/> YES	<input type="checkbox"/> YES

2. Does organization have experience providing locum tenens and/or recruitment services for Federally Qualified Health Care Centers (FQHCs)? Has organization provided service for Benton County in the past? If so, have providers been appropriate placements? Has organization been responsive to Benton County needs?

1 2 3 4 5 6 7 8 9 10 x 3 _____

3. Do locum tenens or placement costs appear reasonable? If organization provides permanent placement services, does non-retention policy appear reasonable? Does organization provide full or partial refund? Search credit? Does timeline for relief appear reasonable?

1 2 3 4 5 6 7 8 9 10 x 2 _____

4. Does process used to verify suitability of potential providers including experience in the practice area requested by Benton County, board certification and familiarity with electronic health records appear sufficient? If organization has provided service to Benton County in the past, were suitable referrals provided?

1 2 3 4 5 6 7 8 9 10 x 2 _____

5. Is organization's policy on referring practitioners who are on medical monitoring sufficient?

1 2 3 4 5 6 7 8 9 10 x 1 _____

Total Score: _____

PART VII - ATTACHMENTS

Exhibit 1

Benton County Sample Contract

BENTON COUNTY SAMPLE CONTRACT

This is an agreement between BENTON COUNTY, OREGON, a political subdivision of the State of Oregon, by and through its Health Department and Community Health Centers of Benton and Linn Counties, hereinafter called COUNTY, and [NAME OF CONTRACTOR], an active [State] Corporation, hereinafter called CONTRACTOR.

WHEREAS, COUNTY has need for the services of an individual with the particular training, ability, knowledge, and experience possessed by CONTRACTOR,

WHEREAS COUNTY issued RFP #1517-09 "Locum Tenens and Recruiting Services" and Contractor responded to the solicitation and was chosen to be awarded a contract for services;

NOW, THEREFORE, in consideration of the mutual covenants contained herein the parties agree as follows:

1. **TERM OF CONTRACT:** The initial term of this agreement shall be for a period of one year from the date of full execution and shall automatically renew each year thereafter for a period of four (4) additional years. The total term of this agreement shall not exceed five (5) years. The agreement may be terminated at any time in accordance with Section 12, Termination.
2. **SERVICES TO BE PROVIDED:** CONTRACTOR shall provide Locum Tenens and/or Provider Recruiting. Services shall be provided in accordance with the Scope of Work as described in Attachment B. Services shall be provided on an "as needed" basis. The County shall not guarantee any volume of service requests through the term of this agreement.
3. **PAYMENT:** The PARTIES agree rates for services shall vary dependent upon services requested. CONTRACTOR shall be paid at the mutually agreed upon rates for each service requested. Contractor shall be paid within 30 days from submittal of the invoice and upon approval of the invoice by the Health Department or Health Center Director.
4. **NON APPROPRIATION:** CONTRACTOR understands and agrees that COUNTY'S payment obligation under this agreement is contingent on COUNTY receiving appropriations, limitations, or other expenditure authority sufficient to allow COUNTY, in the exercise of its reasonable administrative discretion, to continue to make payments under this agreement.
5. **ASSIGNMENT/DELEGATION:** Neither party shall assign, subcontract or transfer any interest in or duty under this agreement without the prior written consent of the other, and no assignment shall be of any force or effect whatsoever unless and until the other party has so consented.
6. **STATUS OF CONTRACTOR:** The parties intend that CONTRACTOR, in performing the services specified in this agreement, shall act as an independent contractor. Although COUNTY reserves the right to (i) determine and modify the delivery schedule for work to be performed and (ii) evaluate the quality of the completed performance, only CONTRACTOR shall have the control of the work and the manner in which it is performed. CONTRACTOR is not to be considered an agent or employee of the COUNTY and is not entitled to participate in any pension plan, insurance, bonus, or similar benefits COUNTY provides its employees.

CONTRACTOR will not be eligible for any federal social security, state workers' compensation, unemployment insurance, or Public Employees Retirement System benefits from amounts paid under this contract, except as a self-employed individual.

If this payment is to be charged against Federal funds, CONTRACTOR certifies that it is not currently employed by the Federal government and the amount charged does not exceed its normal charge for the type of service provided.

COUNTY will report the total amount of all payments to CONTRACTOR, including any expenses, in accordance with Federal Internal Revenue Service and State of Oregon Department of Revenue regulations. CONTRACTOR shall be responsible for any Federal or State taxes applicable to amounts paid under this contract.

7. **WARRANTY:** COUNTY has relied upon representations by CONTRACTOR regarding its professional ability and training as a material inducement to enter into this contract. CONTRACTOR represents and warrants that all its work will be performed in accordance with generally accepted professional practices and standards as well as the requirements of applicable federal, state, and local laws, it being understood that acceptance of CONTRACTOR's work by COUNTY shall not operate as a waiver or release of such warranty.

8. **INDEMNIFICATION:** Both Parties shall hold harmless, indemnify, and defend the other Party, its officers, agents, and employees from any and all liability, actions, claims, losses, damages or other costs including attorney's fees and witness costs (at both trial and appeal level, whether or not a trial or appeal ever takes place) that may be asserted by any person or entity arising from, during or in connection with the performance of the work described in this contract, except liability arising out of the sole negligence of either Party and its employees. Such indemnification shall also cover claims brought against either Party under state or federal workers' compensation laws. If any aspect of this indemnity or the above warranty shall be found to be illegal or invalid for any reason whatsoever, such illegality or invalidity shall not affect the validity of the remainder of this indemnification or the above warranty.

9. **INSURANCE:** CONTRACTOR and any subcontractors shall maintain insurance acceptable to the COUNTY as provided in Attachment A. Such insurance shall remain in full force and effect throughout the term of this contract.

BENTON COUNTY SAMPLE CONTRACT

If CONTRACTOR employs one or more workers as defined in ORS 656.027 and such workers are subject to the provisions of ORS Chapter 656, CONTRACTOR shall maintain currently valid workers' compensation insurance covering all such workers during the entire period of this contract.

10. METHOD AND PLACE OF GIVING NOTICE, SUBMITTING BILLS, AND MAKING PAYMENTS: All notices, bills and payments shall be made in writing and may be given by personal delivery or by mail. Notices, bills, and payments sent by mail or email should be addressed as follows:

COUNTY: Benton County Health Services 541-766-6037
Contracts Attn: Judy Blackburn, Contract Specialist
530 NW 27th Street, PO Box 579
Corvallis, OR 97339
judy.a.blackburn@co.benton.or.us

Invoices Benton County Health Services 541-766-6342
Attn: Accounts Payable
530 NW 27th Street, PO Box 579
Corvallis, OR 97339
hdpurchasing@co.benton.or.us

CONTRACTOR: [Reserved]

and when so addressed, shall be deemed given upon deposit in the United States Mail, postage prepaid. In all other instances, notices, bills, and payments shall be deemed given at the time of actual delivery. Changes may be made in the names and addresses of the person to whom notices, bills, and payments are to be given by giving notice pursuant to this paragraph.

11. TERMINATION: At any time, with or without cause, either Party, in its sole discretion shall have the absolute right to terminate this agreement by giving 60 days written notice to the other Party. If COUNTY terminates pursuant to this paragraph, CONTRACTOR shall be entitled to payment for all services satisfactorily rendered and expenses incurred through the date of termination; provided, that there shall be deducted from such payment the amount of damage, if any, sustained by COUNTY due to any breach of the agreement by CONTRACTOR.

12. OWNERSHIP OF WORK PRODUCT: COUNTY shall be the owner of and shall be entitled to possession of all work products of CONTRACTOR that result from this contract ("the work products"). In addition, if any of the work products contain intellectual property of CONTRACTOR that is or could be protected by federal law, CONTRACTOR hereby grants COUNTY a perpetual, royalty-free, fully paid, nonexclusive and irrevocable license to copy, reproduce, deliver, publish, perform, dispose of, use and re-use all such work products, including but not limited to databases, templates, file formats, scripts, links, procedures, materials, training manuals and other information, designs, plans or works provided or delivered to COUNTY or produced by CONTRACTOR under this contract.

13. NONDISCRIMINATION: CONTRACTOR shall comply with all applicable federal, state and local laws, rules, and regulations on nondiscrimination in employment because of race, color, ancestry, national origin, religion, sex, marital status, age, medical condition, disability, sexual orientation, gender identity or source of income.

14. STATUTORY AND REGULATORY COMPLIANCE: CONTRACTOR shall comply with all federal, state and local laws, ordinances and regulations applicable to the work under this contract, including, without limitation, the applicable provisions of ORS chapters 279A, B and C, particularly 279C.500, 279C.510, 279C.515, 279C.520 and 279C.530, as amended. In addition, CONTRACTOR expressly agrees to comply with Title VI of the CIVIL RIGHTS ACT of 1964 and comparable state and local laws. CONTRACTOR shall also comply with Section V of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 (Pub. Law No. 101-336), ORS 659A.142, ORS 659A.145, ORS 659A.400 to ORS 659A.406 and all regulations and administrative rules established pursuant to those laws. Contractor certifies that it is not disqualified or debarred from entering into this contract under ORS 279B.130, 279C.440 and/or any applicable Federal compliance requirements in accordance with 2 CFR part 180.

15. EXTRA (CHANGED) WORK: Only the County Director or authorized Deputy Director may authorize extra work (and/or changed) work. The parties expressly recognize that other COUNTY personnel are not authorized to either order extra work (and/or changed) work or waive contract requirements. Failure of the CONTRACTOR to secure County Director or authorized Deputy Director authorization for extra work shall constitute a waiver of any and all right to adjustment in the contract price or contract time due to such unauthorized extra work and the CONTRACTOR thereafter shall be entitled to no compensation whatsoever for the performance of such work.

CONTRACTOR further expressly waives any and all right or remedy by way of restitution and quantum meruit for any and all extra work performed by CONTRACTOR without the express and prior written authorization of the Health Department Director or Health Center Director.

BENTON COUNTY SAMPLE CONTRACT

16. CONFLICT OF INTEREST: CONTRACTOR covenants that it presently has no interest and shall not acquire any interest, direct or indirect, which would conflict in any manner or degree with the performance of its services. The CONTRACTOR further covenants that in the performance of this contract it shall not employ any person having any such interest.

17. AUDIT: CONTRACTOR shall maintain records to assure conformance with the terms and conditions of this agreement, and to assure adequate performance and accurate expenditures within the contract period. CONTRACTOR agrees to permit Benton County, the State of Oregon, the federal government, or their duly authorized representatives to audit all records pertaining to this agreement to assure the accurate expenditure of funds. CONTRACTOR shall notify COUNTY of any independent audit report of CONTRACTOR'S activities or finances prepared for CONTRACTOR and agrees to submit such reports to the Health Director or Health Center Director upon request.

18. INTERGOVERNMENTAL PARTICIPATION: Pursuant to Oregon Revised Statute 279A.215, other governmental agencies, bodies or districts ("Participating Agencies") may participate in the award(s) resulting from Benton County's RFP # 1517-09 as if said agencies had generated the solicitation and made this award(s) on their own behalf. The Contractor shall have the option of declining participation in any such agreement; that is, Contractor participation in Work or sales resulting from use of Benton County's RFP #1517-09 shall be voluntary. If the Contractor chooses to participate in such agreements, all agency relationships including those for contract administration, ordering, deliveries, approvals, billing and collections shall be between the Participating Agency and the Contractor. Benton County, except for the enabling solicitation and contract, shall not participate in any commercial activity between the Contractor and the Participating Agency. If the Contractor agrees to participate, all such participation shall be on the basis of Benton County's RFP #1517-09 and this contract except that reasonable changes in pricing and terms may be negotiated directly between the Participating Agency and the Contractor to accommodate differences in delivery distances and local conditions. All such changes shall be solely between the Contractor and the Participating Agency

19. GOVERNING LAW: This contract shall be governed and construed by the laws of the State of Oregon.

20. SEVERABILITY: If any term or provision of this contract is declared by a court of competent jurisdiction to be illegal or in conflict with any law, the validity of the remaining terms and provisions shall not be affected.

21. MERGER: This writing and the attached exhibits constitute the entire and final contract between the parties. No modification of this agreement shall be effective unless and until it is made in writing and signed by both parties.

DATED this ____ day of _____, 2017.

[RESERVED]

BENTON COUNTY

NAME Date

Sherlyn Dahl, Director Date

Title

Reviewed as to form:

Vance Croney Date
Benton County Counsel

BENTON COUNTY SAMPLE CONTRACT

ATTACHMENT A INSURANCE REQUIREMENTS-

The CONTRACTOR and its subcontractors shall maintain insurance acceptable to the COUNTY in full force and effect throughout the term of this contract.

It is agreed that any insurance maintained by COUNTY shall apply in excess of, and not contribute with, insurance provided by CONTRACTOR. CONTRACTOR shall not commence any work until CONTRACTOR obtains, at CONTRACTOR's own expense, all required insurance as specified below. Such insurance must have the approval of Benton County Counsel as to limits, form and amount. The policy or policies of insurance maintained by the CONTRACTOR and its subcontractors shall provide at least the following limits and coverages.

General Liability including personal injury, bodily injury and property damage with limits as follows:

Either

\$1,000,000 Per Occurrence / \$2,000,000 General Aggregate / \$2,000,000 Products and Completed Operations Aggregate. Aggregates shall apply per Project.

Or

\$2,000,000 Per Occurrence / \$4,000,000 General Aggregate / \$4,000,000 Products and Completed Operations Aggregate. Aggregates shall apply per project.

Automobile Liability Covering any vehicle used on County business

Either

\$1,000,000 per accident

Or

\$2,000,000 per accident

Worker's Compensation Per Oregon State Statutes

Professional Liability limits not less than \$1,000,000 Per Claim and \$1,000,000 annual aggregate with 24 months tail coverage.

Property of Others in Transit (if Contractor to haul County Equipment) limits to be not less than \$100,000 per occurrence / \$500,000 General Aggregate

If this contract extends beyond July 1, 2015, the above limits shall rise to the limits established in the Oregon Tort Limit Act, ORS 30.260, 30.261, 30.272, and 30.273. Contractor must provide proof of increased insurance coverage to coincide with statutory increases in the tort liability caps.

CONTRACTOR'S general liability and automobile insurance must be evidenced by certificates from the insurers. The policies shall name Benton County, its officers, agents and employees as additional insureds and shall provide Benton County with a 30-day notice of cancellation.

Worker's compensation insurance must be evidenced by a certificate from the insurer. The certificate need not name Benton County as an additional insured, but must list Benton County as a certificate holder and provide a 30-day notice of cancellation to Benton County.

Certificates of Insurance shall be forwarded to:

Benton County Health Department
Attn: Contracts Office
PO Box 579.
Corvallis, OR 97339

CONTRACTOR agrees to deposit with the COUNTY, at the time s/he returns the executed contract, Certificates of Insurance or Binders of Insurance if the policy is new or has expired, sufficient to satisfy the COUNTY that the insurance provisions of this contract have been complied with and to keep such insurance in effect and the certificates and/or binders thereof on deposit with the COUNTY during the entire term of this contract. Such certificates and/or binders must be delivered prior to commencement of the work.

The procuring of such required insurance shall not be construed to limit CONTRACTOR'S liability hereunder. Notwithstanding said insurance, CONTRACTOR shall be obligated for the total amount of any damage, injury or loss caused by negligence or neglect connected with this contract.

ATTACHMENT B- Scope of Work

Locum Tenens Services

If performing Locum Tenens services under this Agreement, Contractor shall:

1. Provide County with an Assignment Letter (AL), or similar written agreement, specific to the County's current Provider request. The AL shall be binding in conjunction with this agreement. Each AL shall be a separate document from this Agreement and must be signed by both parties prior to the provision of any work. Each AL shall contain, at a minimum, the following:
 - Contractor's guarantee that Provider has passed Contractor's internal verification process
 - Contractor's guarantee that it maintains medical malpractice liability insurance for the referred Provider during each assignment with limits of no less than one million (\$1,000,000) per occurrence and three million (\$3,000,000) aggregate per year or higher if required by State Statute.
 - A detailed description of all compensation rates and fees (including conversion fees) specific to the then current Locum Tenens placement.
 - A detailed description of how the AL can be terminated or cured if the Provider is found to be incapable of performing their duties or cannot meet County credentialing requirements.
2. Provide County with at least 48 business hours to respond to Contractor's offer of the Locum Tenens.
3. Contractor's Providers must be credentialed by Benton County Health Services (BCHS) prior to start of work.
 - a. Upon acceptance of a Provider, COUNTY shall provide CONTRACTOR with its then current Credentialing Packet. The "Packet" shall document the information needed for BCHS credentialing process and the due dates for submission of the information. (see sample "Credentialing Packet" - Exhibit 2)
 - b. CONTRACTOR shall use best efforts to have its Provider comply with the due dates as described in the Packet and use best efforts to ensure Provider has all information submitted to COUNTY no later than 10 business days from the date of the receipt of the packet.
4. County shall retain all revenue and rights to billings for healthcare service rendered by the Provider while on assignment. County shall determine the type of services performed, performance standards, hours and location of services rendered. County does not control provider's independent medical judgment, diagnoses or procedure methodology, which is based on the provider's professional medical training

Recruiting Services

If performing recruiting services under this Agreement, Contractor shall:

1. Use its best efforts to recruit qualified Providers to temporarily staff County's facility(ies).
2. Provide County with an Assignment Letter (AL), or similar written agreement, specific to the County's current Provider request. The AL shall be binding in conjunction with this agreement. Each AL shall be a separate document from this Agreement and must be signed by both parties prior to the provision of any work. Each AL shall contain, at a minimum, the following:
 - Assurance that the Provider meets County's current immunization requirements and provide County with verification of Provider's immunization record(s) at least 3 days before the start date. County shall provide agency with its most current immunization requirements at the time of request for a placement.
 - A detailed description of Provider's and County's responsibilities regarding timekeeping and approval of hours worked.
 - A detailed description of compensation rates and fees, including fees for Right to Hire, travel and lodging.

Mutual Consents:

The parties mutually agree to the following:

1. **HIPAA COMPLIANCE:** Contractor is not a Business Associate as it relates to HIPAA. Contractor does not create, maintain, receive, or transmit Protected Health Information (PHI) nor does it perform any of the functions or activities for County that are regulated by HIPAA.
2. **CONFIDENTIAL INFORMATION:** Unless required to do so by law, court order or subpoena, each Party shall keep confidential all Confidential Information of the other party (“owning party”), and shall not use or disclose such Confidential Information either during or at any time after the term of this Agreement.

“Confidential Information” means non-public information about either party or its employees that is disclosed or becomes known to the other party as a consequence of or through its activities under this Agreement, including, but not limited to, matters of a business nature, such as Provider and prospective Provider names and information, bill rates and the terms of an Assignment Letter and any other information of a similar nature.

3. **Lead Time to Fill Orders.** County agrees to provide Contractor exclusively with five business days lead time from the date the order is placed by County. If Contractor is unable to fill the order(s) within five business days, County may release the order(s) to other agencies on the sixth business day following the date of the initial date when the order was placed with the Contractor.
4. **Conflict between Assignment Letter and Contract:**
Both parties agree if there is a conflict between the terms and conditions in the Assignment Letter, or other similar written document, the terms of this contract shall take precedence.

Exhibit 2

CREDENTIALING PACKET (SAMPLE)
FOR
ORGANIZATIONS PROVIDING LOCUM TENENS SERVICES

Credentialing Documentation

Other Licensed & Certified Professionals



Community Health Centers of Benton and Linn Counties
 Benton County Health Department

Items checked as "ASAP" are needed within two business days. The credentialing process begins as soon as the credentialing staff receive "ASAP documentation". The rest of the credentialing process is initiated when the remaining documents, including a completed OPCA, are received and verified as complete. Documents that are not marked as "ASAP" must be received within five business days.

ASAP ¹	Requirement	Document Needed Now	Additional Requirement on/before 1 st day of work
✓	Gov. Issued Picture ID	copy of Drivers License or Passport	Driver's License or Passport – Either credentialing coord or HR liaison will copy the picture ID.
✓	NPI Number	NPI #	
✓	Demographic Information	Completed Practitioner Demographic Information Form (attached)	
✓	Curriculum Vitae	Copy of CV or Job Application with work history	
✓	Licensure	Copy of license certificate	
✓	Health Fitness/Status	Signed Statement of Health Status (attached)	
✓	Confidentiality Statement	Signed Confidentiality Statement (attached)	
✓	Education/Training	Transcripts Requested (see attached memo) Email to: brett.cooper@co.benton.or.us Mail: Credentialing Coordinator, Benton County Health Services, P.O. Box 679, Corvallis, OR Fax: Credentialing — 541-766-6142	Transcripts received
	Education/Training	Copies of degrees (undergraduate, post-graduate, medical school, residency, fellowship)	
	Screening: TB	Copy of most recent TB test: either negative PPD test or negative quantiferon gold	Employee health screening at Benton County Health Center
	Immunization: HepB	Copy of most recent HepB titer: with reactive HepB results and Copy of recent HepB series vaccination	Employee health screening at Benton County Health Center
	Life Support Training	Copy of current life support certification, if available	
	Competence to Practice	Documentation from Agency: Interview Notes, Letters of Reference and/or Competency Checks	
	Malpractice Insurance	Copies of malpractice insurance certificates for past 5 years	
	Completed OPCA ² (Oregon Practitioners Credentialing Application)	Required for MD, DO, PhD, DDS, PyD, PA, NP, PharmD, MA, QMHP, QMHA only (attached, as applicable)	

¹ Send this information immediately (2 business days). Other information is needed within 5 business days.

² Some information requested in the OPCA duplicates information previously sent. We ask that applicants complete the entire application.

Practitioner Demographic Information

II. PRACTITIONER INFORMATION				<i>Please provide the practitioner's full legal name.</i>	
Last Name (include suffix; Jr., Sr., III):		First:	Middle:	Degree(s):	
Is there any other name under which you have been known or have used since starting professional training? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Name(s) and Year(s) Used:					
Home Street Address:			Home Telephone Number		Mobile/Alternate Number
			Email Address:		
City:		State:		ZIP:	
Country:		Birth Date: Month / Day / Year		Birth Place:	
Citizenship:		Social Security Number:		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Immigrant Visa Number (if applicable):		Visa Expiration Date		Status:	Type:
Educational Commission for Foreign Medical Graduates (ECFMG) Number (if applicable):				Month / Year Issued:	

SAMPLE

INITIALS: _____

DATE: _____

Statement of Health Status

Community Health Centers of Benton and Linn Counties
Benton County Health Department



I (please print full name) _____ attest that I am in good health and have no physical or mental conditions that may affect my ability to perform clinical or professional duties. I also attest that I have no current addictions to drugs, alcohol, or any other recreational chemical substances.

SAMPLE

Printed Name

Signature

Date

updated 8.15.2016

AUTHORIZATION AND RELEASE OF INFORMATION FORM
Modified Releases Will Not Be Accepted

By submitting this application, I understand and agree to the following:

1. I understand and acknowledge that, as an applicant for clinical staff membership at the designated hospital(s) and/or participation status with the health care related organization(s) [e.g. hospital, medical staff, medical group, independent practice association (IPA), health plan, health maintenance organization (HMO), preferred provider organization (PPO), physician hospital organization (PHO), medical society, professional association, medical school faculty position or other health delivery entity or system] indicated on this application, I have the burden of producing adequate information for proper evaluation of my competence, character, ethics, mental and physical health status, and other qualifications. In this application, I have provided information on my qualifications, professional training and experience, prior and current licensure, Drug Enforcement Agency registration and history, and applicable certifications. I have provided peer references familiar with my professional competence and ethical character, if requested. I have disclosed and explained any past or pending professional corrective action, licensure limitations or related matter, if any. I have reported my malpractice claims history, if any, and have attached or will provide a copy of a current certificate of professional liability coverage.
2. I further understand and acknowledge that the health care related organization(s) or designated agent would investigate the information in this application. By submitting this application, I agree to such investigation and to the disciplinary reporting and information exchange activities of the health care related organization(s) as a part of the verification and Credentialing process.
3. I authorize all individuals, institutions, entities of other hospitals or institutions with which I have been associated and all professional liability insurers with which I have had or currently have professional liability insurance, who may have information bearing on my professional qualifications, ethical standing, competence, and mental and physical health status, to consult with the designated health care related organization(s), their staffs and agents.
4. I consent to the inspection of records and documents that may be material to an evaluation of qualifications and my ability to carry out the clinical privileges/services I request. I authorize each and every individual and organization in custody of such records and documents to permit such inspection and copying. I am willing to make myself available for interviews, if required or requested.
5. I release from any liability, to the fullest extent permitted by law, all persons for their acts performed in a reasonable manner in conjunction with investigating and evaluating my application and qualifications, and I waive all legal claims against any representative of the health care related organization(s) or their respective agent(s) who acts in good faith and without malice in connection with the investigation of this application.
6. I understand and agree that the authorizations and releases given by me herein shall be valid so long as I am an applicant for or have medical staff membership and/or clinical privileges/participation status at the health care related organization(s) designated herein, unless revoked by me in writing.
7. For hospital or medical staff membership/clinical privileges, I acknowledge that I have been informed of, and hereby agree to abide by, the medical staff bylaws, rules, regulations and policies.
8. I agree to exhaust all available procedures and remedies as outlined in the bylaws, rules, regulations, and policies, and/or contractual agreements of the health care related organization(s) where I have membership and/or clinical privileges/participation status before instituting judicial action.
9. I further acknowledge that I have read and understand the foregoing Authorization and Release. A photocopy of this Authorization and Release shall be as effective as the original and authorization constitutes my written authorization and request to communicate any relevant information and to release any and all supportive documentation regarding this application.

Printed Name: _____

Signature: _____ **Date:** _____

I grant permission for the release of the credentials information contained in this practitioner application to the following health care related organization(s):

.....
.....

Modification to the wording or format of this "Authorization and Release of Information" form will invalidate the form.

Source: Oregon Practitioner Credentialing Application | form updated 8.12.2016

Transcript Request Confirmation

Community Health Centers of Benton and Linn Counties
Benton County Health Department



I have requested transcripts from the following institution(s) and attached a confirmation of the request(s). I have requested that transcripts be sent **directly to** Benton County Health Services. (Refer to "Request for Transcripts Memo" for mail, fax and email addresses/phone numbers.)

Name of Institution	Date Requested	Expected Receipt
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SAMPLE

Printed Name

Signature

Date

updated 8.26.2016

Request for Transcripts

Community Health Centers of Benton and Linn Counties
Benton County Health Department



As a part of our credentialing process, all staff, contracted employees, or locum tenens that provide direct patient care are required to provide an original transcript(s) for their highest level of education. **Please request your transcripts today.**

1. Request official transcripts for your highest level of education that is related to your clinical license/certification. (For example, if you are a nurse practitioner and with a master's in public health, request transcripts from the school where you received your nurse practitioner training/education.)
 - If you attended college classes but did not receive a degree, we still need your transcripts.
 - If you do not have any education beyond high school, you will be unable to send college transcripts. Instead, send an email stating your highest level of education and any additional training you related to your position.
2. Send transcripts directly to brett.cooper@co.benton.or.us (Brett). **Do not have the transcripts sent to you. BCHS must receive transcripts directly from your school or transcript service. Mailing addresses, email, and fax numbers are listed below.**
3. Typically, there is a cost associated with requesting transcripts (ranging from \$5-\$20). You are responsible for covering the cost.
4. After you have made your request for transcripts, send an email to Brett with the date your request was sent and an approximate number of days until receipt.

Send transcripts to: Benton County Health Services | Attn: Brett Cooper, Credentialing

Use the appropriate address from those listed below:

Regular US Mail: P O Box 579, Corvallis, Oregon 97339
FedEx, Express Mail: 530 NW 27th Street, Corvallis, OR 97330
Fax Number: 541-766-6142
eMail: Brett.Cooper@co.benton.or.us

Your credentialing information is confidential and is stored in secured files.

If you have questions or need help, contact Denise Gee (phone: 541-766-0174).

Credentialing Committee

Kristin Bradford, CHC Medical Director
Rob Nebeker, MH Medical Director
Ann Brown, Health Systems Improvement Manager

updated 8.15.2016