

Advertisement:

Request for Applications

Applications will be accepted in the Office of the Procurement Team Leader, EAST MS STATE HOSPITAL

1818 College Drive, Meridian, MS. 39307 - P.O. Box 4128 West Station, Meridian, Ms. 39304-4128, until 5:00 p.m. Thursday, April 27, 2023 for the following services: Psychologist – Rate of Pay \$80/hr.

Detailed specifications may be obtained from the office of the Director of Resource Management by calling Andrea Davis at (601)581-7666 at EAST MS STATE HOSPITAL, 1818 College Drive, Meridian, MS 39307 in the E-Building, room 027 or from the MS Procurement Opportunity Search Portal

https://www.ms.gov/dfa/contract_bid_search. The RFX3150004868. Application may be placed on the MS Procurement Opportunity Search Portal. Paper applications should be sealed in an envelope and plainly marked on the outside of the envelope: Full Time Psychologist. The deadline for receiving application is 5:00 p.m. Thursday April 27, 2023, at which time they will be reviewed and matched with the criteria stated in the RFA documents.

EMSH reserves the right to reject any and all applications and waive informalities.

By: Andrea Davis

Procurement Team Leader

REQUEST FOR APPLICATIONS (RFA)

CLINICAL PSYCHOLOGIST

EAST MS STATE HOSPITAL is seeking to establish a service contract for the services of Clinical Psychologist. This contract will be a fixed term agreement. Payment will only be made for hours worked.

The term of the contract shall be one (2) year agreement with an option to renew for one (1) year, provided the term of the contract and conditions of renewal or extension, if any, are included in the solicitation and funds are available for the first fiscal period at the time of contracting. Payment and performance obligations for succeeding fiscal periods shall be subject to the availability and appropriation of funds. The rate of pay shall be \$80 per hour.

SCOPE OF SERVICES:

The psychologist will be responsible for administering, scoring and interpretation of both routine and complex psychological assessments to determine mental health needs and behavioral health needs; design and implement behavioral health interventions; supervise employees in the lower classes and is responsible for quality control issues; participate and design behavioral health programming, attend conferences, workshops and participate in presentations; perform related or similar duties as required or assigned.

MINIMUM QUALIFICATIONS:

Licensure, Certification and/or Registration:

Required Document:

Applicant must attach a copy of License/Certification

Mississippi State Medical License and DEA #

CONTRACT APPLICATION

Exact title of job applying for (one title only):

Title: _____

Social Security Number	Last Name	First	Middle	Maiden
Mailing Address				
City	County Code	State Zip	Home Phone	Other Phone
<small>To meet the requirements of federal regulations, we need to collect information on the questions below for EEO reporting purposes only. This information will not be used for making employment decision. (Optional)</small>				
A. Race: _____ (1) American Indian		B. Sex: _____ (M) Male		C. Date of Birth _____
_____ (2) White		_____ (F) Female		Month Day Year
_____ (3) Hispanic				
_____ (4) Black				
_____ (5) Asian				

A. If you have ever applied for or been employed in state services under a different name or social security number, please list them:

B. Identify any agency for which you would not work:

C. Date available for employment: _____
Month Day Year

D. How many hours are you available to work? _____

EDUCATIONAL BACKGROUND

Do you have a high school diploma? _____

Years of Education (circle highest school year completed)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

Do you have a GED certificate? _____

Date received _____

CONTRACT APPLICATION

A. Starting Date Mo. Yr	B. Ending Date Mo. Yr	Name and complete address of employer/company
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Name, title and phone number (if known) of your immediate supervisor:

Starting Salary	Ending Salary	Hours Per week/Avg..	Exact title of your position	Number of employees you supervise:
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Description of duties in detail:

Additional Information (other schools or training; special qualifications; honors and awards; etc.):

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Certification: I certify that all statements made herein and on any attached documents are true and complete to the best of my knowledge. I authorize the verification of this information by the State Personnel Board and release to any agency considering me for employment. I know that any misrepresentation herein may lead to rejection of my application, removal of my name from the list of eligible's, and/or dismissal from state service. I understand that as a condition of employment, I will be required to present documentation which verifies both my identity and my employment eligibility pursuant to federal immigration law.

Date

Signature of Applicant

CONTRACT APPLICATION



EAST MISSISSIPPI STATE HOSPITAL
P.O. BOX 4128, WEST STATION, MERIDIAN, MISSISSIPPI 39304-4128

Ph. (601) 581-7600
Fax (601) 581-7882

CHARLES A. CARLISLE, DIRECTOR

APPLICANT'S AUTHORIZATION

I hereby authorize the addressed individual, company, or institution to furnish East Mississippi State Hospital with any information they may have concerning me which they have on record or otherwise, and do hereby release the addressed individual, company, or institution and all Individual connected therewith, including East Mississippi State Hospital, from all liability for any damage whatsoever incurred in furnishing such information.

Signed: _____

Date: _____