

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: Licensed Psychiatrist – Rate of Pay
\$200/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 RFX3150004880. 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 Licensed Psychiatrist. 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

Director of Resource Management

REQUEST FOR QUALIFICATIONS (RFQ)

LICENSED PSYCHIATRIST

EAST MS STATE HOSPITAL is seeking to establish a service contract for the services of Licensed Psychiatrist. 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 (September 15, 2021 – August 14, 2023) 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 \$200 per hour.

SCOPE OF SERVICES:

- Admit, evaluate, diagnose, treat and provide consultation to adult patients presenting with mental, behavioral, addictive or emotional disorders, e.g., psychoses, depression, anxiety disorders, substance abuse disorders, developmental disabilities, sexual dysfunctions and adjustment disorders.
- Provide consultation with physicians in other fields regarding mental, behavioral or emotional disorders, pharmacotherapy, psychotherapy, family therapy, behavior modification, consultation to the courts and emergency psychiatry.
- Order diagnostic and/or laboratory tests.
- Supervise, collaborate with and train psychiatric nurse practitioners.
- Prescribe medications.
- Admit, evaluate, diagnose, treat and provide consultation to geriatric patients who suffer from dementia, depression, psychosis, behavioral disturbances that result from memory disorders and other psychiatric disorders.

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		B. Ending Date		Name and complete address of employer/company	
Mo. Yr	Mo. Yr.				
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:	
Description of duties in detail:					

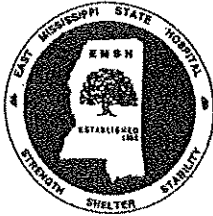
Additional Information (other schools or training: special qualifications: honors and awards; etc.):

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: _____