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 #

Exact title of job apply	ying for (one title	only):			
Title:		**************************************			
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Social Security Number	Last Name	First	Middle	Maiden	
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Do you have a	GED certificate? _				
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EDUCATIONAL BACKGROUND

Name of college, university, or technical school attended	Total Credits Received		Dates Attended		Did you graduate?		Type of Degree (B.S, M.ED, ect.) & Date Received (Mo/Yr)		O P A	Field of Study			y	Depart. of Major
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CONTRACT APPLICATION A. Starting Date B. Ending Date Name and complete address of employer/company 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: B. Ending Date A. Starting Date Name and complete address of employer/company 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;

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	list of eligible's, an	O/Or dismissal from state	service. I understand that as a condition ny identity and my employment eligibili	of employment I will be remired to
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Date		Signatu	re of Applicant	



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:	