#### 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: Dual Certified Nurse Practitioner – Rate of Pay \$115/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 RFX3150004867. 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 Dual Certified Nurse Practitioner. 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)

#### **DUAL CERTIFIED NURSE PRACTITIONER**

EAST MS STATE HOSPITAL is seeking to establish a service contract for the services of Dual Certified Nurse Practitioner. 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 \$115 per hour.

### **SCOPE OF SERVICES:**

- Take call by phone as scheduled
- Receive "hand-off" communications from Unit Nurse Supervisors from the adult psychiatric units on main campus and from the adult psychiatric units at the Bradley A. Sanders Complex (SUD), Newton Campus and Kemper Campus.
- Respond to calls from unit nurses on all locations (Main Campus Meridian, BASAC-SUD, Newton Campus and Kemper Campus) concerning individuals receiving services (IRS).
  - Conduct assessments as needed which may include both medical and/or psychological conditions. The contract worker agrees that any psychological and/or behavioral conditions beyond their license and/or privileges granted by EMSH must be referred to the Psychiatrist On-Call.
  - Responsible for assessing and referring IRS in critical medical conditions to the local or community hospitals for acute care.

### **MINIMUM QUALIFICATIONS:**

Licensure, Certification and/or Registration:

Required Document:

Applicant must attach a copy of License/Certification

Mississippi State Medical License and DEA #

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### EDUCATIONAL BACKGROUND

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# **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 Hours Per week/Avg. **Ending Salary** Exact title of your position Number of employees you supervise: Description of duties in detail: A. Starting Date B. Ending 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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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:	 · · · · · · · · · · · · · · · · · · ·	T.W. 2244	 	 
Date:				