

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](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 #

# CONTRACT APPLICATION

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

Title: \_\_\_\_\_

Social Security Number	Last Name	First	Middle	Maiden
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Mailing Address

City	County Code	State Zip	Home Phone	Other Phone
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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)

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

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A. Starting Date Mo.            Yr.	B. Ending Date Mo.            Yr.	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:				

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

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

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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: \_\_\_\_\_