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 #

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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)		G P A	Field of Stu		of Study	7	Depart. of Major
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CONTRACT APPLICATION A. Starting Date B. Ending Date Name and complete address of employer/company Mo. 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. 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:	
Date:	