

Issue Date: December 2, 2009

**WorkSafeBC Expression of Interest #H011-2007
TO PROVIDE TINNITUS RETRAINING THERAPY PILOT
SERVICES FOR WORKSAFEBC INJURED WORKERS**

ADDENDUM HAS BEEN ISSUED TO REVISE INQUIRIES SECTION AS BELOW.

WorkSafeBC (the Workers' Compensation Board of BC) would like to identify Providers interested in offering Tinnitus Retraining Therapy (TRT) services, to WorkSafeBC Injured Workers on pilot program basis to end approximately December 31, 2009. You are invited to respond to this Expression of Interest (EOI) to indicate your interest for additional information on the requirements and any potential competitive process. Expressions of Interest are requested from both current Providers of Tinnitus Retraining Therapy Services and potential new Providers.

DESCRIPTION OF SERVICES

Tinnitus is any noise in the ears or head which does not have an external source and is often described as a ringing or buzzing sound. The Tinnitus Retraining Therapy program is designed to help Workers cope with tinnitus and may involve goals to help habituate clients to their tinnitus such that the individual is no longer aware of and/or annoyed by the tinnitus. Habituation is achieved through directive counseling and sound therapy.

It is anticipated that approximately thirty (30) Workers throughout the province would be referred on an annual basis for Tinnitus Retraining Therapy. This number is based on historical data and is not a guarantee of current or future activity.

MANDATORY QUALIFICATIONS FOR PERSONNEL

Service providers must have completed, at minimum, a recognized Tinnitus Retraining Therapy course.

LOCATIONS

The current Tinnitus Retraining Therapy Services clients are primarily located in the Province of British Columbia. A lesser number of clients are in the Provinces of Alberta, Manitoba and Saskatchewan. WorkSafeBC reserves the right to determine and/or change the number of Providers required for each location and/or change the structure or the number of locations as it deems necessary for the requirements.

The Contractor is responsible to make sure the facility where Tinnitus Retraining Therapy services are provided ensures privacy and confidentiality.

COMPETITIVE PROCESS

This EOI is an inquiry only and does not imply either a commitment by WorkSafeBC to proceed with the work contemplated or a commitment by WorkSafeBC to proceed any further. WorkSafeBC reserves the right in its sole discretion not to proceed with the work, to issue a Request for Qualification or otherwise with respect to the work, or to negotiate a contract individually with any respondent or any number of respondents to this EOI for all or part of the work. WorkSafeBC reserves the right to conclude any or all of the processes relating to this requirement, should it be in the best interest of WorkSafeBC as determined by WorkSafeBC.

If WorkSafeBC determines that a Request for Qualification process is required, notification of a competitive process document will be emailed or faxed to interested qualified applicants. The competitive process document will provide further information on the service requirements and instructions on providing a submission. This competitive process document will be posted on the BC Bid website at www.bcbid.gov.bc.ca and WorkSafeBC website at www.worksafebc.com for your access.

RESPONSE DEADLINE

Interested applicants are requested to submit their expression of interest by completing and returning the following page.

Expression of Interest Forms may be faxed, emailed or mailed to WorkSafeBC.

WorkSafeBC will continue to accept new submissions for this EOI indefinitely until WorkSafeBC chooses to terminate this process.

INQUIRIES

For any questions or concerns, please contact:

Contact: Sharleen Mackenzie, Senior Purchasing Officer

Dept: Corporate and Health Care Purchasing

Phone: (604) 214-6758

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WORKING TO MAKE A DIFFERENCE

Corporate and Health Care Purchasing

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TO: Bonnie Germyn, Purchasing Assistant; WorkSafeBC Corporate & Health Care Purchasing

**CONFIRMATION OF EXPRESSION OF INTEREST #H011-2007
TO PROVIDE TINNITUS RETRAINING THERAPY PILOT SERVICES**

Yes We are interested in receiving further information including a copy of any resulting competitive document and have provided the following information as requested below.

LEGAL BUSINESS NAME:	
CLINIC NAME OR TRADE NAME:	
ADDRESS: (STREET/ CITY/ PROVINCE)	
CONTACT NAME:	
TITLE:	
PHONE NUMBER:	
FAX NUMBER:	
EMAIL ADDRESS:	
NAME AND ACADEMIC QUALIFICATIONS OF THE CLINICIAN PROVIDING THE SERVICE:	<i>CLINICIAN NAME</i> <i>ACADEMIC QUALIFICATIONS</i>
TINNITUS RETRAINING THERAPY COURSE TAKEN:	<i>COURSE NAME, LOCATION, YEAR COMPLETED</i>
CURRENT NUMBER OF TRT CLIENTS TREATED PER YEAR:	
PROPOSED GEOGRAPHICAL LOCATION:	
NUMBER OF YEARS TREATING TRT CLIENTS:	

ARE YOU OR DO YOU HAVE ACCESS TO AN AUDIOLOGIST WHO CAN CONDUCT A TRT ASSESSMENT? _____ **YES** _____ **NO**

ARE YOU OR DO YOU HAVE ACCESS TO A WORKSAFEBC HEARING AID SERVICE PROVIDER? _____ **YES** _____ **NO**