



WORKING TO MAKE A DIFFERENCE

## WorkSafeBC Expression of Interest #H012-2008

# Mental Health Providers Needed to Provide Psychological Assessment Services for WorkSafeBC Injured Workers

**Revised February 21, 2011 to include Mandatory Qualification Requirements.**

WorkSafeBC (the Workers' Compensation Board of BC) would like to identify mental health providers that are interested in offering Psychological Assessment Services to WorkSafeBC Injured Workers.

### DESCRIPTION OF SERVICES

Psychology Assessment services refers to all types of assessments including emotional, behavioural, cognitive, and neuropsychological assessments.

The Scope of Services covered under this contract are for the provision of Psychology and Neuropsychology Assessments, which may be undertaken for a variety of reasons including, but not limited to: diagnosis, causality, treatment planning, prognosis, clinical progress, psychological functional capabilities, limitations and/or restrictions, and permanent functional impairment.

The types of Psychology Assessments that may be requested by WorkSafeBC include:

- Psychology Assessment - including assessment for Permanent Functional Impairment (PFI);
- Neuropsychology Assessment - including assessment for Permanent Functional Impairment (PFI);

If you are interested in offering your services, you are invited to respond to this Expression of Interest (EOI). Please complete the attached form to indicate your interest for additional information on the requirements and competitive process.

Please note: WorkSafeBC will only contact those that have expressed an interest in providing services in a location where additional services are needed.

### COMPETITIVE PROCESS

WorkSafeBC will forward invited Respondents a Request for Qualifications (RFQ) document. The RFQ will provide further information on the service requirements and instructions on providing a submission to the WorkSafeBC. WorkSafeBC will review all of the completed submissions and notify the Respondents of the submission results.

This EOI is an inquiry only and WorkSafeBC reserves the right in its sole discretion to negotiate a contract individually with any Respondent to this EOI for all or part of the work or not to proceed with a contract.

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



WORKING TO MAKE A DIFFERENCE

## MANDATORY QUALIFICATIONS

Mental Health Providers must be capable of fulfilling the mandatory qualifications and possess the necessary experience, skills and knowledge. Submissions that do not meet all of the mandatory qualification requirements will be rejected without further consideration. WorkSafeBC reserves the sole discretion as to whether or not interested providers have the appropriate qualifications, including, but not limited to:

### **Certification & Licensure:**

- (1) Must be registered as a full psychologist and in good standing with the College of Psychologists of British Columbia or with the College of Psychologists in the province where they practice;
- (2) Must have no current restrictions or limitations on the practice of psychology.

## 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 the process.

## INQUIRIES

For any questions or concerns, please contact **Sharleen Mackenzie, Senior Purchasing Officer** by email at [purchase@worksafebc.com](mailto:purchase@worksafebc.com).

## EXPRESSION OF INTEREST FORM

### To Provide Psychological Assessment Services

**PERSONAL IDENTIFICATION**

<input type="checkbox"/> Mr.	<input type="checkbox"/> Dr.	First Name:
<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.	Last Name:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		(to assist with client requests)
Profession:		

**ADDRESS**

Corporate/Business Name:			
Street:			
City:	Prov./State:	Country:	Postal Code:
Telephone:	( )	Cell Phone:	( )
Answering Service:	( )	Pager:	( )
Fax:	( )	Email:	

**LOCATION WHERE YOU WILL BE PROVIDING SERVICES (if different from above)**

Street:			
City:	Prov./State:	Country:	Postal Code:
Telephone:	( )	Cell Phone:	( )
Answering Service:	( )	Pager:	( )
Fax:	( )	Email:	

**PROFESSIONAL BACKGROUND****EDUCATION (Please list highest degree obtained)**

Year	Degree	Speciality	University

**PROFESSIONAL REGISTRATION (Regulatory Body)**

Organization	Date Joined	Currently Registered? Y/N

**LANGUAGES (proficient for service provision)**

1.	2.	3.
4.	5.	6.



WORKING TO MAKE A DIFFERENCE

Please Return Completed Form to:  
WorkSafeBC; Corporate and Health Care Purchasing  
PO Box 5350 Vancouver, BC V6B 5L5  
Phone: (604) 276-3344 Fax: (604) 276-3260

## EXPRESSION OF INTEREST FORM To Provide Psychological Assessment Services

INDICATE THE TYPE OF SERVICES YOU ARE INTERESTED IN PROVIDING:

TYPES OF SERVICES:	INDICATE YOUR INTEREST	
Psychological Assessments including PFI:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Neuropsychological Assessments including PFI:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### CLINICAL SERVICES

ASSESSMENT TYPE	CLIENT POPULATION

**Thank you for your interest in providing Services.**

Please forward to:

WorkSafeBC Corporate & Health Care Purchasing  
Attention: **Bonnie Germyn, Purchasing Assistant**

EMAIL: [purchase@worksafebc.com](mailto:purchase@worksafebc.com)

FAX: (604) 276-3260

Or Mail:

WorkSafeBC  
Attention: Corporate and Health Care Purchasing  
PO Box 5350 Stn. Terminal  
Vancouver, BC V6B 5L5

**WorkSafeBC will only contact you if we have need for Provider(s) in the area(s) specified.**