

TECHNICAL PROPOSAL
STAFFING FORMS

A. MEDICAL STAFF

<u>NAME</u>	<u>CURRENTLY EMPLOYED (Y/N)</u>	<u>LICENSE NO.</u>	<u>SPECIALTY</u>	<u>BOARD () ELIG/CERT</u>	<u>EXAMS PERFORMED</u>	<u>LANGUAGES SPOKEN</u>	<u>PROJECTED EXAMINATIONS PERFORMED PER WEEK</u>	<u>PROJECTED HOURS WORKED PER WEEK</u>	<u>PROJECTED HOURS WORKED PER YEAR</u>
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CERTIFICATION STATEMENT: I certify that the medical staff and hours for each specialty represented on the Appendix I Staffing form will be provided at contract start-up if the volumes remain the same as reflected in this RFP.

Binding Authorized Signature _____

APPENDIX I

TECHNICAL PROPOSAL
STAFFING FORMS

B. NON-MEDICAL (INCLUDE ADMINISTRATIVE, TECHNICIANS, OFFICE STAFF, ALL OTHER)

<u>NAME</u>	<u>CURRENTLY EMPLOYED Y/N</u>	<u>TITLE/FUNCTION</u>	<u>LANGUAGES SPOKEN</u>	<u>PROJECTED HOURS WORKED PER WEEK</u>	<u>PROJECTED HOURS WORKED PER YEAR</u>
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