# ATTACHMENT 2

## CERTIFICATIONS

**(MANDATORY SUBMISSION: to be completed and included in the solicitation documents)**

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| **RFQual24-01 – MEDICAL EXAMINER MANAGEMENT SERVICES** | |
| 1. **Information with regard to the Entity** | |
| 1. **Provide the Entity’s name, address, and telephone number.** | |
| **Name:** | |
| **Address:** | |
| **City, State, ZIP Code:** | |
| **Telephone Number (including area code):** | |
| 1. **Provide the name, address, telephone number, and email address of the Entity’s Primary Contact with regard to this solicitation.** | |
| **Name:** | |
| **Address:** | |
| **City, State, ZIP Code:** | |
| **Telephone Number (including area code):** | |
| **Email Address:** | |
| 1. **Provide the name, address, telephone number, and email address of the person authorized to bind the Entity contractually, if different from (B).** | |
| **Name:** | |
| **Address:** | |
| **City, State, ZIP Code:** | |
| **Telephone Number (including area code):** | |
| **Email Address:** | |
| 1. **In accordance with paragraph 6 of the OSC Procurement Integrity Procedures included in this solicitation as Appendix D, provide the name, address, telephone number, email address, place of principal employment and occupation of any person authorized to represent the Entity. This requirement applies not only to Entity’s employees involved in the submission of the solicitation, but also to every individual or organization employed or designated by the Entity to attempt to influence the procurement process. If there is none, state that. This information must be updated if, after the Deadline for Submissions, the Entity retains an individual or organization to attempt to influence the procurement process. Indicate also whether the individual or organization has a financial interest in the procurement.** | |
| **Name:** | |
| **Address:** | |
| **City, State, ZIP Code:** | |
| **Telephone Number (including area code):** | |
| **Email Address:** | |
| **Place of Principal Employment:** | |
| **Occupation:** | |
| **The individual/organization(s) listed above has a financial interest in the procurement:** |  |
| **No such individual/organization is authorized to represent the Entity:** |  |
| 1. **Minimum Qualifications:** | |
| 1. **The Entity has a minimum of five years’ experience in providing qualified Physicians to perform independent medical examinations (“IMEs”).** |  |
| 1. **The Entity has a minimum of five years’ experience in the facilitation of IMEs, including scheduling, reporting, and coordinating services.** |  |
| 1. **The Entity is able to provide licensed Physicians who are certified by the** **American Board of Medical Specialties in their specialty.** |  |
| 1. **The Entity has AT LEAST one orthopedic, neurological, and psychiatric Physician on staff who will be available to perform examinations.** |  |
| 1. **The Entity is able to provide Physicians to testify at hearings.** |  |
| 1. **Entity’s Acknowledgement of Submission Requirements:**   **[Please note: alteration of any language contained in this section may render your submission non-responsive.]** | |
| 1. **The Entity’s submission constitutes a firm and irrevocable offer for a period of 180 days from the date of submission to OSC.** |  |
| 1. **The Entity agrees to comply with the OSC Executive Order on Procurement Integrity and the OSC Procurement Integrity Procedures attached to this solicitation as Appendix D.** |  |
| 1. **The Entity certifies that it can and will provide and make available, at a minimum, all services as described in the Draft Contract if selected for award.** |  |
| 1. **The Entity certifies that it can provide Physicians and schedule appointments in accordance with Section VI of the Draft Contract.** |  |
| 1. **The Entity certifies that its staff (including Physicians) provided to perform Services possess the necessary integrity and professional capacity to meet OSC’s reasonable expectations. Subsequent to the commencement of Services, whenever the Entity becomes aware, or reasonably should have become aware, that any staff member(s) providing Services to OSC no longer possesses the necessary integrity or professional capacity, the Entity agrees to immediately discontinue the use of such staff and notify OSC.** |  |
| 1. **The Entity certifies that all information provided in connection with its submission is true and accurate.** |  |
| 1. **The Entity has read, understands, and accepts all provisions of Appendix A – Standard Clauses for New York State Contracts. Appendix A contains important information related to the contract to be entered into as a result of this solicitation and will be incorporated, without change or amendment, into the contract entered into between OSC and the selected Entity. By submitting a response to the RFQual, the Entity agrees to comply with all the provisions of Appendix A.** |  |
| 1. **The Entity has reviewed and understands the Draft Contract, and the Entity is willing to enter into an agreement with terms materially the same as those of the Draft Contract, including Attachment 1, (the Fee Schedule), should the Entity be selected for contract award.** |  |
| 1. **The Entity agrees that OSC shall have the right to approve or disapprove, after appropriate review and/or interview(s), any and all subcontractor(s) of the Entity prior to their performance of services under the Agreement.** |  |
| 1. **The Entity agrees that it shall be fully responsible for performance of work by its staff and by its subcontractor’s staff.** |  |
| 1. **The Entity certifies that all Physicians provided are covered under Professional Liability Insurance.** |  |
| **\* A “No” Response in Sections 2 or 3 of this attachment will result in disqualification.** | |
| 1. **Information Required:** | |
| 1. **The Entity is (check all applicable):** | |
| **A New York State Certified Minority-Owned Business Enterprise**  **A New York State Certified Woman-Owned Business Enterprise**  **A New York State Certified Minority and Woman-Owned Business Enterprise (Dual Certified)**  **A New York State Service-Disabled Veteran-Owned Business**  **None of the above** | |
| 1. **Provide the name, title, address, telephone number, and email address of the person authorized to receive notices with regard to the contract entered into as a result of this solicitation. See Section V (Notices) of the Draft Contract.** | |
| **Name:** | |
| **Title:** | |
| **Address:** | |
| **City, State, ZIP Code:** | |
| **Telephone Number (including area code):** | |
| **Email Address:** | |
| 1. **Entity’s Taxpayer Identification Number:** | |
|  | |
| 1. **Entity’s New York State Vendor Identification Number:** | |
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| **By my signature I affirm under penalty of perjury that I am duly authorized to legally bind the Proposer referenced above and I sign this Attachment A (Proposer’s Certified Statements) as the legally binding act of the Proposer.** | |
| **Typed or Printed Name of Authorized Representative of the Entity** | |
| **Title/Position of Authorized Representative of the Entity** | |
| **Signature of Authorized Representative of the Entity** | |
| **Date** | |