



**State of West Virginia
Department of Administration
Purchasing Division**

NOTICE

Due to the size of this bid, it was impractical to scan every page for online viewing. We have made an attempt to scan and publish all pertinent bid information. However, it is important to note that some pages were necessarily omitted.

If you would like to review the bid in its entirety, please contact the buyer. Thank you.



State of West Virginia
 Department of Administration
 Purchasing Division
 2019 Washington Street East
 Post Office Box 50130
 Charleston, WV 25305-0130

Request for Quotation

SEARCHED 02/11/12

RFQ NUMBER
 FLC12113

PAGE
 1

ADDRESS CORRESPONDENCE TO ATTENTION OF:
 ROBERTA WAGNER
 304-558-0067

RFQ COPY

TYPE NAME/ADDRESS HERE

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Pearson VUE
 3 Bala Plaza West
 Suite 300
 Bala Cynwyd, PA 19004

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T
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HEALTH AND HUMAN RESOURCES
 BPH - OHFLAC
 408 LEON SULLIVAN WAY
 CHARLESTON, WV
 25301-1713 304-558-2026

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
03/12/2012				

BID OPENING DATE: 04/11/2012 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
0001	1	YR		948-55		
<p>THE STATE OF WEST VIRGINIA AND ITS AGENCY THE DEPARTMENT OF HEALTH AND HUMAN RESOURCES (DHHR), OFFICE OF HEALTH FACILITIES LICENSURE AND CERTIFICATION (OHFLAC), REQUEST A QUOTE TO ENGAGE THE SERVICES FOR NURSING ASSISTANT TESTING SERVICES PER THE ATTACHED SPECIFICATIONS.</p> <p>THIS IS A REBID OF FLC12078</p> <p>***BID OPENING: APRIL 11, 2012 @ 1:30 PM</p> <p>LOCATION: PURCHASING DIVISION, BUILDING #15 2019 WASHINGTON STREET, EAST CHARLESTON, WV 25305</p> <p>CONTRACTOR TO PERFORM NURSES AIDE TRAINING</p> <p>THE OFFICE OF HEALTH FACILITY LICENSURE AND CERTIFICATION IS SEEKING A VENDOR TO PERFORM TESTING AND TRAINING SERVICES FOR (1) NURSING ASSISTANT TRAINING AND COMPETENCY EVALUATION PROGRAM (NATCEP), (2) EDUCATE-THE-EDUCATOR, (3) FOR APPROVED MEDICATION ADMINISTRATION PERSONNEL (AMAP) AND (4) NURSING</p>						

RECEIVED
 2012 APR 11 AM 10:06
 WV PURCHASING DIVISION

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE: *Ant Vall* TELEPHONE: 610-617-5004 DATE: 4/5/12

TITLE: SUP Professional Services FEIN: 41-0850527 ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'

FLC12113 - Office of Health Facility Licensure and Certification (OHFLAC)'s Nursing Assistant Program FEE SCHEDULE

Vendor Name:	Pearson VUE	Phone #	(610) 617-9300
Address:	3 Bala plaza West, Ste 300	Fax #	(610) 617-9301
City, State, Zip:	Bala Cynwyd, PA 19004		


**** Vendor can only charge applicants the same price as noted on the bid for the testing/workshop fee ****

SERVICE PROVIDED	FEE PAID BY INDIVIDUAL	ESTIMATED NUMBER OF INDIVIDUALS RECEIVING SERVICE	ANNUAL TOTAL
PROJECT A			
NURSING ASSISTANT WRITTEN EVALUATION FEE	\$ 38	X 1450	\$ 55,100
NURSING ASSISTANT ORAL EVALUATION FEE	\$ 38	X 20	\$ 760
NURSING ASSISTANT SKILLS PERFORMANCE EVALUATIONS FEE	\$ 88	X 1515	\$ 133,320
PROJECT B			
EDUCATE THE EDUCATOR WORKSHOP FEE	\$ 215 (3 days)	X 25	\$ 5,375
	\$ 75 (1 day)*	X 5	\$ 375
PROJECT C			
AMAP SCORING FEE	\$ 60	X 890	\$ 53,400
PROJECT D:			
NURSING ASSISTANT REFRESHER COURSE	\$ 126	X 100	\$ 12,600
ANNUAL GRAND TOTAL			\$ 260,930

* This single day may or may not be opened to other professionals in the industry who might be interested in obtaining additional information regarding NATCEP federal and state guidelines.

Basis of Award:

Contract will be awarded to the lowest responsible vendor who meets the specifications.

Signature:  Date: 4-5-12