



**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.

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

# Request for Quotation

SCANNED 02/11/12

RFQ NUMBER
FLC12113

PAGE
1

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

VENDOR

\*331103859 304-733-6145  
 PROFESSIONAL HEALTHCARE DEVELO  
 PO BOX 399  
 ONA WV 25545

SHIP TO

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 PM 1:24  
 WV PURCHASING DIVISION

SEE REVERSE SIDE FOR TERMS AND CONDITIONS			
SIGNATURE <i>Denise Cihy</i>	TELEPHONE 3047336145	DATE 4-10-12	
TITLE member	FEIN 043653277	ADDRESS CHANGES TO BE NOTED ABOVE	

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

SERVICE PROVIDED	FEE PAID BY INDIVIDUAL	ESTIMATED NUMBER OF INDIVIDUALS RECEIVING SERVICE	ANNUAL TOTAL
<b>PROJECT A</b>			
NURSING ASSISTANT WRITTEN EVALUATION FEE	\$ 55.00	X 1450	= \$ 79,750
NURSING ASSISTANT ORAL EVALUATION FEE	\$ 105.00	X 20	= \$ 2100.00
NURSING ASSISTANT SKILLS PERFORMANCE EVALUATIONS FEE	\$ 70.00	X 1515	= \$ 106,050
<b>PROJECT B</b>			
EDUCATE THE EDUCATOR WORKSHOP FEE	\$ 250.00 (3days)	25	\$ 6250.00
	\$ 100.00 (1 day)*	X 5	= \$ 500.00
<b>PROJECT C</b>			
AMAP SCORING FEE	\$ 35.00	X 890	= \$ 31,150.00
<b>PROJECT D:</b>			
NURSING ASSISTANT REFRESHER COURSE	\$ 150.00	X 100	= \$ 15,000.00
<b>ANNUAL GRAND TOTAL</b>			<b>\$ 240,800</b>

\* 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 can demonstrate the ability of providing the Project services specified.