

ATTACHMENT 2
SUBMISSION CHECKLIST

Invitation For Bids (IFB) # 1101
Psychiatric Services for Brentwood, Brookwood & Goshen

This submission checklist is optional and is not required to be included in your proposal. Please see IFB **Section 2.2 Packaging of IFB Response, Required Contents of Bid Proposal** for additional information.

Complete	Requirement
<input type="checkbox"/>	OCFS-0910 Request for Bid Form
<input type="checkbox"/>	Provide three (3) professional references, one of which must have been received within the past 12 months. Please include contact information.
<input type="checkbox"/>	A curriculum vitae
<input type="checkbox"/>	Copy of candidate's license to practice medicine
<input type="checkbox"/>	Copy of current registration certificate to practice in New York State
<input type="checkbox"/>	Documentation of certification or eligibility from the American Board of Psychiatry and Neurology, American Nurses Credentialing Center, or other equivalent authority
<input type="checkbox"/>	If the offeror is not an individual psychiatrist, offeror must provide proof of malpractice insurance.
<input type="checkbox"/>	Attachment 1 – Statement on Sexual Harassment (see Section 4.29 for more information. This attachment can be found on the last page of this IFB.)

Upon satisfactory completion, these required documents must be submitted to the Procurement Unit electronically via email to RFP@ocfs.ny.gov and received by the **Bid Due Date & Time** indicated in IFB **Section 1.3 Calendar of Events** in accordance with the instructions in IFB **Section 2.1 Instructions for Bid Submission**.