

Issue Date: February 6, 2009**WORKSAFEBC EXPRESSION OF INTEREST #H003-2009
HEARING AID PROVIDER SERVICES FOR WORKSAFEBC
INJURED WORKERS**

WorkSafeBC (the Workers' Compensation Board of BC) would like to identify Hearing Aid Clinics interested in offering Hearing Aid Provider Services to WorkSafeBC Injured Workers for the period ending December 31, 2009.

If you are interested in offering these services, you are invited to respond to this Expression of Interest to indicate your interest for additional information on the qualification requirements. Expressions of Interest are not requested from current Hearing Aid Service Providers unless they have additional clinics they are proposing for qualification.

DESCRIPTION OF SERVICES

Hearing Aid Service Providers provide hearing aid fitting and related services for the hearing impaired, including but not limited to assessment, hearing aid selection, fitting, verification and adjustments of hearing aids, instructions to Injured Workers, follow-up, repairs, counseling and diagnostic evaluations.

QUALIFICATION PROCESS

WorkSafeBC will review the responses to this Expression of Interest and will forward the interested Hearing Aid Clinic a Hearing Aid Clinic Qualification package. The Hearing Aid Clinic Qualification package provides further information on the qualification process, the service requirements, the information required from interested Clinics and includes a Hearing Aid Clinic Qualification Form for return to WorkSafeBC. The Hearing Aid Clinic Qualification Form must be completed for each clinic location interested in providing the services. Qualification submissions will be reviewed and a site inspection and file review for the Clinic may be required, at the discretion of WorkSafeBC.

This EOI is an inquiry only and does not imply either a commitment by WorkSafeBC to proceed with the work contemplated or a commitment by WorkSafeBC to proceed any further. WorkSafeBC reserves the right in its sole discretion not to proceed with the work, to issue a Request for Qualification or otherwise with respect to the work, or to negotiate a contract individually with any respondent or any number of respondents to this EOI for all or part of the work. WorkSafeBC reserves the right to conclude any or all of the processes relating to this requirement, should it be in the best interest of WorkSafeBC as determined by WorkSafeBC.

If WorkSafeBC determines that a Request for Qualification process is required, notification of a competitive process document will be emailed or faxed to interested qualified applicants. The competitive process document will provide further information on the service requirements and instructions on providing a submission. This competitive process document will be posted on the BC



WORKING TO MAKE A DIFFERENCE

Corporate and Health Care Purchasing

Mailing Address

PO Box 5350 Stn Terminal
Vancouver, BC V6B 5L5

Location

6951 Westminster Highway
Richmond, BC V7C 1C6

www.worksafebc.com

Telephone: 604 276-3344

Fax: 604 276-3260

Email: purchase@worksafebc.com

Bid website at www.bcbid.gov.bc.ca and WorkSafeBC website at www.worksafebc.com for your access.

LOCATIONS

The current Hearing Aid Service Provider clients are primarily located in the Province of British Columbia. A lesser number of clients are in the Provinces outside of British Columbia. WorkSafeBC reserves the right to determine and/or change the number of Providers required for each location and/or change the structure or the number of locations as it deems necessary for the requirements.

The Contractor is responsible to make sure the facility where Hearing Aid Provider Services are provided ensures privacy and confidentiality.

RESPONSE DEADLINE

Interested applicants are requested to submit their expression of interest by completing and returning the following page.

Expression of Interest Forms may be faxed, emailed or mailed to WorkSafeBC.

WorkSafeBC will continue to accept new submissions for this EOI indefinitely until WorkSafeBC chooses to terminate this process.

INQUIRIES

For any questions or concerns, please contact:

Contact: Sharleen Mackenzie, C.P.P., Senior Purchasing Officer

Dept: Corporate and Health Care Purchasing

Phone: (604) 214-6758

Email: purchase@worksafebc.com



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EMAIL: purchase@worksafebc.com

TO: Bonnie Germyn, Purchasing Assistant; WorkSafeBC Corporate & Health Care Purchasing

**CONFIRMATION OF EXPRESSION OF INTEREST #H003-2009
HEARING AID PROVIDER SERVICES**

Yes We are interested in receiving further information including a copy of any resulting qualification/competitive document and have provided the following information as requested below.

LEGAL BUSINESS NAME:	
CLINIC NAME OR TRADE NAME:	
MAILING ADDRESS: (STREET/ CITY/ PROVINCE)	
CLINIC ADDRESS: (STREET/ CITY/ PROVINCE)	
CONTACT NAME:	
TITLE:	
PHONE NUMBER:	
FAX NUMBER:	
EMAIL ADDRESS:	