

**Issue: August 25, 2009**

## **WorkSafeBC Expression of Interest #H012-2009 TO PROVIDE SERVICES AS SESSIONAL PSYCHOLOGY ADVISOR FOR THE DEPARTMENT OF HEALTH CARE SERVICES**

WorkSafeBC (The Workers' Compensation Board of BC) would like to identify a provider interested in offering services as Sessional Psychology Advisor for the Department of Health Care Services.

The successful respondent is expected to provide services at the WorkSafeBC Head Office located in Richmond, BC.

### **DESCRIPTION OF SERVICES**

The Advisor shall work within Health Care Services at WorkSafeBC and is involved with quality assurance activities within the Psychology Provider Network, as well as other Board Sponsored Rehabilitation Programs. The Advisor is responsible to deliver the Services in the form of sessions that includes involvement in, but is not limited to:

- Health Care Program quality assurance activities;
- Complaint investigation and resolution;
- Review of Provider Services;
- Policy and Practice Review;
- Review of psychology reporting; and
- Provide recommendations.

### **QUALIFICATION REQUIREMENTS**

Respondents must be able to demonstrate and provide evidence of the necessary skills, experience, and requirements to provide the Services. This includes, but is not limited to, the following:

1. The Sessional Psychology Advisor must have the following minimum qualifications:
  - Full registrant and current member in good standing with the College of Psychologists of British Columbia;
  - English language proficiency;
2. The Sessional Psychology Advisor must provide evidence of continuing psychology professional development courses completed from 2005 to present (in compliance with the Continuing Competence Program with the College of Psychologists of British Columbia).
3. The Sessional Psychology Advisor must be able to provide Services where each session is composed of three and a half (3.5) hours; to a maximum of two (2) days per week. On an as and when required basis, the Sessional Psychology Advisor may be required to work extra sessions.

**COMPETITIVE PROCESS**

This EOI is an inquiry only and WorkSafeBC reserves the right in its sole discretion to negotiate a contract individually with any Respondent to this EOI for all or part of the work or not to proceed with a contract.

WorkSafeBC may choose to interview short-listed Respondents. If WorkSafeBC requests interviews, short-listed Respondent(s) will be notified, after the EOI closing, of the specific time, date and location of their interview. All costs incurred, including all travel costs, are the responsibility of the Respondent and are not chargeable to WorkSafeBC. WorkSafeBC will try to accommodate the availability of all Respondent(s). However, WorkSafeBC reserves the right not to continue with Respondent(s) who are not available for an interview.

**RESPONSE DEADLINE**

Interested applicants are requested to submit their expression of interest by completing and returning the following page and attaching a current resume. Expression of Interest forms and resumes may be faxed, emailed or mailed to WorkSafeBC. The response deadline is September 9, 2009.

**INQUIRIES**

For any questions or concerns, please contact:

Matilda Groom, C.P.P., Senior Purchasing Officer

Corporate and Health Care Purchasing

Phone: (604) 214-6707

Email: [Purchase@WorkSafeBC.com](mailto:Purchase@WorkSafeBC.com)



WORKING TO MAKE A DIFFERENCE

**Corporate and Health Care Purchasing**

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TO: **BONNIE GERMYN, Purchasing Assistant; WorkSafeBC Corporate & Health Care Purchasing**

**CONFIRMATION OF EXPRESSION OF INTEREST #H012-2009  
TO PROVIDE SERVICES AS SESSIONAL PSYCHOLOGY ADVISOR FOR HEALTH  
CARE SERVICES**

**Yes** I am interested in being considered as a Sessional Psychology Advisor for Health Care Services and I am providing the information as requested.

<b>1. NAME</b>	
<b>2. MAILING ADDRESS</b>	
<b>3. PHONE NUMBER</b>	
<b>4. FAX NUMBER</b>	
<b>5. EMAIL ADDRESS</b>	
<b>6. DEGREE(S) OBTAINED</b>	
<b>7. CPBC REGISTRATION NUMBER</b>	
<b>8. ENGLISH LANGUAGE PROFICIENCY</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>9. COMPUTER SKILLS (PLEASE LIST)</b>	
<b>10. YEARS OF EXPERIENCE AS A PSYCHOLOGIST IN BC</b>	
<b>11. DESCRIPTION OF PRIMARY PRACTICE SETTING</b>	

<b>12. DESCRIPTION OF PRIMARY PRACTICE ROLE – EG DIRECT PATIENT CARE, SUPERVISOR, ADMINISTRATOR/MANAGER, , EDUCATOR/RESEARCHER, CONSULTANT, OTHER,</b>	
<b>13. LIST CONTINUING PSYCHOLOGY PROFESSIONAL DEVELOPMENT COURSES COMPLETED (2005 – PRESENT)</b>	
<b>14. AVAILABLE TO PROVIDE SERVICES OF THREE AND A HALF (3.5) HOUR SESSIONS; TO A MAXIMUM OF TWO (2) DAYS PER WEEK.</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>15. PLEASE PROVIDE YOUR PREFERRED FEE STRUCTURE EXCLUDING GST AND PST.</b>	<p>_____ PER HOUR</p> <p><b><u>OR</u></b></p> <p>_____ PER SESSION</p>