

Issued: October 16, 2009

**WorkSafeBC Expression of Interest #H017-2009
TO PROVIDE SERVICES AS OCCUPATIONAL THERAPY
CONSULTANT 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 an Occupational Therapist 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

As a strong communicator operating in a collaborative environment, the Occupational Therapy Consultant will perform the following roles and responsibilities:

- Act as a resource to Health Care Services and the Provider Referrals Department regarding Occupational Therapy issues. Provide information and expertise for internal stakeholders;
- Review patient files, clinical status, and referral requests from internal stakeholders;
- Provide Occupational Therapy opinion to claim owners to ensure safe, appropriate and effective care;
- Participate in WorkSafeBC initiatives as requested, including but not limited to, conducting outreach and liaison activities while representing WorkSafeBC throughout the province, and attending relevant conferences and focus groups;
- Consult and liaise with other health care providers as appropriate; and
- Ensure compliance with the regulatory and practice standards of Occupational Therapy care.

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 Occupational Therapy Consultant must have the following minimum qualifications:
 - Full registrant and current member in good standing with the College of Occupational Therapy of BC;
 - Familiarity with computer and database systems, and relevant software applications, such as Word and Excel;
 - A minimum of five (5) years experience as a qualified Occupational Therapist in BC; and
 - English language proficiency.

2. The Occupational Therapy Consultant must provide evidence of continuing professional development courses completed from 2005 to present.
3. The Occupational Therapy Consultant must be able to provide Services up to three (3) full sessions over a minimum 3 days per week.

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. Expression of Interest forms may be faxed, emailed or mailed to WorkSafeBC. The response deadline is **November 16, 2009**.

INQUIRIES

For any questions or concerns, please contact:

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

Corporate and Health Care Purchasing

Phone: (604) 214-6758

Email: 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 #H017-2009
TO PROVIDE SERVICES AS OCCUPATIONAL THERAPY CONSULTANT FOR
HEALTH CARE SERVICES**

Yes I am interested in being considered as an Occupational Therapy Consultant for Health Care Services and I am providing the information as requested.

1. NAME	
2. MAILING ADDRESS	
3. PHONE NUMBER	
4. FAX NUMBER	
5. EMAIL ADDRESS	
6. DEGREE(S) OBTAINED	
7. COLLEGE OF OCCUPATIONAL THERAPY SURGEONS OF BC REGISTRATION NUMBER	
8. ENGLISH LANGUAGE PROFICIENCY	<input type="checkbox"/> YES <input type="checkbox"/> NO
9. COMPUTER SKILLS (PLEASE LIST)	
10. YEARS OF EXPERIENCE AS A QUALIFIED OCCUPATIONAL THERAPIST IN BC	

11. DESCRIPTION OF PRIMARY PRACTICE SETTING	
12. DESCRIPTION OF PRIMARY PRACTICE ROLE – EG DIRECT PATIENT CARE, SUPERVISOR, ADMINISTRATOR/MANAGER, OCCUPATIONAL THERAPY INFORMATION, EDUCATOR/RESERACHER, CONSULTANT, OTHER.	
13. LIST CONTINUING PROFESSIONAL DEVELOPMENT COURSES COMPLETED (2005 – PRESENT)	
14. AVAILABLE TO PROVIDE SERVICES UP TO THREE (3) FULL SESSIONS OVER A MINIMUM THREE (3) DAYS PER WEEK.	<input type="checkbox"/> YES <input type="checkbox"/> NO
15. PLEASE PROVIDE YOUR PREFERRED FEE STRUCTURE EXCLUDING GST AND PST.	<p>_____ PER HOUR</p> <p><u>OR</u></p> <p>_____ PER SESSION</p>