

## REGULATORY/ MEDICAL HEALTH SERVICES EMERGENCY MEDICAL SERVICES

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Date:

February 6, 2019

To:

**EMS SYSTEM DISTRIBUTION** 

From:

Tammi McConnell RN,

**EMS Administrator** 

Subject:

**EVALUATION COMMITTEE - REQUEST FOR MEMBERS** 

Emergency Ambulance Transport Request for Proposal (RFP)

Orange County Emergency Medical Services (OCEMS) is seeking members of the community to participate on an evaluation committee pool for the upcoming 9-1-1 Emergency Ambulance Request for Proposal (RFP). Individuals with direct medical and emergency transport job knowledge and expertise are highly encouraged to volunteer as well as community representatives from other EMS systems, Hospitals, First Responders, EMS Educators and Emergency Managers.

Candidates will be considered based on qualifications, expertise and must attest that they have no financial or other conflicts of interest with the process. The time commitment is variable and it is anticipated that the evaluation will occur mid to late June 2019. Final members will be notified of their placement onto individual evaluation panels and if necessary evaluators will be provided with lodging and meals. However, evaluators cannot be provided compensation for their participation.

If you or one of your colleagues is interested in participating in this process, please complete the attached form and submit with a copy of your Curriculum Vitae to Erica Moojen via email at emoojen@ochca.com by April 1, 2019. Once received, an acknowledgement via email will be sent to confirm receipt.

cc: HCA Procurement Administrator

Attachment: Evaluation Committee Member Qualification Form

TCM: em#3348



## HEALTH CARE AGENCY CONTRACT SERVICES EVALUATION PANEL QUALIFICATION FORM

## 911 EMERGENCY AMBULANCE TRANSPORTATION SERVICES

CONTACT INFORMATION	
Name:	
Phone Number:	Email Address:
CURRENT EMPLOYMENT INFORMATION	
Organization/Program:	
Job Title:	Number of years:
RELATED EXPERIENCE TO THE SUBJECT SERVICES	
Degree:	
Certificate(s):	
Training:	
If available, submit your resume in lieu of completing this portion of the form.  If a resume is not submitted with this form, please provide a detailed description of your current/former experience that qualifies you to evaluate proposals for the subject services. Include number of years, names of applicable organizations/programs, special projects, and etc.:	