

IMPORTANT: U.S. Citizenship Holder Only

## ATTACHMENT 1

NAVMED P-117, CHANGE 157  
U.S. Navy  
Manual of the Medical Department  
NAVMED P-117  
29 March 2016

Department of the Navy  
NAVMED P-117  
CHANGE 157

Subj: 1-22 Off-duty Remunerative Professional Employment (Regulatory)

### **(1) General Policy**

(a) Outside (Off-duty) remunerative professional civilian employment, including self-employment (hereto referred to as off-duty employment) of all health care providers, is subject to policies herein stated by the Chief, Bureau of Medicine and Surgery, and policies applicable by the Secretary of the Defense (DoD Manual 6025.13) and the Chief of Naval Personnel (MILPERSMAN article 5370-010). For purposes of this article, a health care provider is any military or Federal civilian health care professional who is eligible for, or who has been granted, clinical practice privileges to provide health care services in a military medical or dental treatment facility.

(b) All off-duty employment must be per DoD 5500.7-R, Joint Ethics Regulation (JER). To clarify questions of conduct and other ethical issues related to off-duty employment and compensation, personnel should consult the JER and their ethics counselor.

(c) Although the requirements of this article are directly applicable to active duty and Federal civilian health care providers, commanding officers may also apply these requirements to other non-privileged, non-licensed, or non-certified health care personnel who have received special training or education in a health related field, which may include administration, direct provision of patient care, or ancillary services (e.g., x-ray technicians, nursing assistants).

(d) The Bureau of Medicine and Surgery headquarters and every Navy Medicine command must have a written off-duty employment instruction. Commanding officers are to increase awareness of and compliance with their local instruction and this MANMED article annually, or with greater frequency, through any forms of communication, orientation, distribution, or training that will ensure all personnel are familiar with requirements for requesting and being approved for off-duty employment.

(e) Newly reporting health care providers will be oriented in off-duty employment policies and the mandatory approval process.

(f) Health care providers will **not** engage in off-duty employment without first obtaining the written permission of the commanding officer.

(g) Health care providers engaging in off-duty employment will **not** solicit or accept a fee directly or indirectly for the care of a Service member, retired member, or dependent of such members of the uniformed services, who are entitled to medical or dental care by those services.

### **(2) Guidelines**

(a) Commanding officers may authorize off-duty employment upon written request of Federal health care providers when such activities do not interfere with provision of health care services or mission accomplishment. Commanding officers should consider factors such as hours per week, work site proximity, travel time, potential training opportunities and skills maintenance that would benefit the Navy, and impact on civilian communities and providers when reviewing such requests.

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*(b)* Permission to engage in off-duty employment must be documented in writing and may be withdrawn at any time by the commanding officer.

*(c)* Personnel enrolled in graduate training programs will not be authorized to engage in off-duty employment.

*(d)* If approved, employment will normally not exceed 16 hours per week and there must be at least 6 hours between the end of the off-duty employment and the start of military duties. Periods in excess of 16 hours per week can be authorized only if the commanding officer finds that special circumstances exist which indicate that no conflict with military or civilian duties will occur, notwithstanding the additional hours. Health care providers on leave may be exempt, by the commanding officer, or as delegated, from the 16 hours per week, 6 hours between work periods, and 2-hour travel time restrictions.

*(e)* The site of off-duty employment must be located within 2 hours travel time, by land, of the site of military duties unless in a leave status or otherwise authorized by the commanding officer.

*(f)* A health care provider engaged in off-duty employment must not assume primary responsibility for the care of any critically ill person on a continuing basis as this will inevitably result in compromise of responsibilities to the patient or the primacy of military obligations. Military health care providers must be available to provide patient care to military beneficiaries at all times. Their military duty takes precedence. Similarly, civilian health care providers must be available to perform their Government duties during prescribed working hours.

*(g)* No health care provider will request or be granted administrative absence for the primary purpose of conducting off-duty employment.

*(h)* Off-duty employment will not be conducted on military premises, involve expense to the Federal government, or involve use of military equipment, personnel, or supplies.

*(i)* Off-duty employment must not interfere, or be in competition with local civilian practitioners in the health professions. Off-duty employment local impact must be assessed by the requesting practitioner's commanding officer. The commanding officer should consider items such as assessment statements from the employer, local medical or dental society, and practitioner when deciding level of impact.

*(j)* Health care providers are responsible for complying with all applicable licensing requirements to practice in the civilian community such as State licensure, Drug Enforcement Administration (DEA) certification, and medical malpractice coverage. The fee-waived DEA certification is not authorized for off-duty employment.

*(k)* There may be no self-referral from the military setting to their off-duty employment on the part of health care providers. Refer to 18 U.S.C. §208.

*(l)* DoD health care providers cannot be authorized TRICARE providers or be reimbursed for providing TRICARE services to DoD beneficiaries per 5 U.S.C. § 5536. TRICARE beneficiaries must be screened and identified as such and the charges reduced to reflect that portion of the services that are provided by the health care provider. This restriction does not apply to dental services provided to TRICARE Dental Program enrollees in the continental United States; however, because Active Duty, Guard, and Reserve Service members are eligible for dental care through the direct care system, dental care services delivered by off-duty employment of Navy dentists to Active Duty, Guard, and Reserve Service members are prohibited by DoD dual compensation and conflict rules. Title 5 U.S.C. § 5536 does not prohibit DoD health care providers from becoming enrolled Medicare providers with regard to their off-duty employment and billing for Medicare for their services. There are no prohibitions against DoD dentists providing care in their off-duty capacity to family members of active duty or Reserve Component personnel when those family members are enrolled in the TRICARE Dental Program (TDP) because the TDP enrollees are not eligible for care in a military facility. Refer to DoD Health Affairs Policy memo of 23 July 1996 (health care providers) and 15 April 2013 (NOTAL) (dental care providers) refers.

*(m)* Collateral or subsequent obligations arising out of off-duty employment, such as appearances in court or testimony before a compensation board, which take place during normal working hours, must be accomplished only while on annual leave. Refer to SECNAVINST 5820.8A.

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(n) Health care providers are expected to be aware of and comply with all other statutes and regulations pertaining to off-duty employment. Where doubt exists on whether all applicable constraints have been considered, consult with a Navy Medicine attorney or local Naval Legal Service Office.

(o) These guidelines do not apply to the provision of emergency medical assistance in isolated instances. Also excluded are non-remunerative community services operated by nonprofit organizations for the benefit of all the community and deprived persons, such as a drug abuse program, program volunteer, venereal disease centers, and family planning centers.

### **(3) *Withdrawal of Authorization***

(a) Permission to engage in off-duty employment must be withdrawn by the commanding officer when such employment is determined to be inconsistent with the above guidelines. Where permission is withdrawn, the health care provider affected must be afforded an opportunity to submit to the commanding officer a written statement containing the health care provider's views or any information pertinent to the discontinuance of the employment. Additionally, commanding officers must withdraw permission in writing for:

(1) Health care providers at the beginning of any inquiry into potentially reportable actions of misconduct until the issue is resolved; and

(2) Health care providers who had previously been granted permission to engage in outside employment and who are either appealing a decision to limit or suspend part or all of his or her clinical privileges or the decision to not fully restore clinical privileges. The provider must be notified of the withdrawal. No new permission will be granted during the appeal process.

(b) Commanding officers must ensure that the appropriate officials at all civilian places of employment are immediately notified whenever permission is withdrawn for providers to engage in off-duty employment.

(c) The local command has primary responsibility for control of off-duty employment by military and Federal civilian health care providers. Guidelines above serve as a basis for carrying out this responsibility.

### **(4) *Requesting Permission***

(a) Health care providers requesting permission to engage in off-duty employment must submit their request to the commanding officer on NAVMED 12610/1, Off-duty Remunerative Professional Civilian Employment Request, and must sign the Statement of Affirmation. Approval or disapproval by the commanding officer must be indicated in the appropriate section of NAVMED 12610/1. Medical Department personnel must advise their off-duty employers that as military or civilian members they are required to respond immediately to calls for military duty or patient care that may arise during scheduled off-duty employment. The commanding officer's approval of a health care provider's request for off-duty employment may not be granted without written certification from the off-duty employer that he or she accepts the availability limitations placed on the health care provider contained in NAVMED 12610/1.

(b) The health care provider will inform the commanding officer in writing of any changes in the off-duty employment prior to any deviation in the stated request and prior to the inception of any such changes.

(c) Non-health care personnel, who desire to engage in off-duty employment, will refer to local command or regional policy. BUMED headquarters personnel will refer to BUMEDINST 5370.5.

### **(5) *Annual Review, Recordkeeping, Reports***

(a) Commanding officers will establish internal controls for an annual review of health care provider compliance with applicable policy and regulatory guidance. During annual review, but not limited to annual review, commanding officers will increase staff awareness of the policies and procedures contained in this article and their local command directive through any means of communication, orientation, distribution, or training.

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(b) Commanding officers will maintain record of personnel participating in off-duty employment sufficient to monitor and evaluate the functioning of this program during annual review, by BUMED, or higher authority. Records created will be managed under SSIC 12610 per SECNAV M-5210.1 and retained for 6 years.

(c) Reports are not required to be submitted to BUMED by field activities.

(d) Command compliance with this MANMED article will be the subject of review during Inspectors' General visits, naval audits, or other administrative onsite visits.

(e) BUMED headquarters Chief of Staff will comply with these requirements.

**(6) Reports.** The requirement in paragraph (4)(a) is exempt from reports control per SECNAV M-5214.1 of December 2005, part IV, paragraph 7k.

**(7) Forms.** NAVMED 12610/1 (03/2016), Off-Duty Civilian Employment Request Form, is available at: <https://navalforms.documentservices.dla.mil/>.

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**ATTACHMENT 2**

**PROOF OF CITIZENSHIP REQUIREMENTS**

Excerpt from DODM 5200.02 of April 2017. For a full copy of the Manual go to <https://www.esd.whs.mil/directives/issuances/dodm/>

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**DoDM 5200.02 Section 5.4 Processing Investigative Forms (b)(2)**

1. Acceptable Documentation for U.S. Citizenship by Birth. Subjects asserting U.S. citizenship by birth will provide:
  - a. A birth certificate certified with the registrar's signature that bears the raised, impressed, or multicolored seal of the registrar's office.
  - b. A Department of State (DOS) Form FS-240, "Consular Report of Birth Abroad of a Citizen of the United States of America."
  - c. A DOS Form FS-545 or DS-1350, "Certification of Birth."
  - d. A valid U.S. passport, unaltered, originally issued to the subject.
2. Acceptable Documentation for U.S. Citizenship by Certification or Naturalization. Subjects asserting citizenship by certification or naturalization will provide:
  - a. A U.S. Citizenship and Immigration Services (USCIS) Form N-560 or N-561, "Certificate of U.S. Citizenship."
  - b. A USCIS Form 550, "Certificate of Naturalization" or 570, "Replacement Certificate of Naturalization." Copies can be made of naturalization papers for submission in accordance with Section 1426 of Title 18, U.S.C.
  - c. A valid U.S. passport or passport card, unaltered, originally issued to the subject.

Do you require SOFA status: Yes  No

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**ATTACHMENT 3**

**PERSONAL QUALIFICATIONS SHEET**  
**SOLICITATION NUMBER: N6824622Q0005**  
**POSITION TITLE: Pharmacist**

1. Every item on this Personal Qualifications Sheet must be addressed. Please sign and date where indicated. Any additional information required may be provided on a separate sheet of paper (indicate by number and section the question(s) you are responding to).

2. The information you provide will be used to determine your technical acceptability and to determine ranking of applicants. In addition to this Personal Qualifications Sheet, please submit two letters of recommendation as described in this form.

3. After contract award, all of the information you provide will be subject to verification after award. At that time, you will be required to provide the following documentation to verify your qualifications: Professional Education Degree, Release of Information, Personal and Professional Information Sheet for Privileged Providers, all licenses and certifications held since qualifying degree including all voluntary/involuntary lapses of license(s) and expired/inactive licenses, continuing education certificates, and U.S. citizenship documentation. If you submit false information, the following actions may occur: If you submit false information, your contract may be terminated for default. This action may initiate the suspension and debarment process, which could result in the determination that you are no longer eligible for future Government contracts.

4. Health Certification. Individuals providing services under Government contracts are required to undergo a physical exam 60 days prior to beginning work. The exam is not required prior to award but is required prior to the performance of services under this contract. By signing this form, you have acknowledged this requirement.

5. Practice/Medical Information:

|   | Yes | No  |
|---|-----|-----|
| 5.1. Have you ever been the subject of a malpractice claim? *   | ___ | ___ |
| 5.2. Have you ever been a defendant in a felony or misdemeanor case? *  | ___ | ___ |
| 5.3. Has your license or certification to practice ever been revoked or restricted in any state? *                | ___ | ___ |
| 5.4. Do you have any physical handicap or condition that could limit your clinical practice?                      | ___ | ___ |
| 5.5. Have you been hospitalized for any reason during the past 5 years?*  | ___ | ___ |
| 5.6. Are you currently receiving or have you in the past ever received, therapy for any alcohol related program?* | ___ | ___ |
| 5.7. Have you ever been unlawfully involved in the use of controlled substance?*                                  | ___ | ___ |
| 5.8. Are you currently receiving or have you in the past ever received therapy for any drug-related condition?*   | ___ | ___ |
| 5.9. a. Are you a U.S. Citizen?   | ___ | ___ |
| b. If yes, do you hold dual citizenship or passport from a foreign country?*                                      | ___ | ___ |

\*If any of the above is answered "yes" attach a detailed explanation. Specifically address the disposition of the claim or charges for numbers 5.1 through 5.8 above, and the State of the revocation for number 5.3 above.

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**ATTACHMENT 3**

**PERSONAL QUALIFICATIONS SHEET**  
SOLICITATION NUMBER: **N6824622Q0005**  
POSITION TITLE: **Pharmacist**

I. General Information:

Name: \_\_\_\_\_  
                    Last                      First                      Middle

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_      Email: \_\_\_\_\_

II. Education Requirements:

a. Medical Program:

\_\_\_\_\_  
Name of Accredited School

\_\_\_\_\_  
Graduation Date:

\_\_\_\_\_  
Address/Location of Program:

\_\_\_\_\_  
ECFMG Certification: \_\_\_\_\_

III. Professional Licensure and Board Certification:

a. Possess and maintain a current unrestricted license to practice as a medicine in any one of the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands. The HCW is responsible for complying with all applicable state licensing regulations.

\_\_\_\_\_  
Name of State License/Certification

\_\_\_\_\_  
State Received

\_\_\_\_\_  
Date Received

\_\_\_\_\_  
Name of State License/Certification

\_\_\_\_\_  
State Received

\_\_\_\_\_  
Date Received

\_\_\_\_\_  
Name of State License/Certification

\_\_\_\_\_  
State Received

\_\_\_\_\_  
Date Received

b. List applicable Board Certification

\_\_\_\_\_  
Title of Certification

\_\_\_\_\_  
Date of Certification (mm/dd/yy)

c. List applicable fellowships

\_\_\_\_\_  
Title of Certification

\_\_\_\_\_  
Date of Certification (mm/dd/yy)

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IV. Certifications:

a. I am currently certified in Basic Life Support (BLS) or will be certified in Basic Life Support prior to contract start-date.

YES \_\_\_\_\_ NO \_\_\_\_\_

b. I am currently certified in Advance Cardiac Life Support (ACLS) or will be certified in ACLS prior to contract start-date.

YES \_\_\_\_\_ NO \_\_\_\_\_

b. I am currently certified in Advance Trauma Life Support (ATLS) or will be certified in ATLS prior to contract start-date.

YES \_\_\_\_\_ NO \_\_\_\_\_

V. Professional Employment: List your current and preceding employers. Provide dates as month/year. If more space is required, please use a separate sheet of paper. Identify any medical experience obtained in a military setting.

| Name and Address of Present Employer | From  | To    |
|--------------------------------------|-------|-------|
| (1) _____<br>_____<br>_____          | _____ | _____ |

Position Title: \_\_\_\_\_

Work Performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

| Names and Addresses of Preceding Employer | From  | To    |
|---|-------|-------|
| (2) _____<br>_____<br>_____               | _____ | _____ |

Position Title: \_\_\_\_\_

Work Performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

| Names and Addresses of Preceding Employer | From  | To    |
|---|-------|-------|
| (3) _____<br>_____<br>_____               | _____ | _____ |

Position Title: \_\_\_\_\_

Work Performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently employed on a Navy contract? If so, where is your current contract and what is the position?  
\_\_\_\_\_



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VI. Letters of Recommendation:

Provide two letters of recommendation written within the last two years attesting to clinical skills. A minimum of one of the letters must be from a supervisor or clinical peer. The other letter must be from either a clinic or hospital administrator, or a practicing physician. Reference letters shall attest to the quality and quantity of experience. The letters may also address patient rapport and the communication skills between practitioner and patient and among peers. Recommendation letters must include name, title, phone number, date of reference, address and signature of the individual providing reference.

VII. Additional Information:

Provide any additional information you feel may enhance your ranking such as your resume, curriculum vitae, commendations or documentation of any awards you may have received, etc.

PRIVACY ACT STATEMENT

Under 5 U.S.C. 552a and Executive Order 9397, the information provided on this page and the remainder of the Personal Qualifications Sheet is requested for use in consideration of a contract; disclosure of this information is voluntary; failure to provide this information may result in the denial of the opportunity to enter into a contract.

I hereby certify the above information to be true and accurate:

\_\_\_\_\_ (mm/dd/yy)  
(Signature) (Date)

\_\_\_\_\_  
Name (Printed)

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#### ATTACHMENT 4

APPLICATION FOR NAVY CONTRACT POSITIONS  
THIS IS NOT A CIVIL SERVICE POSITION  
Solicitation Number: **N6824622Q0005**

#### I. IMPORTANT INFORMATION

Cutoff Date/Time for receipt of applications: 6 December 2021, 11:00 hours, Japan Standard Time (JST)

Send applications to: \*DIRECT SUBMISSION:  
NAVSUP Fleet Logistics Center Yokosuka  
Site Atsugi  
PSC 477 Box 4  
FPO AP 96306

OR

[kazuhiko.yamazaki.ja@fe.navy.mil](mailto:kazuhiko.yamazaki.ja@fe.navy.mil)

\*When sending your application package via e-mail, the quoter is responsible to submit complete package and to confirm the receipt of the package to the point of contact prior to the cutoff date. (Preferred format is Adobe Print Description File (pdf))

A. NOTICE. This position is an Individual Set Aside (ISA) type of contract for procurement (enter job title) in accordance with DFARS 237.104. Applications from companies will not be considered. Additionally; persons currently performing medical services under Navy contracts supporting USNHO are not eligible to apply for any USNHO personal service contract solicitations for the same job title, unless the solicitation you are applying is for the renewal of your contract that is going to end.

B. POSITION SYNOPSIS. The Government is seeking to place under contract a **Pharmacist** as required in this solicitation.

#### II. OTHER INFORMATION FOR OFFERORS

After your application is reviewed, the Government will do at least one of the following: (1) Call you to negotiate your price, (2) Ask you to submit additional papers to ensure you are qualified for the position, (3) Make contract award from your application. If you are the successful applicant, the contracting officer will notify you of the contract award. This contract will record the negotiated price, your promise to perform the work described in the Statement of Work, how you will be paid, how and by whom you will be supervised, and other rights and obligations of you and the Navy.

Upon notification of contract award, you will be required to obtain a physical examination at your expense. The physician must complete the questions in the physical certification, which will be provided with the contract. You will also be required to obtain the liability insurance specified in Attachment (6) – Pricing Sheet. Before commencing work under a Government contract, you must notify the Contracting Officer in writing that the required insurance has been obtained.

A complete, sample contract is available upon request.

Any questions must be directed to Kazuhiko Yamazaki who may be reached at 0467-63-3548 (DSN) or 264-3548

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**ATTACHMENT 5**

**PRICING SHEET**  
**SOLICITATION NUMBER: N6824622Q0005**  
**POSITION TITLE: Pharmacist**

**PERIOD OF PERFORMANCE**

Services are required from **24 January 2022 through 23 January 2023**, as the base period of performance. The Contracting Officer reserves the right to adjust the start and end dates of performance. Services may also be extended by exercise of Option Periods. The Government reserves the right to award a contract inclusive of the base period and any number of the options outlined below.

**PRICING INFORMATION**

(a) Hourly Rates: Insert the price per hour that you want the Navy to pay you. You may want to consider inflation rates when pricing the option periods. Bidders shall also provide a blended rate for the following; on-call, call back, scheduled hours, and holidays. The Government will award a contract that is neither too high nor too low. Your price would be high enough to retain your services but not so high as to be out of line when compared to the salaries of other **Pharmacist** in the Okinawa, Japan area. Please note that if you are awarded a Government contract position, you will be responsible for paying all federal, state and, local taxes. **The Navy does not withhold any taxes. Your proposed prices should include the amount you will pay in taxes.** The resulting contract is a firm fixed price contract therefore the hourly wages you propose, negotiated and agreed to by both parties are non-negotiable once a contract is awarded.

(b) Limitation of Payment for Personal Services: Under the provisions of 10 U.S.C 1091 and Department of Defense Instruction (DODI) 6025.5, "Personal Services Contracting" implemented 6 January 1995, the total amount of compensation paid to an individual direct health care provider in any year cannot exceed the full time equivalent annual rate specified in 3 U.S.C.102.

(c) Liability Insurance: Before commencing work under a contract, you shall obtain the following required levels of insurance at your own expense: (a) General Liability - Bodily injury liability insurance coverage written on the comprehensive form of policy of at least \$500,000 per occurrence, and (b) Automobile Liability - Auto liability insurance written on the comprehensive form of policy. Provide coverage of at least \$200,000 per person and \$500,000 per occurrence for bodily injury and \$20,000 per occurrence for property damage.

(d) Price Proposal:

| <u>Line Item</u> | <u>Description</u> | <u>Period of Performance</u> | <u>Quantity</u> | <u>Unit</u> | <u>Unit Price</u> | <u>Total Amount</u> |
|------------------|--------------------|------------------------------|-----------------|-------------|-------------------|---------------------|
| 0001             | Pharmacist         | 24 Jan 2022 – 23 Jan 2023    | 2088            | Hourly      | \$ _____          | \$ _____            |

**NOTE: INSERT THE PRICES STATED ABOVE IN THIS SOLICITATION. IF A CONTRACT IS AWARDED AND YOU ACCEPT BY SIGNING THE CONTRACT, YOU ARE OBLIGATED TO MEET THE SERVICE YEARS LISTED IN THE CONTRACT.**

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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## ATTACHMENT 6

### SYSTEM FOR AWARD MANAGEMENT (SAM) CONFIRMATION SHEET

All contractors must be registered in the System for Award Management (SAM) as a prerequisite to receiving a Department of Defense (DoD) contract. The U.S. Naval Hospital Okinawa Contracting Officer's Representatives (COR's) are NOT your point of contacts for this registration. You may register in SAM through the World Wide Web at <http://www.SAM.gov>. This website contains all information necessary to register in SAM. Please note, because SAM is a federally mandated and funded program, there is no cost to registrants for registering in SAM.

You will need to obtain a DUNS (Data Universal Numbering System) number prior to registering in the SAM database. This DUNS number is a unique, nine-character company identification number. Even though you are an individual, not a company, you must obtain this number. Please contact Dun & Bradstreet at 1-800-333-0505 to request a number or request the number via internet at <http://fedgov.dnb.com/webform>.

The SAM also requires several other codes as follows:

**CAGE Code:** A Commercial and Government Entity (CAGE) code is a five-character vendor ID number used extensively within the DoD. If you do not have this code, one will be assigned automatically after you complete and submit the SAM form.

**US Federal TIN:** A Taxpayer ID Number or TIN is the same as your Social Security Number.

**NAICS Code:** A North American Industry Classification System code is a numbering system that identifies the type of products and/or services you provide. Please refer the NAICS Code at <http://www.census.gov/eos/www/naics/>



How to obtain  
DUNS & NCAGE.pdf

#### SOCIO-ECONOMIC FACTORS

Up to 3 of the choices provided may be checked. Even though you are an individual, you are considered a business under this category, so check any (up to 3) that may apply. For example, any woman applying for this position would be considered a "Woman Owned Business;" just as any Veteran would be a "Veteran Owned Business." If both apply (or more), all would be checked.

**If you encounter difficulties registering in SAM, contact the SAM Helpdesk at 866-606-8220 for US calls, and 334-206-7828 for international callers. This contact information is posted on the SAM Homepage at <https://fsd.gov/fsd-gov/home.do>. You are encouraged to apply for registration immediately upon receipt of the Notice of Contracting Opportunity. Any contractor who is not registered in SAM will not be eligible to receive Department of Defense Government contracts.**



SAM Notarization  
Letter SAMPLE PSC.d

Complete the following and submit with initial offer:

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

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**SYSTEM FOR AWARD MANAGEMENT (SAM) INFORMATION:**

Date SAM registration is activated \_\_\_\_\_

Assigned DUN & BRADSTREET #: \_\_\_\_\_

Assigned CAGE Code: \_\_\_\_\_

Per Senior Contracting Official (SCO) KM Highlight 18-52 - IMMEDIATE CHANGES IN SAM REGISTRATION PROCESS dated 27 Mar 2018.

Effective immediately all NEW SAM registrants will need to provide a notarized letter confirming the Entity's Administrator. The Entity Administrator is allowed to register the entity in SAM and make changes to its registrations. The notarized letters must be mailed to the Federal Service Desk and contain the information outlined in the posted FAQ at

[https://www.fsd.gov/fsd-gov/answer.do?sysparm\\_kbid=d2e67885db0d5f00b3257d321f96194b&sysparm\\_search=SAM](https://www.fsd.gov/fsd-gov/answer.do?sysparm_kbid=d2e67885db0d5f00b3257d321f96194b&sysparm_search=SAM). Please note a new registration may take several days depending on the entity passing all validations in addition to receipt of the notarized letter. GSA will not activate the entity's registration until all required information has been received and all validations have been passed.

Special note regarding entities registering from locations outside the United States - at this time the entities MUST contact the Federal Service Desk as a part of this process, even though they do not have access to a notary. As a reminder, the Federal Service Desk's contact information is available at <https://www.fsd.gov>

**ATTACHMENT 7** Contracted **Health Care Worker Examination and Immunization Verification Form**

| Infectious Disease  | Dates (DD-MM-YYYY)  | Proof of Immunity   |
|---|---|---|
| Varicella (chickenpox)*   | 1. <input type="text"/> - <input type="text"/> - <input type="text"/><br>2. <input type="text"/> - <input type="text"/> - <input type="text"/>  | Physician documented history of varicella (attach)  |
| Measles*  | 1. <input type="text"/> - <input type="text"/> - <input type="text"/><br>2. <input type="text"/> - <input type="text"/> - <input type="text"/>  | Positive IgG titer date<br><input type="text"/> - <input type="text"/> - <input type="text"/>   |
| Mumps*  | 1. <input type="text"/> - <input type="text"/> - <input type="text"/><br>2. <input type="text"/> - <input type="text"/> - <input type="text"/>  | Positive IgG titer date<br><input type="text"/> - <input type="text"/> - <input type="text"/>   |
| Rubella*  | 1. <input type="text"/> - <input type="text"/> - <input type="text"/><br>2. <input type="text"/> - <input type="text"/> - <input type="text"/>  | Positive IgG titer date<br><input type="text"/> - <input type="text"/> - <input type="text"/>   |
| Tetanus (T, Td, Tdap)*  | <input type="text"/> - <input type="text"/> - <input type="text"/>  |   |
| Diphtheria (Td, Tdap)*  | <input type="text"/> - <input type="text"/> - <input type="text"/>  |   |
| Pertussis (Tdap)*   | <input type="text"/> - <input type="text"/> - <input type="text"/>  |   |
| Influenza (seasonal) (all HCWs)   | <input type="text"/> - <input type="text"/> - <input type="text"/>  |   |
| Tuberculosis (all HCWs with negative history of TB or exposure)                                 | 1. <input type="text"/> - <input type="text"/> - <input type="text"/> }<br>2. <input type="text"/> - <input type="text"/> - <input type="text"/> } 2-52 weeks apart<br>Result (circle one): Negative Positive   | Blood assay for <i>M. tuberculosis</i> date<br><input type="text"/> - <input type="text"/> - <input type="text"/><br>Result (circle one): Negative Positive   |
| Tuberculosis (all HCWs with positive history of TB or exposure)                                 | Latent TB infection prophylaxis? Year <input type="text"/> started or complete (circle one)   | CXR date <input type="text"/> - <input type="text"/> - <input type="text"/><br>Result (circle one): Negative Positive   |
| Hepatitis B (only applies to HCWs with potential occupational exposure to bloodborne pathogens) | 1. <input type="text"/> - <input type="text"/> - <input type="text"/><br>2. <input type="text"/> - <input type="text"/> - <input type="text"/><br>3. <input type="text"/> - <input type="text"/> - <input type="text"/><br>If necessary (i.e., if first titer negative):<br>4. <input type="text"/> - <input type="text"/> - <input type="text"/><br>5. <input type="text"/> - <input type="text"/> - <input type="text"/><br>6. <input type="text"/> - <input type="text"/> - <input type="text"/> | IgG (HBsAb) titer date<br><input type="text"/> - <input type="text"/> - <input type="text"/><br>Result (circle one): Negative Positive<br>IgG (HBsAb) second titer date<br><input type="text"/> - <input type="text"/> - <input type="text"/><br>Result (circle one): Negative Positive<br>Counseling provided date (if repeat titer negative) <input type="text"/> - <input type="text"/> - <input type="text"/> |
| Other (identify)  | <input type="text"/> - <input type="text"/> - <input type="text"/><br><input type="text"/> - <input type="text"/> - <input type="text"/>  |   |
| Latex sensitivity screening   | <input type="text"/> - <input type="text"/> - <input type="text"/>  | History IS / IS NOT (circle one) consistent with latex sensitivity  |

\* Applies only to HCWs with direct patient contact.

I certify that \_\_\_\_\_ was examined on -- and WAS / WAS NOT found to  
name of health care worker mm dd yyyy circle one

IMPORTANT: U.S. Citizenship Holder Only

be in good health, meeting the immunization and screening required above, and free of any medical condition or infectious disease that may prevent his/her ability to perform services as a Health Care Worker.

Provider's Signature: \_\_\_\_\_

Provider's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

**This section for Navy use only**

Completed form and accompanying documentation reviewed and found complete.

Reviewer's signature \_\_\_\_\_ Name (print) \_\_\_\_\_ Date \_\_\_\_\_

NAVMED 6260/91 (08/2017)

**After contract award, but prior to performing services, the contract health care worker shall have this form completed by a licensed medical practitioner and submitted to NH Okinawa MMD. All health care workers providing services under this contract must meet all the requirements specified under the "required documentation" column of this form.\***