REQUEST TO ADVERTISE

General Information:

| Date Prepared: 05/04/2023 | |
|----------------------------|---|
| Types: RFP | Advertisement Type: Services |
| Solicitation #: 6100057115 | Solicitation Title: Nurse Peer Assistance |
| | Monitoring Program |

Description:

The Department of State, Bureau of Professional and Occupational Affairs, requires the services of a contractor who is qualified, experienced, credible, unbiased and able to administer all aspects of a peer assistance monitoring program ("Program") to Pennsylvania Nurse Board licensees or a licensure candidate for a nursing license or temporary practice permit.

Use the following text for RFPs only:

Please click here to view the list of solicitations.

All Offerors are required to create a user profile within our JAGGAER portal.

Please click here to go to the portal.

PROPOSALS WILL ONLY BE ACCEPTED ELECTRONICALLY THROUGH JAGGAER.

Technical support is available via Jaggaer at JAGGAER Support JAGGAER Support or (800) 233-1121

Estimated Dollar Amount: \$4,000,000.00

Department Information:

Dept/Agency: Department of State

| Delivery Location: Harrisburg, PA | | |
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| County: Statewide | | |
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| Duration of Contract: 3 years with 2 (1) year renewal | | |
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| Contact Information: | | |
| | T | |
| First Name: Joan | Last Name: Yohe | |
| Phone: (717) 783-7216 | eMail: joyohe@pa.gov | |
| | | |
| Contact Information: | | |
| Solicitation Start Date: 05/04/2023 | 1 | |
| Solicitation Due Date: 05/04/2023 | Solicitation Due Time: 3:30 PM | |
| Solicitation Opening Date: 06/07/2023 | Solicitation Opening Time: 3:30 PM | |
| Opening Location: Electroni bid opening | Solicitation Opening Time. 3.31 Fivi | |
| Solicitation in SRM? No | T | |
| | - | |
| Small Business Reserve? No | | |
| | | |
| eAlert Information | | |
| Choose an item (s) under one of the Categories that best fits your Solicitation. | | |
| Materials: | ategories that best hts your solicitation. | |
| Choose Item | | |
| Choose Item | | |
| Choose Kern | | |
| Services: | | |
| Choose Item | | |
| Choose Item | | |
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