



Department of Defense  
Defense Health Agency  
Medical Q-Coded Services (MQS)

Task Order Performance Work Statement

**Service:** 1 FTE- Physician - Flight Surgeon

**Location:** 633 Medical Group, Langley, AFB, Hampton, VA

**Start Date:** 3/29/2024

NOTE: THIS IS A SEVERABLE SERVICE TASK ORDER AND SPECIAL REPORTING REQUIREMENTS EXIST UNDER 10 USC 3133 AND IN ACCORDANCE WITH FAR 32.703-3(b).

**THE NUMBERING ON THIS TASK ORDER PERFORMANCE WORK STATEMENT IS ASSOCIATED WITH THE NUMBERING ON THE CONTRACT PERFORMANCE WORK STATEMENT FOR EASE OF REFERENCE.**



**PART 1  
PERFORMANCE WORK STATEMENT**

**IN ADDITION TO THE BASIC CONTRACT ACQUISITION PWS, THE FOLLOWING REQUIREMENTS ARE REQUIRED:**

**1.2. Description of Services:**

- Ancillary Services
- Dental Services
- Nursing Services
- Physician Services

The services required on this Task Order are under the following special program:

- 1 Full Time Equivalent (FTE) Flight Surgeon

**1.2. General Information:**

This Task Order is issued under the following arrangement:

Personal Services: The following labor categories are under a personal services arrangement on this TO: Flight Surgeon

Non-Personal Services: The following labor categories are under a non-personal services arrangement on this TO:

1.5.4. Quality Assurance: The Government will evaluate the Contractor's performance under this TO in accordance with (IAW) a separate Quality Assurance Surveillance Plan (QASP). This Government-only plan is primarily focused on what the Government will do to ensure that the Contractor has performed IAW contract performance standards. The TO QASP provides a systematic method to evaluate performance to include how the performance standards will be applied, the frequency of surveillance, and the acceptable quality levels for each of the metrics identified in Exhibit 1, Performance Requirements Summary. The QASP is created with the premise that the Contractor is responsible for management and quality control actions to meet the terms of the TO while the Government is responsible for quality assurance actions.

1.5.5. Contracting Officer's Representative (COR): The following individual is designated as the COR for this TO:

Name of COR: Airman Josephine Maple  
COR Email Address: Josephine.e.maple.mil@health.mil  
COR Telephone Number: 757-764-3622

1.5.6. Recognized Holidays: : Contract HCWs  will  will not be required to work on ALL federally recognized holidays.

1.5.6.1. Family Days: Contract HCWs  will  will not be required to work on designated ACC Family Days or 633 ABW Family Days. If leadership makes the decision to fully shut down operations on those Family Days, Contract HCWs will be compensated for the full closure.

1.5.7.1. Hours of Performance: The performance hours of the MTF are as follows:  
8 hours of duty between 0700-1700 with likelihood for overtime in the event of minimal manning



Hours Table

<b>Health Care Worker (Annually)</b>	
# of FTEs	1
# of Duty Hours (1912 = 1 FTE)	1912
# of On-Call Hours	X
# of Overage Hours	25
Travel	NO

1.5.7.2. Scheduling: The schedule or scheduling process is as follows:  
HCWs will request schedule changes with the FREDs, which will be coordinated with the contract Company and the Contracting Officer (CO). HCWs must have permission in writing.

1.5.7.3. Recording HCW Time: Changes to the recording of HCW time identified in the contract PWS are as follows:  
Schedule will be confirmed by the FRED at the assigned location. Contractors will have a mechanism in place to accurately track HCW hours and provide documentation monthly to 633d MDG for verification of hours worked.

1.5.7.4.3. Substitute HCWs: If the Contractor substitutes permanent HCWs for a temporary period of time, the substitute shall meet the same qualification standards and health requirements as stated in the contract and TO. Substitutions will be required when the permanent HCW is unavailable for more than 5 calendar days. Additional qualification and standards are as follows: None

1.5.7.4.4. Removal of HCWs: The Government may direct the immediate removal of any HCW who demonstrates a health, safety, Health Insurance Portability and Accountability Act (HIPAA) violation or mission risk. In the event the Government directs the removal of a HCW, the TOKO may direct the submission of a corrective action plan and issue a stop work order while the Contractor's response, contractor's implementation of the plan, and/or any government investigation is pending.

1.5.7.5. Closures: During a planned closure of the facility due to training, holiday or unplanned closure due to unusual and compelling circumstances (e.g., natural disasters, military emergencies, severe weather), the Contractor will:

- be compensated only for the actual hours the HCW provided services
- be compensated for the unplanned closure (personal services only)

1.5.8. Place of Performance: The work to be performed under this contract will be at Joint Base Langley-Eustis located at Langley Air Force Base, VA at 633d Medical Group Fight Medicine Clinic. HCWs shall receive notification two weeks prior to the reassignment.

1.5.9. Mission Essential: The following labor categories are designated as mission essential: N/A

1.6.1. Quality Control Plan (QCP): The Contractor shall have a planned and systematic QCP that outlines the quality control process covering every aspect of the Contractor's operation under this TO. The Contractor shall submit a Task Order QCP to the TOKO as outlined in Exhibit 1 of this TO. The TOKO will approve the QCP in writing. The Contractor shall submit changes to an approved QCP to the TOKO for approval throughout the life of the contract.

1.6.3. Periodic Progress Meetings: Contractor will will not be required to attend periodic progress meetings at no additional cost to the Government. The Contracting Officer (CO) will require the contractor to meet with the Contracting Officer (CO), COR, FRED, DHA Director, or other government personnel when deemed necessary.

1.6.4.1. Contractor Representative: The Contractor shall submit the Contractor representative contact information and any other key personnel, in writing, to the TOKO as identified in Exhibit 2 to this TO.



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1.6.4.2. Representative Status Change: The Contractor shall notify the TOKO in writing of changes in the status (i.e., termination or replacement) of designated Contractor representative within 2 business days of the change.

1.6.6. Contractor Travel: Reimbursement  will  will not be provided for travel within a 40-mile radius of the place of performance. HCW travel requirements are as follows:

1.6.7. Relocation Costs: The Government  will  will not pay the Contractor to relocate HCWs.

1.6.9. Orientation: Orientation will be  paid at the billable rate or  compensated separately.

1.6.9.2. Computer Skill Competency: Each HCW shall demonstrate competency as required in the contract and as follows: A fully qualified typist (computer keyboard) with a minimum of 50 WPM is required. Will need to demonstrate a functional knowledge with Microsoft Excel, Word, and Adobe PDF software. Employee will need to know how to independently manipulate and draft working documents.

1.6.10. MTF Training: Additional training requirements are as follows: The contractor shall ensure that contractor personnel are trained and maintain training in Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS) and Pediatric Advanced Life Support (PALS) in accordance with DHAPI 6000.03. The responsibility to maintain certification is on the HCW/contractor. Hours/time away from duty section for certification/re-certification are not billable to the government. Participates in in- service training and continuing education programs for new procedures, techniques, and equipment as required. Additionally, contractors will be required to maintain annual certification on Computer Based Training (CBT) through DHA Learning Management System (LMS), JKO, Relias Health, and any eLearning as directed by leadership. Health care providers shall maintain current certification in required training identified.

1.6.12. MTF Standards: Specific policies, procedures, and instructions/regulations for the place of performance are as follows: N/A

1.6.20 HCW Health Requirements: The Contractor  shall  shall not (Select the appropriate box) provide documentation certifying health requirements such as immunizations, annual vaccinations, medical testing (i.e., tuberculosis, N95 particulate respirator duckbill mask fitting) and physical examination when required at the time of initial placement.

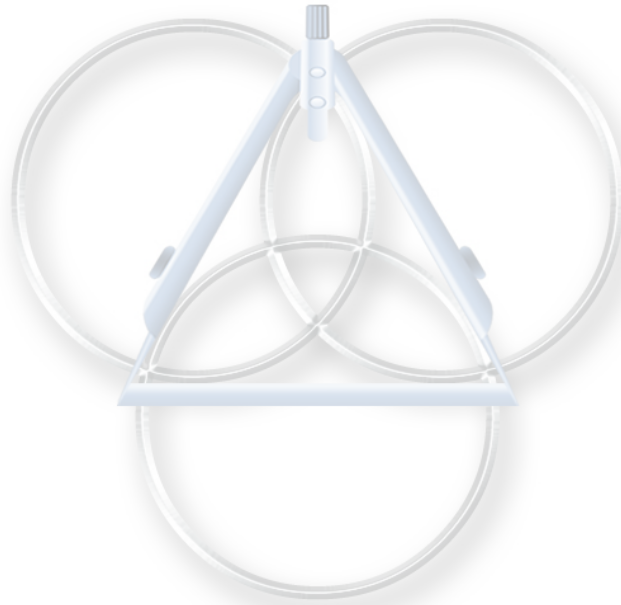
1.6.20.1. Annual Immunizations: The Contractor personnel must be immunized annually with the influenza vaccine. This vaccine will be provided by the government, if available as determined by the MTF. Although this vaccine may be provided by the government, it may be obtained at other facilities with the cost being borne by the contractor personnel or the contractor. Unless vaccinated by the government, the contractor personnel shall be required to show proof of the vaccination. In addition, the contractor personnel shall be immunized/vaccinated for any additional MTF mandated requirements not previously stated. If contractor personnel are unable to be immunized (i.e., allergy to vaccine), a doctor's note shall be provided to the FRED and SCM.

1.6.20.3. Occupational Health: The HCW  shall  shall not be required to obtain documentation of required physical testing or a report of a physical examination.

1.6.20.5. Tuberculosis Screening: The additional immunization/screening requirements for the risk of exposure to tuberculosis (TB) are as follows: Prior to reporting for service at an MTF, each contract HCW shall be screened at contractor expense for risk of exposure to tuberculosis (TB) as part of the health examination and immunization/screening requirement outlined in the TO. If the HCW is determined to have a low risk of exposure, no further screening or testing is required under this contract. The initial screening may be waived, at the discretion of the MTF, if the Contractor provides evidence of a prior low risk assessment by a licensed physician. If the initial screening results in a determination that the HCW has an increased risk of exposure to TB, the contractor is responsible for ensuring that the HCW receives targeted screening and testing IAW CDC Guidelines for Health- Care Settings at Contractor expense and submitting timely records of subsequent screening or testing to the COR



1.6.25. Competency-Based HCW Interviews: Prior to HCW placement, the Government will  will not contact the potential candidate via telephone to determine if the candidate meets the preliminary Government minimum requirements (i.e., ready), desires the job (i.e., willing), and is capable (i.e., able) to work at the place of performance for this task order. The FRED will be allowed to provide responses on workload, facility size, and general information about position.





**PART 2  
DEFINITIONS AND ACRONYMS**

Reference DHA MQS-PWS Basic for definitions and acronyms.

**PART 3  
GOVERNMENT FURNISHED PROPERTY, EQUIPMENT, AND SERVICES**

**PART 4  
CONTRACTOR FURNISHED ITEMS AND SERVICES**

**4. Contractor Furnished Items and Responsibilities:**

4.1. Rubber Stamp: The Contractor  will  will not be required to ensure privileged HCWs providing services on this contract have a rubber stamp.

4.2. General: The following Contractor furnished items and services are required for this TO: N/A



**PART 5  
PERFORMANCE REQUIREMENTS**

**Physician**

**Includes but not limited to:** Primary care and Specialty care Physicians.

**Minimum Qualifications:**

- Degree: See exhibit 5.
- Education: See exhibit 5
- Certification: See exhibit 5.
- Internship/Residency: See exhibit 5
- Experience: See exhibit 5
- Licensure: See exhibit 5

**Additional Qualifications:**

- Minimum of 3 years of U.S. military Flight Surgeon experience.

HCW Duties (5.1 Task 1): The duties for the HCW are as follows: See exhibit 5

5.1.1. Legal Authorization to Work in the United States: HCWs performing under this contract must be a U.S. Citizen.

**5.1. a Task 2 – Recruit (Recruit/Retain):** The duties for each qualified HCW are as follows: The Contractor shall provide qualified credentialed (privileged and non-privileged) and non-credentialed HCWs in the following market segments: Physician Services: Primary and specialty care physicians who deliver routine, preventive, and specialty care services to patients. The duties include but are not limited to the following:

5.1.a Task 3 - Aeromedical disposition for flying/special operational duty.

5.1.a Task 4 - Conducting adaptability rating assessment for military special duty applicants.

5.1.a Task 5 - The flight medicine physician shall provide health care to beneficiaries assigned to the Flight Medicine Clinic, Occupational Health Clinic, or other civilian Flight Medicine physician positions as defined by the MTF. 5.1.a Task 6 -These tasks include performing primary care and occupational health clinician duties and the associated administrative tasks.

5.1.a task 7 - Care shall include but not be limited to continuing, comprehensive health maintenance and provision of medical care, including preventive medicine, behavioral health, occupational health, and community health.

5.1.a Task 8 - The civilian Flight Medicine physician may become the primary care manager (PCM) for a panel of patients.

5.1. a Task 10 - As a PCM, the flight medicine physician will be the primary person responsible for the management of the health and wellness of his/her assigned patients. Duties include:

5.1.a Task 11 - Examination of patients, formulation of differential diagnostic plans, ordering of appropriate diagnostic testing.

5.1. a Task 12 - Interpretation of examination findings and test results, and implementation of treatment plans.

5.1. a Task 13 - Determination of the need for consultation and assisting in medical care and treatment provided at the direction of other specialists.

5.1.a Task 14 - Approving/disapproving subspecialty referrals.

5.1.aTask 15 - Directing case management activities.

5.1.a Task 16 - Answering patient telephone consults with the assistance of clinic staff.

5.1.a Task 17 - Providing primary and secondary preventive maintenance care.

5.1.a Task 18 - The use of AHLTA/CHCS, ASIMS, HAIMS, PEPP, AIMWTS.

5.2.1. Certifications: HCWs shall maintain the following additional certifications, not already specified in the MQS contract: Current board certification in Aerospace Medicine is highly recommended. If not, board certified in Aerospace Medicine, then must show proof of completion of any medical residency program and must have a





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minimum of 3 years of U.S. military Flight Surgeon experience. Other certifications may be acceptable if specified in the TO. Certification cards must display the American Heart Association or Military Training Network emblem. Web-based classes do not meet required standards.

Board Certification: Requirements for board certification are as follows: Current board certification in Aerospace Medicine is highly recommended. If not, board certified in Aerospace Medicine, then must show proof of completion of any medical residency program, and must have a

5.2.2. HCW Education Requirements: HCWs shall meet the following additional education: Possesses a Doctor of Medicine degree or a doctor of osteopathy degree from an approved school of medicine or osteopathy. Current board certification in Aerospace Medicine is highly recommended.

5.2.3. Qualifying/Credentialing Packages: The Contractor shall provide a complete package IAW DoDM 6025.13, the packages needed for this TO are as follows:

5.2.3.1.  Qualifying Package: The Contractor shall provide a complete, current, and accurate qualifying package for

5.2.3.2.  Credentialing Package for Non-Privileged HCWs: The Contractor shall provide a complete, current, and accurate credentialing packages for all HCWs required to be credentialed, but not privileged, within the timeframes established in the TO as outlined in the applicable agency instructions and regulations. The type of information in a credentialing package includes, but not is limited to, qualifying degrees, education, professional experience, licensure/registration, and certification requirements. Additional requirements for credentialed HCWs will be outlined in the TO.

5.2.3.3.  Credentialing Package for Privileged HCWs: The Contractor shall provide a complete, current, and accurate credentialing package for all HCWs required to be privileged within the timeframes established in the TO as outlined in the applicable agency instructions and regulations. within 30 days Privileged HCWs must obtain clinical privileges at the MTF prior to providing health care services. The type of information in a credentialing package for privileged HCWs includes verification of clinical competency. Additional requirements for privileged HCWs will be outlined in the TO.

5.2.3.4 Clinical Competency: Each HCW requesting clinical privileges shall  shall not  be required to demonstrate clinical competency within the past two years in the required clinical discipline as specified in this PWS.

5.2.3.5. Drug Enforcement Agency (DEA) Registration: Requirements for DEA registration numbers are required for (one ) 1 FTE Flight Surgeon.

5.2.9. Security Investigative Requirements: The Contractor shall ensure HCWs comply with the following security requirements not already identified in the contract PWS:

5.2.9.1.  HCWs shall be subject to the following additional security investigative processes, to include appointments with Security Managers:

Name: SSgt Celina, Garcia  
Email: [celina.g.garcia.mil@health.mil](mailto:celina.g.garcia.mil@health.mil)  
Phone #: (757) 764-9998

5.2.9.4.  HCWs shall be subject to the following security processes for fingerprints:

Name: Mr. Robert Connolly  
Email: [robert.connolly.3@us.af.mil](mailto:robert.connolly.3@us.af.mil)  
Phone #: (757) 225-2268





5.2.9.5.  The HCW shall complete either an  SF-85 or an  SF-86 Questionnaire for National Security Positions (or equivalent OPM investigative product)

**5.2.9.6. Under no circumstances will a credentialed or non-credentialed HCW start work at the place of performance before the appointment with the MTF Unit Security Manager.**

5.3.1. Initial Placement: The Contractor shall ensure HCWs begin performance as follows:

5.3.1.1. Credentialed HCW(s): Credentialed HCW(s) shall physically start work no later than **60 calendar days from the initial date on the period of performance in the task order**. A complete and accurate credentialing package shall be submitted to the MTF no later than 30 calendar days before the start work date.

5.4.3.2 Malpractice Insurance for Non-Personal Services: The Contractor and all subcontractors shall  shall not  meet the requirements of FAR Clause 52.237-7, Indemnification and Medical Liability Insurance, for its HCWs, in the following amounts for the entire performance period of the TO as further identified in Attachment B, Malpractice Insurance Certification Form in the proposal: Click here to enter amounts required on this TO.

5.4.4. Schedule Management: The Contractor shall maintain a process to monitor HCWs days and billable hours on the TO. The TO will establish the work schedule and billable hours for each HCWs. The Contractor shall maintain a process to monitor work and billable hours on the TO. When directed by the Government, the HCW shall remain on duty to complete patient treatment where lack of continuity of care would otherwise jeopardize patient health. This provision is not intended to apply to the time required to complete routine tasks (e.g., completion of paperwork or routine administrative tasks at the end of a shift) which are to be completed as part of the normal work schedule.

5.4.4.1 : The work schedule for Physician – Flight Surgeon is as follows: 0700-1700; in an 8-hour block during this time period.

Work Schedule: Monday-Friday 07:30-1600.

Duty Hours: 0730-1600 hrs. eight ( 8) hour days.

On-Call Hours: No on call hours for this position.

Overage Hours: Contractor may be required to perform overage hours.

5.4.4.1. Call-Back Hours: HCWs  will  will not be required to report in-person to the MTF during on-call hours if needed. The number if call-back hours and timeframe is as follows:

5.4.4.2. Schedule Management for Non-Personal Services: Hours of service and roster submission requirements are as follows:

5.4.4.4. On-Call Hours: N/A

5.4.4.5. Overage Hours: N/A

5.5.1. Scope of Work: HCWs  will  will not be able to bill the Government for participation in administrative and clinical functions (i.e., orientation, quality improvement programs, clinical/administrative data collection, meetings, and training). Specific tasks associated with duties beyond the tasks outlined in the contract PWS include: Services performed under this contract will be performed at Government locations, clinics and/or other Government health care access points. The HCW may be required to participate in administrative functions (i.e., orientation, quality improvement programs, clinical/administrative data collection, meetings, and training). Such participation will, unless otherwise identified in contract or the TO, be considered billable to the Government. Note that the Contractor shall not bill for, and the Government shall not pay for, training made available to HCW on a space



available basis for items such as continuing education or certifications. Specific services, tasks to be performed, and performance standards will be specified in the TO.

5.5.5. Billing for Services: The Contractor will only be paid for the actual hours the HCW provides services with the following exception for personal services HCWs: None

5.6.1. Task 6 Reports. The minimum level of metrics maintained at the Task Order level include HCW overall fill rate, on-time fill percentage, turnover rate, and replenish rate. Acceptable Quality Levels (AQLs) on these metrics are set in Exhibit 1, PRS in this TO. The minimum values for AQLs on Task Order metrics are set as follows:

Overall Fill Rate:  $\geq 90\%$

On-Time Fill Percentage:  $\geq 85\%$

Turnover Rate:  $\leq 25\%$

Replenish Rate:  $\geq 90\%$

The minimum level of metrics will be calculated as follows:

5.6.1.1. Overall Fill Rate: The overall fill rate is the percentage of the total amount of required FTE-weighted days (i.e., purchased) filled in a reporting period. The overall fill rate is calculated by dividing the sum of FTE-weighted days HCWs fill a position in a reporting period by the total number of required FTE-weighted days in the same reporting period.

5.6.1.2. On-Time Fill Percentage: Percentage of FTEs filled by the required start date during the reporting period. The on-time fill percentage is calculated by dividing the number of initial and replacement FTEs assigned with a required start date in a reporting period filled on time by the total number of initial and replacement FTEs assigned with a required start date in the same reporting period.

5.6.1.3. Turnover Rate: The number of FTEs that turned over during a reporting period. The turnover rate is calculated by dividing the number of assigned FTEs turned over in a reporting period (for any reason unless the TOKO informs the PMO not to count the turnover) by the total number of assigned FTEs in the same reporting period. Turnovers occurring less than 30 calendar days before the end of the TO will not be counted as a turnover for this metric.

5.6.1.4. Replenish Rate: The replenish rate is a measure of how well assigned positions remain filled in a reporting period. The replenish rate is calculated by dividing the sum of FTE-weighted assigned HCW days in a reporting period by the sum of FTE-weighted days available subsequent to initial HCW assignment start dates in the same reporting period.

5.6.1.5. Additional Metrics: N/A



**PART 6  
OTHER TERMS AND CONDITIONS.**

6.1 Health Insurance Portability and Accountability Act (HIPAA): Additional or supplemental instructions unique to HIPAA for this TO are as follows:

6.1.1. HIPAA Policy: Contractor personnel shall adhere to the Privacy Act, Title 5 of the U.S. Code, Section 552a and applicable agency rules and regulations. The contractor and/or contractor personnel shall not create or maintain a Privacy Act system of records prior to public notice. If the contractor and/or contractor personnel receives a Privacy Act request, the contractor and/or contractor personnel shall be responsible for searching for the records and providing those records to a government official who, as the authorized official, will make the decision on releasing the government records.

6.2. Government/Personnel Information Management.

6.2.1. Privacy Act Program: Work on this project may require that contractor personnel have access to Privacy Information. Contractor personnel shall adhere to the Privacy Act, Title 5 of the U.S. Code, Section 552a and applicable agency rules and regulations. The contractor and/or contractor personnel shall not create or maintain a Privacy Act system of records prior to public notice. If the contractor and/or contractor personnel receives a Privacy Act request, the contractor and/or contractor personnel shall be responsible for searching for the records and providing those records to a government official who, as the authorized official, will make the decision on releasing the government records.

6.2.2. For Official Use Only (FOUO): The contractor personnel shall create and maintain FOUO material IAW DoD 5400-7R, DoD Freedom of Information Act Program, the contractor personnel shall safeguard all sensitive data IAW DoD Regulation 5400.7. When documents containing FOUO material are authorized for destruction, the contractor personnel shall turn the records over to government personnel to shred the records so that the pieces cannot be reconstructed.

6.2.2. Patient Lists: Patient lists, no matter how developed, shall be treated as confidential information IAW the Privacy Act and the Health Insurance Portability and Accountability Act (HIPAA). Lists and/or names of patients shall not be disclosed to or revealed in any way for any use outside the MTF, except through MTF specified processes.

6.2.4. Unless otherwise specified, all financial, statistical, personnel, and/or technical data, which is furnished, produced or otherwise available to the contractor or contractor personnel during the performance of this contract are considered government confidential business information and shall not be used for purposes other than performance of work under this contract. The contractor and/or the contractor personnel shall not release any of the above information without prior written consent of the CO. All medical records and reports remain the property of the government. All inquiries shall be brought to the attention of the government.

6.2.5. Patient Sensitivity: Contractor personnel shall respect and maintain the basic rights of patients, demonstrating concern for personal dignity and human relationships. Contractor personnel receiving complaints validated by the FRED/FRED Supervisor shall be subject to counseling and, depending on the nature and severity of the complaint, separation from performing services under this contract.

6.2.6. Release of Medical Information: Contractor personnel shall only release medical information obtained during the course of this contract to other MTF staff involved in the care and treatment of that individual patient.

6.3. Security Requirements For Unclassified Contractors.

6.3.1. Listing of Employees: The contractor shall maintain a current listing of contractor personnel. The list shall include the contractor personnel's name, social security number and level of security clearance. The list shall be validated and signed by the company's Facility Security Officer (FSO) and provided to the sponsoring agency's Security Manager. An updated listing shall be provided when any contractor personnel status or information changes.



6.3.2. Security Training: The contractor shall ensure all contractor personnel receive initial and recurring security education training from the sponsoring agency's Security Manager. Training must be conducted IAW DOD 5200.1-R, Information Security Program Regulation.

6.3.3. Pass and Identification Items (Base Access): The contractor shall obtain personal identification passes for all contractor personnel requiring entry onto JBLE. The contractor must complete an approved contractor personnel/vendor access list provided by the government and submit it through the 633 MDG SCM to 633d Security Forces Squadron, Pass and Registration.

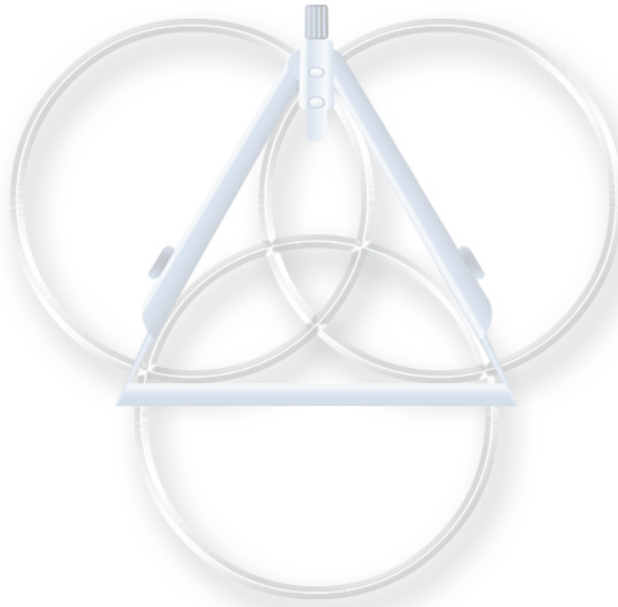
6.3.4. Contractor Passes: Base identification badges will be furnished by installation security for each contractor personnel upon presentation of evidence of assignment to this contractor under this TO. The contractor shall coordinate with the 633 MDG SCM on the processing of the contractor's base passes. The contractor shall provide to the 633 MDG SCM the following documentation:

- Name, address, and telephone number of contractor personnel.
- The contract number and contracting agency.
- The location(s) of contract performance.
- The date contract performance begins.

6.4. Access to Base: Contracted personnel shall submit name, SSN (if applying for long term pass) and date of birth to SCM for processing through security forces.



**PART 7  
APPLICABLE PUBLICATIONS**



**PART 8  
ATTACHMENTS/EXHIBIT**

**EXHIBIT 1  
PERFORMANCE REQUIREMENTS SUMMARY (PRS)**

The following performance outcome acceptable quality levels (AQLs) for minimum quality levels of service are required on this TO:

Performance Objective	Reference	Performance Objective	Method of Surveillance	AQL
Overall Fill Rate	5.1: Recruit HCWs	Percentage of days FTEs are assigned to a position in a reporting period	Periodic	>90%
On-Time Fill Percentage	5.3: Place HCWs	Percentage of FTEs filled by the required start date in the TO during the reporting period	Periodic	>85%
Turnover Rate	5.3.2: Replace HCWs	The number of FTEs that turned over during a reporting period	Periodic	<25%
Replenish Rate	5.2: HCW Qualifications	The measure of how well assigned positions remain filled in a reporting period	Periodic	>90%

**EXHIBIT 2  
DELIVERABLES SCHEDULE**

Deliverable	Frequency	# of Copies	Medium/Format	Submit To
Key Personnel List	NLT Five (5) business days after TO award	1	Electronic copy (MS Word) via email	TOKO
Initial Placement of HCWs: Qualifying Documentation (i.e., qualifying package; credentialing package, Security Investigative Package)	NLT 20 days after receipt of Letter of intent to apply for credentialed and non-credentialed HCWs	1	Electronic copy (MS Word) via email	COR
Replacement of HCWs: Qualifying documentation (i.e., qualifying package; credentialing package)	NLT 10 days after vacancy occurs for credentialed and non-credentialed HCWs	1	Electronic copy (MS Word) via email	COR
Quality Control Plan	NLT 20 calendar days after TO award	1	Electronic copy (MS Word) via email	TOKO





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I have read and fully understand the minimum qualifications and duties and will comply with all requirements under this contract service.

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(Print Name)

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(Signature)

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(Date)

