RESET FORM

Nurse Practitioner Funding Program Application and Eligibility Declaration Form

(Fillable Submission Form)

1. Legal Name

Complete the table below by entering the required information for the Nurse Practitioner	
Full Legal Name of Nurse Practitioner:	

Please note that only the Full Legal Name of the Nurse Practitioner as presented above can be used for any subsequent contracting purposes.

2. Home Address

Street Address Line 1:	
Street Address Line 2:	
City:	
Province/State:	
Postal/Zip Code:	
Phone Number:	
Company Website:	

3. Business/Invoicing Address

Street Address Line 1:	
Street Address Line 2:	
City:	
Province/State:	
Postal/Zip Code:	

4. Primary Contact Information

Identify a Primary Contact to represent the Nurse Practitioner during the RFX process and for any necessary clarifications or communications.	
Primary Contact Name:	
Primary Contact Title:	
Primary Contact Phone:	
Primary Contact Email:	

5. Acknowledgment of Non-binding Procurement Process

The Nurse Practitioner acknowledges that this process will be governed by the terms and conditions of the solicitation document, and that, among other things, such terms and conditions confirm that this procurement process does not constitute a formal, legally binding bidding process (and for greater certainty, does not give rise to a Contract A bidding process contract), and that no legal relationship or obligation regarding the procurement of any good or service will be created between the Province and the Nurse Practitioner unless and until the Province and the Nurse Practitioner execute a written agreement for the Deliverables.

6. Ability to Provide Deliverables

The Nurse Practitioner acknowledges that it has carefully examined all solicitation documents and has a clear and comprehensive knowledge of the Deliverables required. The Nurse Practitioner represents and warrants its ability to provide the Deliverables in accordance with the requirements of the RFX for the rates set out in its submission.

7. Non-binding Pricing

The Nurse Practitioner acknowledges that it has submitted its pricing in accordance with the instructions in the RFX. The Nurse Practitioner confirms that the pricing information submitted is accurate. The Nurse Practitioner acknowledges that any inaccurate, misleading or incomplete information, including withdrawn or altered pricing, could adversely impact the acceptance of its Nurse Practitioner or its eligibility for future work.

8. No Prohibited Conduct

The Nurse Practitioner declares that they have not engaged in any conduct prohibited by Part 3 of this RFX.

9. Provincial Supplier Declaration

A “provincial supplier” is defined in the Procurement Regulations as a supplier of goods, services or public works that has a place of business in the province of Newfoundland and Labrador. A “place of business” is defined in the Procurement Regulations as an establishment where a supplier regularly conducts its activities on a permanent basis.

- ◯ The Nurse Practitioner declares that they meet the definition of “provincial supplier”
- ◯ The Nurse Practitioner declares that they do not meet the definition of “provincial supplier”

10. Role Conflict and Unfair Advantage

The Nurse Practitioner acknowledges their responsibilities under Part 3.4 of the RFX to disclose any role conflict or unfair advantage.

- ◯ There are no perceived, potential or actual role conflicts or unfair advantage
- ◯ There are, or may be, perceived, potential or actual role conflicts or unfair advantage

If the Nurse Practitioner selects YES, they must set out below the details of the perceived, potential or actual role conflicts or unfair advantage.

11. Use of Artificial Intelligence

The Nurse Practitioner acknowledges:

(a) the responsibility of the Province to ensure the responsible use of artificial intelligence (AI) by government departments and agencies as set out in Part 3.6 of the RFX; and

(b) the reserved right of the Province to assess AI-related risks at any point leading up to, or after, contract award and, at its sole discretion, to deploy any tools deemed necessary for such assessments; and

(c) the requirement of the Contracted Supplier to immediately restrict or disable AI functions or features of the Deliverables upon request from the Province.

The Nurse Practitioner acknowledges its responsibility to fully declare all intended or potential uses/applications of AI towards satisfying the Deliverables, as follows:

○ No. The Deliverables as submitted via this Nurse Practitioner do not contemplate the use of AI of any kind and AI will not be used in any way.

○ Yes. The Deliverables as submitted via this Proposal/Response will, or could, use AI in some way.

If the Nurse Practitioner selects YES, it must outline the intended or potential uses/application of AI.

12. Please indicate agreement with the Mandatory Technical Requirements below:

MANDATORY TECHNICAL REQUIREMENTS			
The Respondent acknowledges meeting the following minimum eligibility criteria at the time of submission and acknowledges the requirement of the Contracted Supplier to maintain these eligibility criteria throughout the duration of the Agreement:			
	Registration and Professional Standing	**AGREE**	
1	be registered as a Nurse Practitioner (NP) in good standing with the College of Registered Nurses of Newfoundland and Labrador (CRNNL);	YES ☐	NO ☐
2	have no conditions on their license and conduct their practice in accordance with the conditions of registration with CRNNL;	YES ☐	NO ☐
3	adhere to the College of Registered Nurses of Newfoundland and Labrador's Scope of Practice Framework, Code of Professional Conduct for all Registered Nurses and Nurse Practitioners, and self-employment nursing practice principles;	YES ☐	NO ☐
The Respondent acknowledges the requirement of the Contracted Supplier to:			
	Practice Readiness and Clinical Requirements	**AGREE**	
4	Operate their own practice, or join an existing clinic, to deliver medically necessary services outside Newfoundland and Labrador Health Services;	YES ☐	NO ☐
5	deliver 1950 hours of eligible NP services per year, of which 1660 hours must involve direct patient care to receive full funding, however amended funding and expectations for services and panel size may be permitted at the discretion of the Minister of Health and Community Services (or delegate) on a prorated basis;	YES ☐	NO ☐
6	deliver services that are within the scope of practice for a NP and insured under the **Medical Care Insurance Insured Services Regulations**;	YES ☐	NO ☐
7	provide direct patient care primarily through in-person visits, with virtual care permissible at the discretion of the Nurse Practitioner and with patient's consent;	YES ☐	NO ☐

MANDATORY TECHNICAL REQUIREMENTS			
8	Work towards becoming the most responsible primary care provider to a panel of 700-800 patients (except for episodic care only agreements);	YES ☐	NO ☐
9	where the patient panel size has not been met, provide the Province with a business case including clinic operations, nature of services provided and efforts to meet the panel target (except for episodic care only agreements);	YES ☐	NO ☐
10	commit to providing both longitudinal and episodic care (except for episodic care only agreements);	YES ☐	NO ☐
11	offer the following minimum patient appointments after 5:00 pm and on weekends: Weekend Coverage: One weekend day (7.5 hours) per quarter (Total: 4 days per year; 30 hours) Evening Coverage: Two evenings (3.75 hours each) per month (Total: 24 evenings per year; 90 hours);	YES ☐	NO ☐
12	operate from a physical clinic space that supports the delivery of safe care, ensures the protection of privacy, and complies with accessibility standards;	YES ☐	NO ☐
13	maintain clear, complete, accurate, and timely documentation in the client's health record and comply with the requirements for confidentiality and storage of personal health information as outlined in the **Public Health Protection and Promotion Act**, the **Personal Health Information Act**, and other relevant legislation;	YES ☐	NO ☐
14	assume responsibility for all business and operational expenses and liabilities required to fulfill the service agreement, which may include, but is not limited to: •Labour and administrative support costs; •Rent/lease payments for clinical space; •Equipment and administrative clinic supplies •Professional liability insurance, and' •Commercial general liability insurance.	YES ☐	NO ☐
15	commit to collaborate with the Department of Health and Community Services and/or NLHS to establish a formal affiliation arrangement with a Family Care Team located within their geographic area;	YES ☐	NO ☐

MANDATORY TECHNICAL REQUIREMENTS			
	Technology and System Requirements	**AGREE**	
16	enroll in, and maintain access to, the provincial Electronic Medical Record (EMR) system;	YES ☐	NO ☐
17	complete required EMR onboarding and implementation planning processes;	YES ☐	NO ☐
18	utilize the EMR instance for all patient scheduling, medical documentation and reporting of key performance indicators as specified by the Province;	YES ☐	NO ☐
19	abide by all required EMR workflows established to support the funding model requirements;	YES ☐	NO ☐
20	sign the Nurse Provider Participation Agreement which establishes the terms and conditions of participation in eDOCSNL;	YES ☐	NO ☐
	Documentation and Reporting	**AGREE**	
21	provide the Province with the following key performance indicator metrics, primarily from EMR data reports, at time periods and in a format specified by the Province, for the purpose of performance monitoring and evaluation: •Number of attached patients •Number of patients seen •Number and type of patient appointment slots completed •Working hours •Third next available appointment time Government may adjust these indicators as required and may develop additional indicators;	YES ☐	NO ☐
22	participate in activities developed by the Province to evaluate the funding model;	YES ☐	NO ☐
	The Respondent acknowledges:	**AGREE**	
23	that a Contracted Supplier is not permitted to commence work under the Agreement until the EMR setup/onboarding process is fully completed;	YES ☐	NO ☐
24	that the Province may audit records maintained by a Contracted Supplier for the purpose of ensuring compliance with the Agreement, including whether the services provided are eligible for funding;	YES ☐	NO ☐

MANDATORY TECHNICAL REQUIREMENTS			
25	the requirement of a Qualified Respondent to provide the address and a detailed description of the physical location from which services will be delivered, upon request from the Province and prior to the execution of a written agreement for the Deliverables. The Description shall include an explanation of how the site supports the delivery of safe care, ensures the protection of privacy, and complies with accessibility standards;	YES ☐	NO ☐
26	the requirement of the Qualified Respondent to be registered with the Canada Revenue Agency as having a GST/HST Number under the name presented on the Fillable Submission Form. Qualified Respondents will be required to provide proof of GST/HST Registry, upon request from the Province and prior to the execution of a written agreement for the Deliverables;	YES ☐	NO ☐
27	the requirement of the Contracted Supplier to be covered under Commercial General Liability insurance covering property damage and bodily injury with a minimum $5,000,000 limit per occurrence and in the aggregate. This insurance shall include: Severability of Interests, Cross Liability, Blanket Contractual Liability, and Waiver of Subrogation;	YES ☐	NO ☐
28	the requirement of the Qualified Respondent to provide the Province with current certificate(s) of Commercial General Liability insurance, prior to the execution of a written agreement for the Deliverables, in a form and content reasonably acceptable to the Province, verifying the required coverages and, where applicable, listing: His Majesty the King in the Right of Newfoundland and Labrador as Represented by the Department of Health and Community Services, PO Box 8700, St. John's, NL A1B 4J6, as an additional insured.	YES ☐	NO ☐
29	the requirement of the Qualified Respondent to complete and submit the Supplier Setup and Maintenance Form to the Province prior to the execution of a written agreement for the Deliverables to facilitate supplier onboarding and to ensure timely, accurate, and secure payments from the Province;	YES ☐	NO ☐
30	the requirement of the Qualified Respondent to provide proof of working a full-time equivalent (1.0 FTE) with either NLHS or a private clinic (including under this funding model), in a form satisfactory to the Province, as a condition for entering into an Episodic Care Incentive Service Agreement.	YES ☐	NO ☐

13. Disclosure of Information

The Nurse Practitioner hereby agrees that any information provided in this Proposal/Response, even if it is identified as being supplied in confidence, may be disclosed where required by law or by order of a court or tribunal. The Nurse Practitioner hereby consents to the disclosure, on a confidential basis, of this Proposal by the Province to the advisers retained by the Province to advise or assist with the RFX process, including with respect to the evaluation of this Proposal/Response.

Signatures:

Witness Signature	Nurse Practitioner Signature
Witness Name - please print	Nurse Practitioner Name - please print
	Nurse Practitioner Title
	Date
	I have the authority to represent the Nurse Practitioner

Appendix A Supplementary information:

To ensure we provide you the appropriate Service Agreement to sign, please provide the following:

1. **Please check the number of hours you can complete by March 31, 2027 based on the table below:** (If you are looking for an episodic care service agreement only, please let us know via email when you return your enrollment package.)

	Working Days Per Week	Annual Service Hours	Annual Direct Patient Care Hours	Patient Panel Expectation
☐	1 day/week	390	332	140-160
☐	1.5 days/week	585	498	210-240
☐	2 days per week	780	664	280-320
☐	2.5 days/week	975	830	350-400
☐	3 days/week	1170	996	420-480
☐	3.5 days/week	1365	1162	490-560
☐	4 days/week	1560	1328	560-640
☐	4.5 days/week	1755	1494	630-720
☐	5 days/week	1950	1660	700-800

2. **Banking**
   Please check the box: Will you be using a personal ☐ or incorporated ☐ bank account for payment?

3. **Description of Physical Location From Which Services Will be Delivered**

Please provide the civic address of the clinic from which services will be delivered.

Street Address Line 1:	
Street Address Line 2:	
City:	
Province:	
Postal:	

Is this a new clinic? Yes ☐ **No** ☐