LUZERNE COUNTY COMMUNITY COLLEGE  
REQUEST FOR PROPOSAL  
MEDICAL DIRECTOR OF RESPIRATORY THERAPY

Section I. INTRODUCTION
Luzerne County Community College is seeking proposals from qualified Persons to provide a Medical Director of Respiratory Therapy. This document is a Request for Proposal (RFP) for the services described below and does not obligate LCCC to accept responses from eligible Persons. The RFP establishes minimum requirements a Person must meet in order to be eligible for consideration as well as information to be included in the Person’s proposal.

Carefully examine the specifications, conditions and limitations. The selection of the successful Person will be made based on LCCC’s evaluation and determination of the relative ability of each Person to deliver quality service in a cost-effective manner. The following specific criteria will be evaluated and must be addressed in the proposal:

1 History and Qualifications  
2 Cost Proposal and Invoicing  
3 Insurance  
4 References

LCCC is not obligated to accept the lowest proposal and reserves the right to reject any and all proposals or amend the scope of the project. All of the Persons must be duly licensed or otherwise have the ability to perform work in accordance with all governing local authorities and to the satisfaction of those authorities.

Under the Right To Know Law, the College is required to post to the PA Treasury Website all documents (BPO, PO, contract or agreement) for transactions valued at $5,000.00 and above.

Section II. SUBMISSION OF PROPOSALS
Responses to this RFP are due by Noon on Wednesday, May 6, 2015. Late submittals will be rejected. All proposals are to be sealed and addressed to:

Luzerne County Community College  
Purchasing Director, Mr. Len Olzinski  
1333 S. Prospect Street  
Nanticoke, PA  18634  
Phone  570-740-0370  
Email  lolzinski@luzerne.edu

The proposal submission may be mailed or delivered to the above address. Any questions regarding this RFP may be addressed to Christopher Tino, Director of Respiratory Therapy at 570-740-0467 or ctino@luzerne.edu.

Section III. CONTRACT TERM
The term of this contract shall commence on July 5, 2015 and continue thru June 30, 2018, unless terminated by either party with thirty (30) days written notice.

Section IV. SCOPE OF SERVICES
Medical Director of Respiratory Therapy Program:

• Provides input into curriculum including review of appropriateness of medical content.  
• Provides review of selected respiratory care topics in a format that encourages student interaction with a physician.
• Assists in the development of physician “communication skills” and assists in the evaluation of student attainment of these skills.
• Provides a minimum of one hour per week input during semesters that the Respiratory Therapy Program is in session: Fall, Spring, Summer-I, and Summer-II.
• Attends Advisory Committee meetings (three times per year) dependent upon availability.
• Communicates as needed with the Program Director and/or Director of Clinical Education for the Respiratory Therapy Program.
• Board Certified in Pulmonary Medicine is Preferred.

V. INSTRUCTIONS
Responding Companies must address the following subjects in their proposal:

1. Company History and Organization
Provide a brief company history. Explain ownership and include brief biographical information regarding the personnel who would be directly responsible for the service.

2. Cost Proposal and Invoicing
Provide service rates for medical director of respiratory therapy services as described in Section IV.

3. Insurance (Companies/Contractors only, does not apply to individuals)
The successful bidder shall carry and maintain, with respect to any work or service to be performed at LCCC facilities, insurance written by a responsible insurance carrier, to provide for the following:

   • Workers’ Compensation as required by applicable statute and Employer’s Liability Insurance.
   • Commercial General Liability Insurance in the amount of $1,000,000 listing the College as additional insured
   • Automobile Liability

Include a copy of Certificate of Insurance including limits with the response.

4. References
Provide at least three (3) client references whose facilities are comparable in size and profile to Luzerne County Community College. Include company name, address, contact person and contact number.