

Norway-Oslo: Education and training services
OJ S 68/2016 07/04/2016
Contract award notice
Services

Directive 2004/18/EC

Section I: Contracting authority

I.1. Name and addresses

Official name: Helsedirektoratet (The Norwegian Directorate of Health)

National registration number: 983 544 622

Postal address: Universitetsgata 2

Town: Oslo

Postal code: 0130

Country: Norway

Contact person: Procurement, operation and contract management

For the attention of: Ingrid K hler Knutsen

E-mail: Tone.Aursland@helsedir.no, Ingrid.Kohler.Knutsen@helsedir.no

Internet address(es):

General address of the contracting authority: <http://www.helsedirektoratet.no>

Electronic access to information: [https://tendsign.no/doc.aspx?](https://tendsign.no/doc.aspx?Uniqueld=afdfteiuwe&GoTo=Docs)

[Uniqueld=afdfteiuwe&GoTo=Docs](https://tendsign.no/doc.aspx?Uniqueld=afdfteiuwe&GoTo=Docs)

Electronic submission of tenders and requests to participate: [https://tendsign.no/doc.aspx?](https://tendsign.no/doc.aspx?Uniqueld=afdfteiuwe&GoTo=Tender)

[Uniqueld=afdfteiuwe&GoTo=Tender](https://tendsign.no/doc.aspx?Uniqueld=afdfteiuwe&GoTo=Tender)

I.2. Type of the contracting authority

National or federal agency/office

I.3. Main activity

General public services

Other

I.4. Contract award on behalf of other contracting authorities

Section II: Object of the contract

II.1. Description

II.1.1. Title

Professional tests for health care workers trained outside the EEA and Switzerland.

II.1.2. Type of contract and place of performance or delivery

Services

Service category No 24: Education and vocational education services

Main site or place of performance: Norway.

The service is to be preferably carried out in Norway, but we are also open to the tests being carried out abroad.

NUTS code NO Norge

II.1.3. Information about a framework agreement or a dynamic purchasing system (DPS)

II.1.4. Short description of the contract or purchase(s)

The Norwegian Directorate of Health would like to enter into a contract with a service provider of professional tests for health care workers. The aim of the tests is to test the qualifications of persons who already have undertaken and passed equivalent education/training in countries outside the EEA and Switzerland. The chosen service provider shall develop, hold and administer the professional tests. Capacity to hold professional tests for up to 1 200 candidates per annum is required.

The procurement process is covered by the Public Procurement Act, 16.7.1999 no. 69 (LOA) and the public procurement regulations (FOA) dated 7.4.2006 (FOA).

Parts I and III of the regulations apply for this procurement.

This procurement follows the procedure for an open tender contest. This is a procurement procedure that does not allow negotiations.

The Norwegian Directorate of Health is a specialist director and an administrative body under the Ministry of Health and Care Services (HOD). The Directorate is managed by HOD and the assignments are described in the national budget, award letter and in individual assignments.

The Norwegian Directorate of Health is divided into divisions and departments.

This procurement is anchored in the Education and Personnel Planning Department, which in the Competence and Personnel Division.

The Norwegian Directorate of Health's vision is Good health and a good life. For further information

see www.helsedir.no

Name — responsible for the procurement: Tone Aursland.

Telephone number + 47 97 12 05 69

Email address: anskaffelser@helsedir.no

All communication between the tenderer and the contracting authority shall be directed to the contracting authority's contact person via the Question and Answer function in our electronic tender system.

All questions and answers will be made accessible in anonymous form for all of the tenderers. Enquiries received later than five working days before the tender deadline will not be answered.

The Norwegian Directorate of Health would like to enter into a contract with a service provider of professional tests for health care workers. The aim is to test the qualifications of persons who have already undertaken and passed equivalent training (including final examinations) in countries outside the EEA and Switzerland. The background is changes in the rules for authorising health personnel, which involves additional requirements for authorisation in Norway.

See the consultation paper from the Ministry of Health and Care Services (HOD) in chapter 1.1).

The overall aim of the new approval scheme is to ensure that health personnel who were trained in countries outside the EEA and Switzerland have the qualifications required to see to patient safety and quality of the services. The professional test is one of several additional requirements. The other (language test, course in national professions and handling medicines) will be taken care of in separate contracts that the Norwegian Directorate of Health has signed.

The professional test for health care workers shall last for up to 1 day. They shall be held at least twice a year, possibly continually. The length will depend on which model(s) the service provider chooses to offer, see chapter 2 for further details.

The service provider shall develop, implement and administer the professional test.

There are an estimated 1 200 candidates per annum who will take the professional test. The

estimate is uncertain, see chapter 2.6 for further details.

See chapter 2.7 and chapter 3 for information on the contract's financial limits and length.

The competition is announced in the DOFFIN database — see www.doffin.no and in the TED database.

Evaluation: Weeks 17 -18.

The procurement shall be regulated by the contract terms with the accompanying annexes.

Subject to grants from the Norwegian parliament for each year of the contract period.

Tax certificate.

Qualification requirement: Service providers must have fulfilled their tax and payroll tax obligations in accordance with the relevant legislation.

Documentation: Tax certificate. The certificate shall not be older than six months calculated from the tender deadline. Any arrears or other irregularities must be justified. If a service provider is planning to use sub-suppliers, tax certificates must be provided for them as well. HSE self-declaration.

Qualification requirement: Service providers must vouch for the fact that the company works systematically to comply with health, environment and safety legislation and satisfies the Internal Control Regulations. The tenderer must also confirm that the company is legally organised in relation to applicable tax and working environment regulations for employees' professional and social rights, and shall accept that the contracting authority has the right to review and verify the company's system for safeguarding of health, environment and safety.

Documentation: A dated HSE self-declaration signed by the manager and a representative for the employees. The form is attached to the tender documentation.

Company Registration Certificate.

Requirement: The tenderer shall be a legally established company.

Documentation requirement: For Norwegian tenderers: Company registration certificate from the Brønnøysund Registre Centre. Foreign companies: Proof that the company is registered in a trade or business register as prescribed by the law of the country where the tenderer is established.

Annual accounts.

Requirement: The tenderer shall have sufficient economic and financial capacity to carry out the assignment/contract.

Documentation requirement:

Credit evaluation/rating, not older than 12 months, based on the last known accounting figures. The rating shall be carried out by an officially certified credit rating institution. Minimum requirement — the tenderer shall be creditworthy.

Implementation ability and capacity.

Requirement: The tenderer shall have sufficient implementation ability and capacity.

If a service provider plans to leave parts of the contract to sub suppliers, a short description shall be provided of the sub suppliers and which part/parts of the assignment the sub suppliers shall carry out. The contracting authority have same requirements to sub suppliers as to the main service provider. The contracting authority reserves the right to disallow the choice of sub suppliers. Any financial requirements from sub suppliers or costs connected to this shall be borne by the supplier.

As the tender system does not support signing tenders with an electronic certificate, it is a prerequisite that the service provider prints out a tender confirmation to confirm their tender.

Service providers must declare that all the terms stated in the tender documentation are accepted.

Print out the tender confirmation letter, signed by an authorised person and enclose it as a pdf-document in the tender.

The tender shall be submitted through the electronic tender system. The tender makes up the

service provider's reply to the questions and requirements for the tender that are stated in the tender documentation with any attached documents in addition to those required in the tender documents.

All deviations from the tender documentation shall be precise, unambiguous and clearly stated in the tender so that the contracting authority can assess them without contacting the service provider, cf. FOA § 20-3.

The service provider cannot submit tenders that include significant deviations from the specifications in the notice or the tender documentation, cf. FOA § 20-13 (1) letter e. If a tender includes deviations that, when seen in isolation, are not significant, the deviations can, after a concrete assessment, be seen in total as significant.

Any reservations shall be specified below. Reservations that are stated other places in the tender, but which are not specified in the tender letter, cannot be made applicable by the service provider and will not be considered when the tenders are evaluated.

The service provider cannot have significant reservations to the contract terms cf. FOA § 20-13 (1) letter d. If a service provider has reservations that, when seen in isolation, are not significant, the reservations can, after a concrete assessment, be seen in total as significant. The tender's sub prices and total price shall be stated in the tender, see the attached statement costs that shall be filled in.

The contracting authority shall, in accordance with the Public Procurement Regulations § 20-12 (1) reject service providers that, amongst other things: a) do not fulfil the requirements set for the service provider's participation in the competition;

b) have not presented tax certificates;

c) have not presented a HSE self-declaration.

The contracting authority can reject service providers if the terms in the FOA § 20-12 (2) apply.

The contracting authority shall, in accordance with the Public Procurement Regulations § 20-13 (1) reject the tender when, amongst other things: a) it is not submitted by the set tender deadline;

b) it includes significant deviations from the tender documentation;

c) it includes significant reservations to the contract terms.

The contracting authority can reject tenders if the terms in the Public Procurement Regulations § 20-13 (2) apply.

The award will be on the basis of which tender is the most economically advantageous, based on the criteria described in the specifications and the weighting model described below.

Relative weighting.

The relative weighting model is built on 1 comparing the tenders with each award criteria.

The economically most advantageous tender/tenders will be chosen by the contracting authority stating the price criteria and quality criteria and weighting these against each other.

The lowest price will receive maximum points, whilst the other prices will be awarded points in relation to the lowest tender price. The best tender is given equivalently for each quality criterium.

The contracting authority reserves the right to cancel the competition if there is a justifiable reason, cf. the Public Procurement Regulations §21-1 (1).

A justifiable reason can typically be a lack of competition, unexpected changes in grants etc.

The contracting authority can reject all the tenders if the result of the competition gives a justifiable reason, cf. the Public Procurement Regulations § 21-1 (2)

In addition to the notification given upon the award of contract, the contracting authority shall give written notification with a short justification if:

— the tender is rejected or the contracting authority decides to reject all the tenders or cancel the competition.

Service providers can request in writing further justification for:

- why the tender was rejected or
- why the tender was not chosen.

The contracting authority is obligated to reply to this enquiry at the latest 15 days after the enquiry has been received.

As regards the general public's insight into the tender and the procurement protocol, the legislation dated 19.5.2006 no 16 on the right to insight in documents in public entities applies. Tenders and protocols are screened in accordance with the public law § 23 3rd section up until the choice of service provider. After a service provider has been selected, the confidential information is exempted in accordance with the Administration Act § 13 cf. the regulations. LOA § 3-6.

Service providers must themselves assess and mark text and information in the tender that is deemed to be operational and business conditions that it is of competitive importance to keep secret. The contracting authority has, however, the right and a duty to assess whether the information can be kept secret as regards the public law in accordance with the Administration Act § 13, cf. the regulations LOA § 3-6.

The Norwegian Directorate of Health would like to enter into a contract with a service provider of professional tests for health care workers. The aim is to test the qualifications of persons who have already undertaken and passed equivalent training (including final examinations) in countries outside the EEA and Switzerland. The background is changes in the rules for authorising health personnel, which involves additional requirements for authorisation in Norway. See the consultation paper from the Ministry of Health and Care Services (HOD) in chapter 1.1.

The overall aim of the new approval scheme is to ensure that health personnel who were trained in countries outside the EEA and Switzerland have the qualifications required to see to patient safety and quality of the services. The professional test is 1 of several additional requirements. The other (language test, course in national professions and handling medicines) will be taken care of in separate contracts that the Norwegian Directorate of Health has signed.

The professional test for health care workers shall last for up to 1 day. They shall be held at least twice a year, possibly continually. The length will depend on which model(s) the service provider chooses to offer, see chapter 2 for further details.

The service provider shall develop, implement and administer the professional test.

There are an estimated 1 200 candidates per annum who will take the professional test. The estimate is uncertain, see chapter 2.6 for further details.

See chapter 2.7 and chapter 3 for information on the contract's financial limits and length.

2 The delivery.

2.1 The contracting authority's needs.

The new approval scheme gives a need for service providers of professional tests for health workers trained in countries outside the EEA and Switzerland. We would preferably like one service provider. There can be a need for more due to capacity considerations. The estimated number of candidates with a need for a professional test is approx. 1 200 per annum. The estimate is uncertain: The new scheme involves new requirements and the candidates must themselves pay significant parts of the costs, which can lead to fewer candidates. The fact that Norway will have more immigrants can lead to the number of candidates increasing.

'Professional test' is here defined as a specific practical, oral and written professional test. It shall be less comprehensive and shorter than an ordinary professional test for apprentices in the health care worker profession, and less complicated than professional tests for health personnel (nurses, doctors, dentists) with higher education.

The aim of the professional test is to check whether the candidates have the same/equivalent theoretical and practical knowledge and capabilities that candidates who have completed

Norwegian training (including final examinations/ordinary subject tests) are expected to have. It shall contribute to uncovering actual shortcomings in the candidate's competence, function as quality assurance of equivalency assessments of education documents and contribute to uncovering whether a decision on equivalency was made on the basis of false/forged documents.

The professional test for health care workers shall last for up to one day, it shall be a profession specific practical oral and written test that measures whether the applicant has the equivalent theoretical and practical knowledge that is required for the Norwegian exam in the profession, cf. the Curriculum for health care workers, third year sixth form:

<http://www.udir.no/kl06/HEA3-01/>

Service providers must have the competence and system for continual updates to the scheme and the content of the professional test in accordance with the current theoretical and practical requirements in the Norwegian education for health care workers.

Thoughts on possible system alternatives (Models A and B) that can be carried out in the services with real patients/users are described in chapter 2.2. A draft has also been made for a form of staged tests with virtual patients/users (Model C). Furthermore, there is a list of examples with a transferable value. Other models can also be relevant.

The tender can include one or several models. If continual implementation (e.g. Model A) is not to be used, the tests must be held at least twice a year. This is so that each candidate shall be able to take the professional test twice a year.

The professional test must preferably be ready for the first implementation during autumn 2016. If this is not possible, the service provider is to state the first possible date for implementation. They shall be held at least twice a year, possibly continually.

2.2 Implementation, organisation, capacity — possible need for different models.

Possible implementation in the services with real patients/users (Models A and B).

It is not known whether all candidates who currently apply for authorisation with training outside the EEA and Switzerland are employed in the health and care services at the time the application is submitted. Approx. 25 % of the employees in the services are included in the statistics as unskilled and could register for the professional test. Implementation at each individual's place of work (Model A) can be a possible solution.

There is no overview of the number of candidates without employment in the services with training from outside the EEA and Switzerland. Regardless of the number, they must be given the opportunity to take the professional test on equal terms as those who have employment. For candidates without work in the services, implementation at selected places of work at least twice a year (Model B) can be a possible solution. If such a model is chosen, the development centre for nursing homes and home care services (www.utviklingssenter.no) can be a possible venue for holding the professional tests. Service providers must, in such case, investigate this and the tender must include intention contracts.

Possible implementation with staged patient/user situations (Model C).

A third system can be to hold the professional test as a staged test, where each candidate solves tasks in a staged situation with virtual patients/users (e. g. with hired persons in the role of the patient). The University of Oslo has held such tests for foreign medical personnel for several years (OSCE-test; Objective Structural Clinical Examination). Buskerud and Vestfold University College holds a similar test for student nurses. Professional competitions that include similar elements have been held for health care workers in recent years. Below is a non exhaustive list of models with a possible transferable value:

— UiO's test for medical personnel with training from countries outside the EEA: <http://www.med.uio.no/om/aktuelt/arrangementer/medisinsk-fagprove/fagprove-utenlandsmedisinere-2013.html>

— HBV's professional test for student nurses and the professional test that they are currently developing for nurses with training from countries outside the EEA and Switzerland. Contact Vibeke.Narverud.Nyborg@hbv.no

— For professional competitions (county, Norwegian and World championship) see: <http://worldskills.no/helsefagarbeider/helsefagarbeider-article328-211.html> Examples of assignments: <http://worldskills.no/konkurransoppgaver/eksempler-paa-konkurransoppgaver-article656-385.html>: See the information on the assignments that are given and the relevant contact persons under the chapter 'Health Care Workers'.

— Ordinary professional tests for apprentices in the health care worker profession, which are held in the service, at each apprentice's place of work, and which are regulated by the Education Act. Contact the country's counties for information.

The alternatives stated above are possible system alternatives and models with a drafted transferable value. Others can be relevant. Models that are presented in the tender must be fully prepared and take quality and patient safety into consideration.

The tender can include one or several different models. Regardless of which model(s) is chosen, the service provider shall ensure that there are a sufficient number of professional personnel, including examiners with the necessary competence. Tenders must include the necessary intention contracts (premises, equipment, personnel etc.).

If the professional test will be carried out with real patients/users, the tender must describe how the patients' and users' needs will be taken into consideration.

2.3 Requirement for the content of the professional test.

Regardless of which model(s) is chosen, the professional test must efficiently test whether the candidate has the knowledge and capabilities that are deemed to be critical when seen in the light of potential injuries and patient safety. It shall not cover all elements in the training, but it shall uncover whether each candidate has the knowledge, capabilities and competence that is expected from a health care worker as regards:

— Assessing a situation and planning measures in the actual situation.

— Implementing the assignments/measures that can/shall be carried out in the situation.

Reflecting orally on one's execution of the assignment.

The professional test shall be able to uncover the candidate's knowledge on, capabilities in and understanding of the importance of documentation/reporting (written) by the candidate:

— Documenting/reporting what was done, either in a patient journal or in another appropriate way within the professional test's duration.

The starting point for the service provider shall be the intention of the new approval scheme and the professional test, cf. chapter 2.1. There must be a statement of how many topics /situations shall be included in the professional test and how long, within a limit of 1 day, each test will take. The service provide shall develop several assignment sets and a system for how the assignment is chosen for each test.

The service provider shall ensure that the system spots and follows up cheating/attempts at cheating in accordance with the provisions in the regulations to the Education Act.

2.4 Assessment — examiners.

The assessment shall give a result of either 'Passed' or 'Failed' and it is to apply to the professional test as a whole (the candidate's execution of planning, implementation, documentation and assessment of their own work). The service provider shall ensure that there are a sufficient number of examiners with the correct competence and an appropriate assessment system and assessment criteria in accordance with the purpose of the professional test. The starting point shall be the basis for assessment from the curriculum for health care workers in the third year of sixth form: <http://www.udir.no/kl06/HEA3-01/Hele/Vurdering/>

Tenders must state what the necessary competence is for examiners and how the service provider will ensure recruitment of and training/guidance for examiners.

2.5 Implementation and frequency.

The consultation paper from the HOD states that all professional tests shall be held twice a year. The estimated number of candidates for professional tests for health care workers is however significantly higher than the estimated number of nurses, doctors and dentists. Alternative thinking can be required as regards the organisation of the professional test for so many persons. For example there can be continual tests, or decentralised tests can be a possible solution. The tender shall describe the content, rate, frequency, organisation and capacity per test and per annum.

The professional test must preferably be ready for the first implementation during autumn 2016. If this is not possible, the service provider is to state the first possible date for implementation. The professional test must be held every 6 months (twice a year).

2.6 Assessment of the length of the professional test.

The professional test for health care workers shall last for up to 1 day, it shall be a profession specific practical oral and written test that measures whether the applicant has the equivalent theoretical and practical knowledge that is required for the Norwegian exam in the profession, cf. the Curriculum for health care workers, third year sixth form:

<http://www.udir.no/kl06/HEA3-01/>

When assessing the length, the service provider shall assume that the candidates have already undertaken and passed exams/tests by completing equivalent training in countries outside the EEA and Switzerland. The professional test shall not test all elements in the training, but it shall be designed so that it efficiently tests the knowledge and capabilities that are assessed to be critical in the light of potential injuries and patient safety. The professional test shall be able to uncover whether the health personnel have qualifications that are equivalent to what we expect from the same health personnel in Norway, as well as uncover potential document forging of education papers.

2.7 The service provider's administrative assignments.

In addition to be responsible for the professional development and implementation of the professional test, the service provider shall be responsible for all the administration of the scheme.

2.7.1 Information.

The service provider will be expected to provide information on the professional tests' dates, registration deadline and information on the price etc. on their website in good time before the tests are held. It shall also state what will be seen as a justifiable reason for cancellation /dropping out.

In order to ensure predictability, the information shall be continually kept up-to-date and coordinated with the information on the Norwegian Directorate of Health's website.

2.7.2 Registration and fees.

The service provider shall handle all work connected to the registration, including setting a registration deadline and collecting fees. The candidate shall pay the fee to the service provider upon registration. The registration is not to be seen as valid before the fee from the candidate has been received and confirmed.

The following 2 terms must be fulfilled by the candidate before they can register for the professional test:

1. The candidate must present documentation from SAK/the Norwegian Directorate of Health confirming that the person in question is qualified to carry out the additional requirement.
2. The candidate must present documentation of a passed language test, both oral and written, which is equivalent to the Europe Council's level scale for language (CEFR) B2. In Norway this is equivalent to a 'passed' test in Norwegian at a higher level, also called the

Bergen Test. The passed language test requirement does not apply if the applicant presents documentation of equivalent knowledge and capabilities in Norwegian, Swedish or Danish. The service provider is responsible for checking that the registration terms are fulfilled.

2.7.3 Documentation of the result of the implemented professional test.

The service provider is responsible for issuing documentation for a 'Passed' and 'Failed' professional test to the candidate. In the event of a 'Failed' result, the document shall state how many attempts the candidate has left within the total limit of three years and information on the right to appeal (see below).

2.7.4 Right to take a new test.

The service provider shall ensure that candidates who get the result 'Failed' receive information that the person in question can have a total of three attempts within a total of 3 years. If a candidate chooses to submit a new application for authorisation to the Norwegian Directorate of Health/SAK, previous attempts shall be included in the total number of attempts. The service provider must keep an overview of the number of attempts for each candidate.

2.7.5 Right to lodging appeals.

The service provider is responsible for the appeals scheme and for processing appeals.

2.7.6 Overview and reports.

The service provider must be able to submit continual overviews to SAK/the Norwegian Directorate of Health on the number of registered applicants, with an account of and the number of any cancellations and the candidate's results. The service provider shall submit an overview of each candidate's number of attempts to pass the test and keep the Norwegian Directorate of Health/SAK informed on where each candidate is in the scheme.

The service provider shall submit half yearly reports to the Norwegian Directorate of Health with a brief evaluation of completed professional tests.

2.8 Price of the service.

There can be a need for annual professional tests for approx. 1 200 candidates, but the estimate is uncertain.

The contract that is signed shall either ensure the possibility to hold the professional test every six months (twice a year), regardless of whether there are fewer registered candidates than the estimate, or ensure continual tests. Regardless of which model is offered, each candidate must be given the opportunity to take the professional test at least twice a year, so that it is possible to have a total of 3 attempts within 3 years.

It shall be apparent how many candidates make up the service provider's minimum number for holding the professional test in the most cost efficient way. In addition the service provider's maximum capacity per professional test is to be stated. If continual tests are to be held, the tenderer's minimum and maximum capacity must be clearly stated in the tender and in the budget.

Depending on the chosen model and capacity at the start, the costs are expected to vary to some degree based on how many candidates register for the professional test per annum.

Tenders shall therefore include a budget for tests with

- 0 — 20 candidates;
- 20 — 500 candidates;
- 500 — 1 000 candidates;
- 1 000 — 1 200 candidates.

The Norwegian Directorate of Health requests that service providers state the total costs connected to the assignment in their tender, including.

- Development costs.

Allowance is made for the fact that there will be costs in 2016 connected to the development of the professional test, but further out in the implementation period, the costs will be relatively predictable. Service providers are asked to state the total development costs.

— Fixed costs per professional test.

This means the service provider's fixed costs to be on hand for the implementation, independent of whether anyone registers for the professional test. It must be clear what is included in these costs. It can, for example, cover wages connected to the assignment production, administrative resources for processing information, equipment, registration, contact with the contracting authority, examiners etc.

— Variable costs per held professional test.

This means the service provider's costs connected to the actual implementation. It must be clear what is included in these costs. It can, for example, cover examiners, actors, equipment, invigilators, printing costs etc.

It is assumed that the candidates shall pay a share of the total costs, which will be decided by the contracting authority when the professional test has been procured. If there are no registered candidates, the contracting authority is responsible for covering the fixed costs per professional test. If there are fewer registered candidates than the minimum number stated by the service provider, the contracting authority will cover the difference.

See the attached cost overview that service providers are to fill in. In addition a detailed budget is to be enclosed.

3 The contract's limits.

3.1 Financial limit.

The procurement's financial limit is from 500 000 NOK to 9 000 000 NOK.

In recent years a grant has been put aside of approx. 9 000 000 NOK for qualification measures for health personnel who were trained in countries outside the EEA and Switzerland. It is assumed that the grant will be the same in 2016. These resources shall cover, amongst other things, courses in national professions and handling medicines, as well as professional tests for health care workers, nurses, dentists and doctors. Precisely how the resources will be distributed between the different measures will be decided when the contracting authority has received the tenders from the actual service providers.

See chapter 2.7 on conditions of importance when fixing the price.

3.2 Duration.

The contract will be signed for two years, with an option for an extension for 2 + 2 years.

Subject to grants for the measure from the annual national budgets.

The professional test must be fully developed by autumn 2016. There must be a dialogue with the contracting authority underway, and the scheme must be approved.

It is assumed that the professional test will be ready for implementation during autumn 2016. If this is not possible, the service provider is to state the first possible date for implementation.

Information to candidates must be available in reasonable time before the test is held.

The tender shall include a progress plan that shows activities in the development phase and activities that the service provider will have connected to the annual tests, administration of the scheme and fixed reports to the contracting authority.

Fill in the information below, print it out and sign the document. The document is to be scanned and enclosed with the tender.

Fill in the information below, print it out and sign the document. The document is to be scanned and enclosed with the tender.

This confirmation applies to:

As regards the general public's insight into the tender and the procurement protocol, the legislation dated 19.5.2006 no 16 on the right to insight in documents in public entities applies. Tenders and protocols are screened in accordance with the public law § 23 3rd section up to the award of contract. After the award of contract, confidential information will be exempted in accordance with the Public Administration Act § 13, cf. the regulations in the Public Procurement Act § 3-6.

Service providers must themselves assess and mark text and information in the tender that is deemed to be operational and business conditions that it is of competitive importance to keep secret. The contracting authority has, however, the right and duty to assess whether the information can be kept secret.

This is to confirm that we understand the law on public access and the right to access documents in public entities. We have assessed the information that is in the tender and have marked the text that is deemed to be operational and business conditions that it is of competitive importance to keep secret.

This is to confirm that we understand that the contracting authority has the right and duty to assess whether the information can be kept secret in accordance with the Public Administration Act § 13, cf. regulations in the Public Procurements Act §3-6.

The undersigned has marked the text in the tender that we believe shall be exempted from public access:

Manager (signature) _____ Date: _____.

II.1.5. CPV code(s)

80000000 Education and training services, 79632000 Personnel-training services, 80430000 Adult-education services at university level, 80511000 Staff training services, 80530000 Vocational training services, 80561000 Health training services

II.1.6. Information about the Government Procurement Agreement (GPA)

II.2. Total value of the contract/lot

II.2.1. Total value of the contract/lot

Section IV: Procedure

IV.1. Type of procedure

IV.1.1. Type of procedure

Award of a contract without prior publication of a call for competition in the Official Journal of the European Union in the cases listed below

IV.2. Award criteria

IV.2.1. Award criteria

IV.2.2. Information about electronic auction

An electronic auction has been used: no

IV.3. Administrative information

IV.3.1. File reference number attributed by the contracting authority

15/9779

IV.3.2. Previous publication concerning this procedure

Section V: Award of contract

V.1. Date of conclusion of the contract

29.2.2016

V.2. Information about tenders

V.3. Name and address of the contractor

Official name: Studieforbundet Folkeuniversitetet

National registration number: 971 436 891

Postal address: Chr. Krohgsgt. 34

Town: Oslo

Postal code: 0186

Country: Norway

E-mail: ig@fu.no

Fax: +47 22988801

Internet address: <http://www.folkeuniversitetet.no>

V.4. Information on value of the contract/lot**V.5. Information about subcontracting****Section VI: Complementary information**

VI.1. Information about European Union funds

The procurement is related to a project and/or programme financed by European Union funds:
no

VI.2. Additional information

Visma notice: <https://opic.com/id/afbfvkyqri>

VI.3. Procedures for review**VI.3.1. Review body****VI.3.2. Review procedure****VI.3.3. Service from which information about the review procedure may be obtained****VI.4. Date of dispatch of this notice**

4.4.2016