Department of State Health Services

Purchase Order

						Dispa	tch via Print
Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship V BEST		Purchase Order		HHSTX-3-00	00311378
If advertised by informal bid, Invitation for Offer, or Request for Proposal; all specifications, terms, and conditions set forth in the advertisement and vendor's conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements. All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Date 03/06/23	Revision		Page 1	
			Ship To:	1905 - Arlington:1301 S Bowen Rd HEALTH & HUMAN SERVICES COMMISSION 1301 S Bowen Rd Ste 200 Arlington TX 76013 United States			
N 15 W	042752770 9 ATIONAL COMM FOR HEALTH 1 541 ALTA DR STE 303 /HITEHALL PA 180525642 nited States	EDUCATION CF	REDE	Bill To:	Invoice-DSHS Fis DEPARTMENT (1100 W 49th St (F PO Box 149347 Austin TX 78756 United States	OF STATE HEALTH	I SERVICES
				Fax: Email:	512/458-7442 invoices@dshs.tex	xas.gov	
				Purchaser:	Martinez,David		
Line-Sch Inve	entory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date

FY23 funding SP/ E Requisition # 220651 PO Service Dates 03/06/2023 to 08-31-2023

FY23- CHES Membership recertification for Dr. Rebecca Earlie-Royer, CHES # 7184, 04/1/23 - 03/31/24; Marissa Eugene, CHES # 31969, 04/1/23 - 03/31/24; CHES Membership recertification for Phuong Vo, CHES # 21766, 04/01/23 - 03/31/24; CHES Membership due for Rhonda London, CHES # 23014

Attached: Terms and Conditions apply to this Purchase Order.

This purchase order is contingent upon the continued availability of lawful appropriations by the Texas Legislature and may be canceled at any time in whole or part without penalty. HHS or the agency does not commit to ordering specific quantities of goods/services or dollar amounts with respect to this purchase order. The agency shall be obligated to pay for only those goods and/or services ordered and received by the agency. Any funds not utilized by 08/31/2023 are automatically canceled.

Vendor contact National Commission for Health Education Credentialing, Inc Anamaria Tomassi Phone: 888-624-3248 Email: admin@nchec.org

Agency contact Samuel Savala Phone: (817) 264-4502 Email: Samuel.savala@dshs.texas.gov

PCS contact David Martinez Phone: 512-406-2597 Email: David.Martinez01@hhs.texas.gov

1-1	963-37	1.00	EA	70.00000	\$70.00	03/22/2023
CHES Membership Dr. Rebecca Earlie 7184, 04/1/23 - 03/	-Royer, CHES #					

Schedule Total

\$70.00

Department of State Health Services

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Dispatch via Print

specification	Prepaid & Allow I by informal bid, Invitation for Offer, or Req ns, terms, and conditions set forth in the adver	rtisement and ve	WAY al; all endor's	Date	chase Order e 16/23	Revision	HHSTX-3-00	00031137 Pag
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Vendor:	1042752770 9 NATIONAL COMM FOR HEALTH EI 1541 ALTA DR STE 303 WHITEHALL PA 180525642 United States	DUCATION CI	REDE	Bill	То:	Invoice-DSHS F DEPARTMENT 1100 W 49th St PO Box 149347 Austin TX 78750 United States	OF STATE HEALT (RBB)	H SERVICES
					Fax: Email:	512/458-7442 invoices@dshs.te	exas.gov	
Line-Sch	Inventory Item ID - Line Description	Class/Item	Ouantity	Puro UOM	chaser:	Martinez, David PO Price	Extended Amt	
2-1	CHES Membership recertification for Marissa Eugene, CHES # 31969, 04/1/23 - 03/31/24	963-37	1.00	EA	Item Total f	for Line 1 70.00000	\$70.00 \$70.00	03/22/2023
						dule Total for Line 2		
3-1	CHES Membership recertification for Phuong Vo, CHES # 21766, 04/01/23 - 03/31/24	963-37	1.00	EA		70.00000	\$70.00	03/22/2023
					Sche	dule Total	\$70.00	
					Item Total	or Line 3	\$70.00	
4-1	CHES Membership due for Rhonda London, CHES # 23014	963-37	1.00	EA		70.00000	\$70.00	03/22/2023
					Sche	dule Total	\$70.00	
					Item Total	or Line 4	\$70.00	
					Total P	O Amount	\$280.00	

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Vendor:	1042752770 9 NATIONAL COMM FOR HEALTH 1 1541 ALTA DR STE 303 WHITEHALL PA 180525642 United States	EDUCATION CR	EDE	Bill To:	Invoice-DSHS Fis DEPARTMENT (C 1100 W 49th St (R PO Box 149347 Austin TX 78756 United States	OF STATE HEALTH SI	ERVICES
				Fax: Email:	512/458-7442 invoices@dshs.tex	tas.gov	
				Purchaser:	Martinez,David		
Line-Sch Ir	ventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt D	ue Date

No substitutions or cancellations are permitted without prior approval by Health & Human Services Commission. If contractor fails to deliver by promised delivery date (or reasonable time thereafter) or fails to meet requirements, Health & Human Services Commission reserves the right to purchase elsewhere and charge an increased cost and handling to contractor.

Over shipments will not be accepted unless authorized by Buyer prior to shipment. The dispute resolution process provided for in Chapter 2260 of the Texas Government Code must be used by the Health & Human Services Commission and Contractor to attempt to resolve all disputes arising under the contract.

Performance under this purchase order is acceptance of the attached affirmations and terms and conditions.

Authorized By	
Dardfalin, CTCD	<u>03/06/2023</u>