

STATE OF NEW MEXICO  
HUMAN SERVICES DEPARTMENT  
PROFESSIONAL SERVICES CONTRACT  
AMENDMENT No. 1

THIS AMENDMENT No. 1 to PSC 17-630-8000-0007 is made and entered into by and between the State of New Mexico **Human Services Department**, hereinafter referred to as the "HSD," and **Prometric Inc.**, hereinafter referred to as the "Contractor."

UNLESS OTHERWISE SET OUT BELOW, ALL OTHER PROVISIONS OF THE ABOVE REFERENCED AGREEMENT REMAIN IN FULL EFFECT AND IT IS MUTUALLY AGREED BETWEEN THE PARTIES THAT THE FOLLOWING PROVISIONS OF THAT AGREEMENT ARE AMENDED AS FOLLOWS:

**Section 1, Scope of Work, is amended and reads as follows:**

1. **Scope of Work.**

The Contractor shall perform all services detailed in Exhibit A, Amended Scope of Work, attached to this Agreement and incorporated herein by reference.

**Section 2, Compensation, Paragraph A and B, are amended and reads as follows:**

2. **Compensation.**

A. The total amount payable to the Contractor under this PSC shall not exceed \$50,000.00 including gross receipts taxes. This amount is a maximum and not a guarantee that the work assigned to the Contractor under this PSC to be performed shall equal the amount stated herein. The parties do not intend for the Contractor to continue to provide services without compensation when the total compensation amount is reached. The Contractor is responsible for notifying the HSD when the services provided under this Agreement reach the total compensation amount. In no event will the Contractor be paid for services provided in excess of the total compensation amount without this Agreement being amended in writing prior to those services in excess of the total compensation amount being provided.

B. The HSD shall pay the Contractor in full payment for services satisfactorily performed pursuant to the Scope of Work, including gross receipts tax, if applicable, and expenses, an amount not to exceed \$50,000 as set forth in Paragraph A. Payment is subject to availability of funds pursuant to the Appropriations Section set forth below and to approval by the HSD. All invoices MUST BE received by the HSD no later than ten (10) days after the termination of the Fiscal Year in which the services were delivered. **Invoices received after such date WILL NOT BE PAID.**

**Section 3, Term, is amended and reads as follows:**

3. **Term**

THIS AGREEMENT SHALL NOT BECOME EFFECTIVE UNTIL APPROVED BY HSD. This Agreement shall terminate on **November 30, 2016** unless terminated pursuant to paragraph 4 (Termination), or paragraph 5 (Appropriations). In accordance with Section 13-1-

150 NMSA 1978, no contract term for a professional services contract, including extensions and renewals, shall exceed four (4) years, except as set forth in Section 13-1-150 NMSA 1978.

Exhibit A, Scope of Work, Section D, Compensation, is amended to add the compensation needed to extend the term of the contract, attached hereto and referenced herein.

**All other Sections of PSC 17-630-8000-0007, as amended, remain the same.**

**THE REMAINDER OF THIS PAGE INTENTIONALLY LEFT BLANK.**

IN WITNESS WHEREOF, the parties have executed this Agreement as of the date of signatures below.

By: *Brent Earnest* *by Michael G. Mele* Date: *9/23/16*  
HSD Cabinet Secretary

By: *[Signature]* Date: *9/23/16*  
HSD Chief Financial Officer

By: *[Signature]* Date: *9/23/16*  
HSD Office of General Counsel

By: *Michael P. Sawicki* Date: *9/20/16*  
Contractor *Michael P. Sawicki*  
*SVP/General Counsel*

The records of the Taxation and Revenue Department reflect that the Contractor is registered with the Taxation and Revenue Department of the State of New Mexico to pay gross receipts and compensating taxes.

**ID Number: 03-120264-00-0**

By: *Ronald Jones* Date: *9/27/16*  
Taxation and Revenue Department

**Exhibit A**  
**Amended Scope of Work**

**D. Compensation**

Service	Volume Estimated	Unit Price	Extended Price
Written Exam	224	\$37	\$8,288
Oral Exam	15	\$47	\$705
Clinical Exam	238	\$63	\$14,994
No Show – Written Exam	36	\$37	\$1,332
No Show – Oral Exam	2	\$47	\$94
No Show – Clinical Exam	36	\$63	\$2,268
Recertification	906	\$22	\$19,932
<b>Total Service Fees</b>			<b>\$47,613</b>
<b>State Gross Tax (5%)</b>			<b>\$2,380.65</b>
<b>Total State Expenditures</b>			<b>\$49,993.65</b>