



ASSOCIATE HEALTH PROGRAM ADVISER

Training and Experience Assessment



California
Department of Corrections
and Rehabilitation

Read instructions carefully

This Training and Experience Assessment will provide you with an opportunity to demonstrate significant aspects of your qualifications for Associate Health Program Adviser with the California Correctional Health Care Services (CCHCS) and Department of Corrections and Rehabilitation (CDCR). The eligible list resulting from this examination process will be used by CDCR facilities statewide to fill their existing positions. A "Conditions of Employment" form is included in this Training and Experience Assessment that will allow you to select the location(s) and time bases for which you are interested in working.

This Training and Experience Assessment will account for 100% of the weight of your examination for this classification. Therefore, please be sure to follow the instructions carefully.

Candidate's Name: _____

Social Security Number: _____

Address: _____

*****In order to expedite the hiring process, your phone numbers are required*****

Home Phone Number: _____

Work Phone Number: _____

Cellular Phone Number: _____

Signature

Date

I certify that all the statements I have made in this application are true and correct.

FILING INSTRUCTIONS:

Please submit your completed Training and Experience Assessment, along with a State application (STD. 678) as follows:

By mail with:

California Correctional Health
Care Services
Selection Services Section, D1
P.O. Box 588500
Elk Grove, CA 95758

In person with:

California Correctional Health
Care Services
Selection Services Section
8280 Longleaf Drive, Suite 101, Drop Box
Elk Grove, CA 95758

ASSOCIATE HEALTH PROGRAM ADVISER
TRAINING AND EXPERIENCE ASSESSMENT

Name: _____

MINIMUM QUALIFICATIONS

Each candidate must meet the minimum qualifications as of the date his/her Training and Experience Assessment is received. If not, the candidate's application in the examination process will be rejected and his/her Training and Experience Assessment will not be scored. Please ensure that your State application (STD. Form 678) clearly indicates your education, experience, and licensure information reflective of the minimum qualifications for this examination process as stated below:

Either I

One year of experience in the California state service performing duties comparable to Health Analyst, Range C. (Applicants who have completed six months of service performing the duties as specified above will be admitted to the examination, but they must satisfactorily complete one year of this experience before they can be eligible for appointment.)

Or II

Experience: *Three years of progressively responsible experience in health program administration, at least one year of which shall have included significant responsibility in a program such as is normally found in a complex or departmentalized medical care delivery setting or health institution or organization.*

(Possession of a Master's Degree in Public Health, Health Administration, Hospital Administration, Comprehensive Health Planning, Public Administration or a closely related health professional field may be substituted for one year of the required general experience.)

(Possession of a Doctoral Degree in Public Health, Health Administration, Health Planning, Public Administration or a closely related field may be substituted for the two years of the required general experience.)

And

Education: *Equivalent to graduation from college. (Additional qualifying experience in public health or health program administration may be substituted for the required education on a year-for-year basis.)*

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JOB REQUIREMENTS

The following are job requirements. Please indicate your willingness to comply with each job requirement listed.
(Please note, if you are unwilling or unable to comply with any of the following job requirements, you will be eliminated from further consideration in the examination process.)

1. Are you willing to work at correctional facilities in the Department of Corrections and Rehabilitation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you willing to act in a professional, ethical, and tactful manner toward inmates/youthful offenders?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are you willing to maintain privacy and confidentiality regarding individual patient/client/inmate health information?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are you willing to abide by and adhere to institutional safety and security policies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are you willing to promote positive, collaborative, professional working relations among co-workers and peace officers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Are you willing to comply with tuberculosis screening requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Are you willing to abide by and adhere to the institutional dress code?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Are you willing to work around peace officers armed with chemical agents and/or weapons?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Are you willing to work around inmates/parolees/youthful offenders?	<input type="checkbox"/> Yes <input type="checkbox"/> No

DEGREES, CERTIFICATIONS AND EXPERIENCE

Please indicate if you possess any of the following degrees, certifications or experience by marking the appropriate box(es):

10. Training/experience in using statistical methods.	<input type="checkbox"/>
11. Training/experience in using computerized data management software.	<input type="checkbox"/>
12. Experience working with and interpreting state and federal laws and regulations regarding institutional health care.	<input type="checkbox"/>
13. Experience developing training materials and/or presenting training.	<input type="checkbox"/>
14. Experience working in a complex health care setting or organization.	<input type="checkbox"/>
15. Masters Degree or PhD in Public Health, Health Administration, Hospital Administration, Comprehensive Health Planning, Public Administration, or a closely related health professional field.	<input type="checkbox"/>

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WORK EXPERIENCE

<p>Note to Applicant: Please read carefully. Under "Work Experience," for items #16-30, indicate:</p> <p>1. Recency Performing Task If you have performed this task within the last 24 months; AND</p> <p>2. Frequency Performing Task How often you perform this task (e.g. select one box from "weekly" "monthly" or "annually" column) AND</p> <p>3. Level of Skill (No. of Years Performing Task) Indicate the level of skill (No. of years) that you have in performing this task (e.g., select one box from the "level of skill"</p>	RECENCY			FREQUENCY			LEVEL OF SKILL		
	I have performed this task within the last 24 months	I have performed this task on a Daily or Weekly basis	I have performed this task on a Monthly basis	I have performed this task Annually	I have performed task for less than a year	I have performed this task for more than one year but less than three years	I have performed this task for over three years		
16. Consult with all staff levels and other agencies concerning sensitive issues in order to gather, compile, coordinate and disseminate information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
17. Participate in the development of policies and procedures and best practices to ensure appropriate and timely treatment is provided to patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
18. Participate in the planning and implementation of health care policies and procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
19. Identify, gather, and summarize data on performance measures and outcomes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
20. Make recommendations on performance measures and outcomes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
21. Develop training materials on new or revised health care programs, policies and procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
22. Conduct training on revised health care programs, policies and procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
23. Assist with the development and the monitoring of health care programs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
24. Assist with the evaluation of health care programs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
25. Maintain automated data systems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
26. Compile and tabulate statistical and/or management data.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
27. Prepare documents/reports/correspondence about health care issues, programs, or policies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
28. Participate on project teams related to health care programs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
29. Participate in meetings, management committees or health care related training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
30. Participate as a member of an inter-disciplinary committee.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

**ASSOCIATE HEALTH PROGRAM ADVISER
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Name: _____

CONDITIONS OF EMPLOYMENT - CDCR ADULT & YOUTH FACILITY LISTING ONLY

PLEASE MARK THE APPROPRIATE BOX (ES) OF YOUR CHOICE - YOU WILL NOT BE OFFERED A JOB IN LOCATIONS NOT MARKED.

If you are successful in this examination, your name will be placed on an active employment list and referred to fill vacancies according to the conditions you specify on this form. If, after you are contacted for a job, you are unwilling to accept work you will be charged with a waiver. **After three such waivers, your name will be made inactive. ON OPEN EMPLOYMENT LISTS, once your name is placed inactive, it cannot be reactivated.** Therefore, before you mark this form, there are some things you should consider. If you are not planning to relocate or are not willing to travel to a distant job location, do not select locations that are a long way from your residence. You may choose up to 15 different locations. If you choose more than 15, you will be certified for anywhere in the State.

TYPE OF APPOINTMENT YOU WILL ACCEPT

Please mark the appropriate box(es) - you may check "(A) Any" if you are willing to accept any type of employment.

(D) Permanent Full-Time (R) Permanent Part-Time (K) Limited-Term Full-Time (A) Any

If all are marked and you receive an appointment other than permanent full-time, your name will continue to be considered for permanent full-time positions.

NOTE: California State Prison has been abbreviated to "CSP." Youth Correctional Facility has been abbreviated to "YCF."

LOCATION(S) YOU ARE WILLING TO WORK

(5) ANYWHERE IN THE STATE - If this box is marked, no further selection is necessary.

7238 **UPPER NORTHERN REGION** – If this box is marked, no further selection is necessary.

ADULT FACILITIES:

<input type="checkbox"/> 0802 Pelican Bay State Prison Crescent City, Del Norte County	<input type="checkbox"/> 1802 California Correctional Center Susanville, Lassen County	<input type="checkbox"/> 1805 High Desert State Prison Susanville, Lassen County
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7231 **NORTHERN REGION** – If this box is marked, no further selection is necessary.

ADULT FACILITIES:

<input type="checkbox"/> 0309 Mule Creek State Prison Ione, Amador County	<input type="checkbox"/> 3417 Richard A. McGee Correctional Training Center, Galt, Sacramento County	<input type="checkbox"/> 3902 DeWitt Nelson YCF Stockton, San Joaquin County
<input type="checkbox"/> 3423 CSP, Sacramento Represa, Sacramento County	<input type="checkbox"/> 3901 Deuel Vocational Institution Tracy, San Joaquin County	<input type="checkbox"/> 3908 O.H. Close YCF Stockton, San Joaquin County
<input type="checkbox"/> 4804 California Medical Facility Vacaville, Solano County	<input type="checkbox"/> 4811 CSP, Solano Vacaville, Solano County	<input type="checkbox"/> 3917 N.A. Chaderjian YCF Stockton, San Joaquin County
<input type="checkbox"/> 2102 CSP, San Quentin San Quentin, Marin County	<input type="checkbox"/> 5505 Sierra Conservation Center Conservation Camp Facility Jamestown, Tuolumne County	<input type="checkbox"/> 3907 Northern California YCF Stockton, San Joaquin County
<input type="checkbox"/> 3400 Headquarters Sacramento, Sacramento County		<input type="checkbox"/> 0311 Pine Grove Youth Pine Grove, Amador County
<input type="checkbox"/> 3404 Folsom State Prison Represa, Sacramento County		<input type="checkbox"/> 0307 Preston YCF Ione, Amador Count

YOUTH FACILITIES:

7232 **CENTRAL REGION** – If this box is marked, no further selection is necessary.

ADULT FACILITIES:

<input type="checkbox"/> 1015 Pleasant Valley State Prison Coalinga, Fresno County	<input type="checkbox"/> 2003 Central California Women's Facility Chowchilla, Madera County	<input type="checkbox"/> 4003 El Paso de Robles YCF Paso Robles, San Luis Obispo County
<input type="checkbox"/> 1513 Wasco State Prison Reception Center, Wasco, Kern County	<input type="checkbox"/> 2004 Valley State Prison for Women Chowchilla, Madera County	
<input type="checkbox"/> 1514 North Kern State Prison Delano, Kern County	<input type="checkbox"/> 2701 Correctional Training Facility Soledad, Monterey County	
<input type="checkbox"/> 1522 Kern Valley State Prison Delano, Kern County	<input type="checkbox"/> 2708 Salinas Valley State Prison Soledad, Monterey County	
<input type="checkbox"/> 1605 Avenal State Prison Avenal, Kings County	<input type="checkbox"/> 4005 California Men's Colony San Luis Obispo, San Luis Obispo County	
<input type="checkbox"/> 1606 CSP, Corcoran Corcoran, Kings County	<input type="checkbox"/> 1608 California Substance Abuse Treatment Facility, Corcoran, Kings County	

YOUTH FACILITIES:

7233 **SOUTHERN REGION** – If this box is marked, no further selection is necessary.

ADULT FACILITIES:

<input type="checkbox"/> 1307 Calipatria State Prison Calipatria, Imperial County (North)	<input type="checkbox"/> 3313 Chuckawalla Valley State Prison Blythe, Riverside County	<input type="checkbox"/> 3628 Heman G. Stark YCF Chino, San Bernardino County
<input type="checkbox"/> 1308 Centinela State Prison Imperial, Imperial County (South)	<input type="checkbox"/> 3329 Ironwood State Prison Blythe, Riverside County	<input type="checkbox"/> 1967 Southern Youth Correctional Reception Center & Clinic Norwalk, Los Angeles County
<input type="checkbox"/> 1503 California Correctional Institution Tehachapi, Kern County	<input type="checkbox"/> 3612 California Institution for Men Chino, San Bernardino County	<input type="checkbox"/> 5610 Ventura YCF Camarillo, Ventura County
<input type="checkbox"/> 1995 CSP, Los Angeles Lancaster, Los Angeles County	<input type="checkbox"/> 3613 California Institution for Women Corona, San Bernardino County	
<input type="checkbox"/> 3310 California Rehabilitation Center Norco, Riverside County	<input type="checkbox"/> 3715 R. J. Donovan Correctional Facility at Rock Mountain San Diego, San Diego County	

YOUTH FACILITIES:

Please notify California Correctional Health Care Services promptly of any changes of address or availability for employment at the following address: CCHCS, Selection Services Section, D1, P.O. Box 588500, Elk Grove, CA 95758.

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Name: _____

RECRUITMENT QUESTIONNAIRE

These questions are not part of the examination but are for the hiring authority's information.

HOW DID YOU HEAR ABOUT THE ASSOCIATE HEALTH PROGRAM ADVISER EXAMINATION?

1. Check the box that best describes how you found out about the Associate Health Program Adviser examination:

- College Recruitment
- CDCR Employee/Relative
- CDCR Website
- CPHCS Website
- Job Fair/Career Event (California)
- Job Fair/Career Event (Out-side California)
- Advertisement in Magazine/Journal
- Mailer
- Newspaper
- Internet Search (Career Builder, Google, AOL, etc)
- State Personnel Board (SPB)

2. Check the box that best describes your reason for selecting CDCR as your place of employment:

- Competitive Salary
- Benefits
- Retirement
- Career Challenge
- Gain Experience in a Correctional Setting
- Flexible Shifts
- Opportunity
- All of the above