



CHIEF PSYCHOLOGIST, CORRECTIONAL FACILITY  
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:

*Possession of a valid license as a Psychologist issued by the California Board of Psychology and possession of an earned Doctorate Degree in Psychology from an educational institution meeting the criteria of Section 2914 of the Medical Board of California's Business and Professions Code*

**And**

**Either I**

**Experience:**

*At least two years experience as a licensed Psychologist in the Department of Corrections and Rehabilitation*

**Or II**

*At least three years experience as a licensed Psychologist in a forensic setting such as a local jail or community-based forensic treatment unit*

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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 and/or parole outpatient clinics in the Department of Corrections and Rehabilitation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you willing to treat inmates/youthful offenders/parolees in a professional, ethical, and tactful manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are you willing to work among inmates/youthful offenders/parolees including some who may be mentally ill, developmentally disabled, potentially dangerous, or sex offenders?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are you willing to work with inmates/youthful offenders/parolees who may be infected with contagious diseases such as Hepatitis C or HIV/AIDS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are you willing to abide by and adhere to institutional safety and security policies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Are you willing to abide by and adhere to parole outpatient clinic safety and security policies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Are you willing to promote positive, collaborative, professional working relations among co-workers and peace officers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Are you willing to comply with tuberculosis screening requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Are you willing to work around peace officers armed with chemical agents and/or weapons?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Are you willing to wear protective clothing and apparatus as required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Are you willing to abide by and adhere to the institutional/outpatient clinic dress code?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Are you willing to complete on-going education specific to licensure and required in-service training (IST)/on-the-job training (OJT)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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**DEGREES, CERTIFICATIONS AND EXPERIENCE**

Please indicate if you possess any of the following licenses, memberships, and/or qualifications by marking the appropriate box(es):

13. Professional Organization Membership (e.g., American Psychological Association (APA), California Psychological Association, National Commission on Correctional Health Care, other State's Psychological Association Membership, etc)	<input type="checkbox"/>
14. Qualified clinical supervision	<input type="checkbox"/>
15. Medical Staff membership/hospital privileges	<input type="checkbox"/>
16. APA approved internship or fellowship in a forensic setting	<input type="checkbox"/>
17. Diplomate from the American Board of Professional Psychology and/or Forensic Psychology	<input type="checkbox"/>
18. Published articles in professional journals	<input type="checkbox"/>
19. Post graduate degree in another field	<input type="checkbox"/>
20. Teaching collegiate or graduate level courses in Psychology	<input type="checkbox"/>

**SUPERVISION OF VARIOUS DISCIPLINES EXPERIENCE**

Please check the box(es) that indicates the classification(s) you have functionally supervised after receiving your license.

- 21.  Senior Psychologists
- 22.  Psychologists
- 23.  Psychiatrists
- 24.  Psychometrists
- 25.  Mental Health Supervisors
- 26.  Social Workers
- 27.  Marriage and Family Therapists
- 28.  Administrative staff
- 29.  Substance Abuse Counselors
- 30.  Recreational/Vocational/Occupational Therapists
- 31.  Psychiatric Technicians
- 32.  Licensed Vocational Nurses
- 33.  Psychologist Interns/ Students
- 34.  Registered Nurses

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**ADMINISTRATIVE AND PERSONNEL EXPERIENCE**

Please mark the appropriate box(es) indicating the program area(s) in which you have provided administrative management functions.

- 35.  Program evaluation
- 36.  Program development
- 37.  Program Implementation
- 38.  Consulting
- 39.  Writing policies and procedures
- 40.  Hiring process
- 41.  Performance evaluation
- 42.  Adverse actions/progressive discipline
- 43.  Personnel resource management
- 44.  Strategic planning
- 45.  Purchasing/procurement

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WORK EXPERIENCE	FREQUENCY			LEVEL OF SKILL			
	Performed or supervised task within last 24 months	Weekly	Monthly	Annually	Have not performed this task	Performed task during training ONLY	Performed task as a regular work duty AFTER licensure
<p><b>Note to Applicant:</b> Please read instructions carefully. Under "Work Experience," for items #46-59.</p> <p><b>Frequency:</b></p> <ol style="list-style-type: none"> <li>1. Indicate if you have performed or supervised this task within the last 24 months; <u>and</u></li> <li>2. Even if you have <u>not</u> performed task in the last 24 months, indicate how often you had performed this task (e.g. select one box from "Weekly," "Monthly," and "Annually" columns.)</li> </ol> <p><b>Level of Skill:</b></p> <ul style="list-style-type: none"> <li>• Indicate the level of skill that you have in performing this task (e.g. select one box from the "Level of Skill" column.)</li> </ul>							
46. Plan, organize and direct a mental health program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Evaluate behavioral problems and mental disorders of inmate-patients to determine the inmate-patient's level of functioning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Assign appropriate staff to evaluate behavior problems and mental health disorders of inmate-patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Ensure that staff classifies inmate-patients for the appropriate level of mental health care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. Participate in a leadership capacity in various mental health meetings/sub-committees/teams.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51. Lead Mental Health Quality Management Sub-Committees.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52. Coordinate equipment allocation (e.g., equipment, supplies, etc.) to provide fiscally responsible data.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53. Coordinate the recruitment and selection of mental health professional staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54. Direct the work of senior mental health staff (e.g., Senior Psychologist, Supervising Psychiatric Social Workers, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55. Develop policies and procedures related to mental health care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56. Implement departmental policies and procedures related to mental health care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57. Evaluate mental health care policies and procedures and current program functions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58. Direct the development of various audit tools and miscellaneous forms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
59. Represent the department in various meeting/committee related to the mental health department.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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WORK EXPERIENCE CONTINUED	FREQUENCY			LEVEL OF SKILL			
	Performed or supervised task within last 24 months	Weekly	Monthly	Annually	Have not performed this task	Performed task during training ONLY	Performed task as a regular work duty AFTER licensure
<p><b>Note to Applicant:</b> Please read instructions carefully. Under "Work Experience," for items #60-72.</p> <p><b>Frequency:</b></p> <p>1. Indicate if you have performed or supervised this task within the last 24 months; <u>and</u></p> <p>2. Even if you have <u>not</u> performed task in the last 24 months, indicate how often you had performed this task (e.g. select one box from "Weekly," "Monthly," and "Annually" columns.)</p> <p><b>Level of Skill:</b></p> <p>1. Indicate the level of skill that you have in performing this task (e.g. select one box from the "Level of Skill" column.)</p>							
60. On request, testify as an expert witness in court proceedings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61. Train senior mental health staff in areas such as conflict resolution, stress management, new mental health theories and research, effective supervisory skills, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
62. Direct all-staff meetings within the mental health program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
63. Manage prioritization of daily functions including crisis intervention within the mental health department.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
64. Maintain professional standards concerning patient confidentiality.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
65. Participate in quality management activities and committees, and/or peer review to identify clinical areas that need improvement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
66. Implement Quality Control Assurance Programs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67. Assess/screen patients to determine their clinical needs, risk levels, level of care, or appropriate program placements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
68. Prepare clinical assessments, progress reports and treatment recommendations on assigned patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
69. Conduct various forms of group and individual therapy, cognitive behavior therapy and other forms of behavior modification.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70. Document patient contacts by recording assessments, progress notes, treatment plans, chronos, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
71. Consult with medical and mental health personnel regarding the findings of medical examinations and evidence of organic disturbances related to behavior disorders.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
72. Select, administer, score and interpret various personality, intelligence and other psychological tests.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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WORK EXPERIENCE CONTINUED	FREQUENCY			LEVEL OF SKILL			
	Performed or supervised task within last 24 months	Weekly	Monthly	Annually	Have not performed this task	Performed task during training ONLY	Performed task as a regular work duty AFTER licensure
<p><b>Note to Applicant:</b> Please read instructions carefully. Under "Work Experience," for items #73-76.</p> <p><b>Frequency:</b></p> <ul style="list-style-type: none"> <li>○ Indicate if you have performed or supervised this task within the last 24 months; <u>and</u></li> <li>○ Even if you have <u>not</u> performed task in the last 24 months, indicate how often you had performed this task (e.g. select one box from "Weekly" "Monthly" and "Annually" columns.)</li> </ul> <p><b>Level of Skill:</b></p> <p>1. Indicate the level of skill that you have in performing this task (e.g., select one box from the "Level of Skill" column.)</p>							
73. Perform crisis intervention with patients to manage psychological crises and determine the appropriate level of care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
74. Direct treatment of patients to reduce symptom severity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
75. Produce psychological reports to provide information to specific agencies as required.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
76. Conduct psycho-educational groups, pre-release groups and individual therapy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**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:**

0802 **Pelican Bay State Prison**       1802 **California Correctional Center**       1805 **High Desert State Prison**  
Crescent City, Del Norte County      Susanville, Lassen County      Susanville, Lassen County

7231 **NORTHERN REGION – If this box is marked, no further selection is necessary.**

**ADULT FACILITIES:**

0309 **Mule Creek State Prison**       3417 **Richard A. McGee Correctional**  
Ione, Amador County      **Training Center,**  
 3423 **CSP, Sacramento**      Galt, Sacramento County  
Represa, Sacramento County       3901 **Deuel Vocational Institution**  
 4804 **California Medical Facility**      Tracy, San Joaquin County  
Vacaville, Solano County       4811 **CSP, Solano**  
 2102 **CSP, San Quentin**      Vacaville, Solano County  
San Quentin, Marin County       5505 **Sierra Conservation Center**  
 3400 **Headquarters**      **Conservation Camp Facility**  
Sacramento, Sacramento County      Jamestown, Tuolumne County  
 3404 **Folsom State Prison**

**YOUTH FACILITIES:**

3902 **DeWitt Nelson YCF**  
Stockton, San Joaquin County  
 3908 **O.H. Close YCF**  
Stockton, San Joaquin County  
 3917 **N.A. Chaderjian YCF**  
Stockton, San Joaquin County  
 3907 **Northern California YCF**  
Stockton, San Joaquin County  
 0311 **Pine Grove Youth**  
Pine Grove, Amador County  
 0307 **Preston YCF**  
Ione, Amador County

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

**ADULT FACILITIES:**

1015 **Pleasant Valley State Prison**       2003 **Central California Women's Facility**  
Coalinga, Fresno County      Chowchilla, Madera County  
 1513 **Wasco State Prison**       2004 **Valley State Prison for Women**  
Reception Center, Wasco, Kern County      Chowchilla, Madera County  
 1514 **North Kern State Prison**       2701 **Correctional Training Facility**  
Delano, Kern County      Soledad, Monterey County  
 1522 **Kern Valley State Prison**       2708 **Salinas Valley State Prison**  
Delano, Kern County      Soledad, Monterey County  
 1605 **Avenal State Prison**       4005 **California Men's Colony**  
Avenal, Kings County      San Luis Obispo, San Luis Obispo County  
 1606 **CSP, Corcoran**       1608 **California Substance Abuse Treatment**  
Corcoran, Kings County      **Facility,**  
Corcoran, Kings County

**YOUTH FACILITIES:**

4003 **El Paso de Robles YCF**  
Paso Robles,  
San Luis Obispo County

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

**ADULT FACILITIES:**

1307 **Calipatria State Prison**       3313 **Chuckawalla Valley State Prison**  
Calipatria, Imperial County (North)      Blythe, Riverside County  
 1308 **Centinela State Prison**       3329 **Ironwood State Prison**  
Imperial, Imperial County (South)      Blythe, Riverside County  
 1503 **California Correctional Institution**       3612 **California Institution for Men**  
Tehachapi, Kern County      Chino, San Bernardino County  
 1995 **CSP, Los Angeles**       3613 **California Institution for Women**  
Lancaster, Los Angeles County      Corona, San Bernardino County  
 3310 **California Rehabilitation Center**       3715 **R. J. Donovan Correctional Facility**  
Norco, Riverside County      **at Rock Mountain**  
San Diego, San Diego County

**YOUTH FACILITIES:**

3628 **Heman G. Stark YCF**  
Chino, San Bernardino County  
 1967 **Southern Youth Correctional**  
**Reception Center & Clinic**  
Norwalk, Los Angeles County  
 5610 **Ventura YCF**  
Camarillo, Ventura County

Please notify CPHCS promptly of any address changes or availability for employment at the following address:  
California Prison Health Care Services, Selection Services, P.O. Box 4038, Suite 350, Sacramento, CA 95812-4038

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**RECRUITMENT QUESTIONNAIRE**

*\*The below questions are not part of the examination but are for the hiring authority's information.*

**HOW DID YOU HEAR ABOUT THE CHIEF PSYCHOLOGIST, CORRECTIONAL FACILITY EXAMINATION?**

**1. Check the box that best describes how you found out about the CHIEF PSYCHOLOGIST, CORRECTIONAL FACILITY Examination?**

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

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

<input type="checkbox"/>	Competitive Salary
<input type="checkbox"/>	Benefits
<input type="checkbox"/>	Retirement
<input type="checkbox"/>	Career Challenge
<input type="checkbox"/>	Gain Experience in a Correctional Setting
<input type="checkbox"/>	Flexible Shifts
<input type="checkbox"/>	Opportunity
<input type="checkbox"/>	All of the above