CHIEF PSYCHIATRIST
CORRECTIONAL & REHABILITATIVE SERVICES
(SAFETY)

TRAINING AND EXPERIENCE ASSESSMENT

Read instructions carefully
This Training and Experience Assessment will provide you with an opportunity to demonstrate significant aspects of your qualifications for Chief Psychiatrist, Correctional & Rehabilitative Services (Safety) with the California Correctional Health Care Services 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 the time base(s) for which you are interested in working.

This Training and Experience Evaluation 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/Cellular Phone Number: _________________________________
Work Phone Number: _________________________________________
CALIFORNIA MEDICAL LICENSE:
Number Expiration Date

PSYCHIATRY RESIDENCY TRAINING: (Please indicate SCHOOL NAME and DATES.)

Post Graduate Year 1 Post Graduate Year 2
Post Graduate Year 3 Post Graduate Year 4

CLINICAL TRAINING: _________________________________________

SPECIALTY BOARD CERTIFICATION:

Date Number Specialty Expiration

Signature Date

I certify that all the statements I have made in this application are true and correct.
FILING INSTRUCTIONS:
Please submit your Training and Experience Assessment, along with a standard State Application Form, 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

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 the legal requirements for the practice of medicine in California as determined by the Medical Board of California or the California Board of Osteopathic Examiners. (Applicants who are in the process of securing approval of their qualifications by the Medical Board of California or the Board of Osteopathic Examiners will be admitted to the examination, but the Board to which application is made must determine that all legal requirements have been met before candidates will be eligible for appointment.) and

Either Pattern I
Possession of a valid certificate in psychiatry issued by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry. and

Two years of post-residency experience as a psychiatrist in a correctional facility, or in a psychiatric inpatient or outpatient setting.

Or Pattern II
Satisfactorily completed specialized training requirements in psychiatry in programs that are accredited by the Accreditation Council for Graduate Medical Education (ACGME), or Bureau of Osteopathic Education of the American Osteopathic Association (AOA), or certified by the Royal College of Physicians and Surgeons of Canada. Two patterns of training are acceptable:

Either I
Completion of a four-year residency training program in psychiatry accredited by the ACGME or Bureau of Osteopathic Education of the AOA. (Exception: Any applicant who completed a residency program in psychiatry that was accredited by the ACGME, or Bureau of Osteopathic Education of the AOA, or certified by the Royal College of Physicians and Surgeons of Canada at the time the applicant completed the residency will qualify under this pattern of training upon Department of Corrections and Rehabilitation verification that all residency requirements were successfully completed, and if all other requirements are met.) and

Two years of post-residency experience as a psychiatrist in a correctional facility, or in a psychiatric inpatient or outpatient setting.

Or II
Completion of a broad-based clinical year of ACGME or Bureau of Osteopathic Education of the AOA-accredited training program in internal medicine, family medicine, or pediatrics; or an ACGME or Bureau of Osteopathic Education of the AOA-accredited transitional year program that included a minimum of four months of primary care; or an ACGME or Bureau of Osteopathic Education of the AOA-accredited residency in a clinical specialty requiring comprehensive and continuous patient care. and

Three years of postgraduate, specialized residency training in an ACGME or Bureau of Osteopathic Education of the AOA-accredited psychiatry program. and

Two years of post-residency experience as a psychiatrist in a correctional facility, or in a psychiatric inpatient or outpatient setting.
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 in a State correctional facility?  □ Yes  □ No
2. Are you willing to provide medical and mental health care to inmates?  □ Yes  □ No
3. Are you willing to provide medical and mental health care to youthful offenders?  □ Yes  □ No
4. Are you willing to comply with the Department’s safety and security procedures?  □ Yes  □ No
5. Are you willing to participate in departmental legal activities (e.g., serve as an expert witness, material witness)?  □ Yes  □ No
6. Are you willing to work Physician-on-Call or Medical Officer-of-the-Day assignments (e.g. evenings, nights), which may extend beyond regular working hours?  □ Yes  □ No
7. Are you willing to actively participate in the peer review and clinical quality review process?  □ Yes  □ No
8. Are you willing to comply with tuberculosis screening requirements?  □ Yes  □ No

LICENSE REQUIREMENTS

Please respond to each question by marking the appropriate box.

9. Is your license to practice medicine currently restricted?  □ Yes  □ No
10. Have you been convicted of any felony crime related to the practice of medicine that has restricted your ability to practice or your scope of practice?  □ Yes  □ No
11. Are there currently any pending disciplinary charges against you?  □ Yes  □ No
12. Have there been any disciplinary actions completed against you that have restricted your ability to practice medicine?  □ Yes  □ No
13. Have there been any settlements, malpractice judgments, or arbitration awards rendered against you?  □ Yes  □ No
14. Have any disciplinary actions been taken against you by another state or jurisdiction?  □ Yes  □ No
15. Have you been convicted of any misdemeanor related to the practice of medicine that has restricted your ability to practice or your scope of practice?  □ Yes  □ No
16. Is your license to practice medicine currently subject to probationary conditions?  □ Yes  □ No
17. Have your clinical privileges at any hospital or mental health care institution ever been revoked?  □ Yes  □ No
18. Has your medical staff membership or mental health care staff status at any hospital ever been revoked?  □ Yes  □ No
CERTIFICATIONS

Please indicate if you have completed any of the following certifications by marking the appropriate box.

20. Board certified in child or adolescent psychiatry.  
21. Certified Correctional Health Professional (CCHP)  

MANAGERIAL EXPERIENCE

Please check the box(es) that indicate which of the following classifications you have directly supervised.

22. Psychiatrists  
23. Psychologists  
24. Psychiatric Social Workers  
25. Nurses  
26. Psychiatric Technicians  
27. Recreational or Occupational Therapists  
28. Residents/Interns  
29. Senior Psychiatrist (Supervisor/Specialist) CDCR
**WORK EXPERIENCE**

Note to Applicant: Please read carefully. Under “Work Experience,” for items #30-42, indicate:

1. **Recency Performing Task**
   If you have performed this task within the last 24 months;

2. **Frequency Performing Task**
   How often you perform this task (e.g., select one box from "weekly" 
   "monthly" or "annually" column)

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"

<table>
<thead>
<tr>
<th></th>
<th>RECENCY</th>
<th>FREQUENCY</th>
<th>LEVEL OF SKILL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>I have performed this task within the last 24 months</td>
<td>I have performed this task on a Daily or Weekly basis</td>
<td>I have performed this task on a Monthly basis</td>
</tr>
<tr>
<td>30. Interview patients to establish symptoms and mental health history.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>31. Physically examine patients to determine symptoms, evaluate mental health status, and determine diagnoses.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>32. Write progress notes, patient histories, correspondence, etc.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>33. Interpret various reports, medical charts, lab reports and other documents to determine next step in patient’s treatment.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>34. Order appropriate lab studies, X-rays/imaging scans and other diagnostic tests to determine patient’s condition or illness.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>35. Diagnose patients’ diseases or conditions to determine treatment methods, needed referrals, etc.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>36. Schedule follow-up appointments with chronically ill patients to facilitate continuity of care and management of patients’ conditions.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>37. Educate patients about their diagnosis, treatment, condition and prognosis.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>38. Plan, organize and direct a complex mental health services operation and psychiatric program.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>39. Serve as consultant to health care staff on unusual or difficult mental health problems.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>40. Review clinical investigation protocols and/or internal research.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>41. Evaluate and approve psychiatric and other treatment provided to patients.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>42. Supervise professional, technical and other employees in the care of patients by planning, assigning work, monitoring assignments and writing evaluations.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### WORK EXPERIENCE, CONTINUED

**Note to Applicant:** Please read carefully. Under “Work Experience,” for items #43-51, indicate:

1. **Recency Performing Task**
   If you have performed this task within the last 24 months; **AND**

2. **Frequency Performing Task**
   How often you perform this task (e.g. select one box from “weekly” “monthly” or “annually” column) **AND**

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”)

<table>
<thead>
<tr>
<th>Task Description</th>
<th>Recency</th>
<th>Frequency</th>
<th>Level of Skill</th>
</tr>
</thead>
<tbody>
<tr>
<td>43. Clinically supervise Psychiatrists, Registered Nurses, Physician Assistants, Interns/Residents and/or Nurse Practitioners.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>44. Develop and implement programs to train students, interns or residents.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>45. Develop, implement, and review policies and procedures to ensure proper standardization of mental health care.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>46. Make managerial decisions regarding policy, patient treatment, facility, equipment, personnel and budgeting needs.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>47. Establish and maintain effective working relationships with administrators, and other professionals.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>48. Review and/or prepare various mental health care reports as needed.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>49. Conduct and/or facilitate staff conferences, meetings, and In Service Training.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>50. Prepare written documents (e.g., correspondence, appeals, policies, procedures, reports, etc.).</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>51. Conduct interviews, evaluate and make recommendations on the hiring process of candidates for professional, technical and other health care related positions.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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."
AUTHORIZATION TO WORK IN THE UNITED STATES OF AMERICA

This question is not part of the examination but is for the hiring authority’s information. If you answer “Yes” to question 2, please provide your Visa information below.

1. Are you a citizen or permanent resident of the United States of America?  
   □ Yes □ No

2. If not, are you in possession of a Visa that permits you to work in the United States of America?  
   □ Yes □ No

Visa type ______________________________________

Visa expiration date _____________________________
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  
☐ CCHCS Employee/Relative  
☐ CDCR Website  
☐ CCHCS Website  
☐ Job Fair/Career Event (California)  
☐ Job Fair/Career Event (Outside 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