



**CHIEF PSYCHIATRIST, CORRECTIONAL & REHABILITATIVE SERVICES (SAFETY)**  
Training and Experience Assessment

Name: \_\_\_\_\_

***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.

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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 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

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**CERTIFICATIONS**

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

- 19. Board certified in psychiatry.
- 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

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**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;  
**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"

	REGENCY			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		
30. Interview patients to establish symptoms and mental health history.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
31. Physically examine patients to determine symptoms, evaluate mental health status, and determine diagnoses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
32. Write progress notes, patient histories, correspondence, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
33. Interpret various reports, medical charts, lab reports and other documents to determine next step in patient's treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
34. Order appropriate lab studies, X-rays/imaging scans and other diagnostic tests to determine patient's condition or illness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
35. Diagnose patients' diseases or conditions to determine treatment methods, needed referrals, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
36. Schedule follow-up appointments with chronically ill patients to facilitate continuity of care and management of patients' conditions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
37. Educate patients about their diagnosis, treatment, condition and prognosis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
38. Plan, organize and direct a complex mental health services operation and psychiatric program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
39. Serve as consultant to health care staff on unusual or difficult mental health problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
40. Review clinical investigation protocols and/or internal research.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
41. Evaluate and approve psychiatric and other treatment provided to patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
42. Supervise professional, technical and other employees in the care of patients by planning, assigning work, monitoring assignments and writing evaluations.	<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**

**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"

	REGENCY			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		
43. Clinically supervise Psychiatrists, Registered Nurses, Physician Assistants, Interns/Residents and/or Nurse Practitioners.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
44. Develop and implement programs to train students, interns or residents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
45. Develop, implement, and review policies and procedures to ensure proper standardization 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"/>		
46. Make managerial decisions regarding policy, patient treatment, facility, equipment, personnel and budgeting needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
47. Establish and maintain effective working relationships with administrators, and other professionals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
48. Review and/or prepare various mental health care reports as needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
49. Conduct and/or facilitate staff conferences, meetings, and In Service Training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
50. Prepare written documents (e.g., correspondence, appeals, policies, procedures, reports, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
51. Conduct interviews, evaluate and make recommendations on the hiring process of candidates for professional, technical and other health care related positions.	<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 and/or you do not reply promptly to the contact, 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."

(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**  
Represa, Sacramento County

**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 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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**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 \_\_\_\_\_

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**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 (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