



HEALTH PROGRAM SPECIALIST II

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 Health Program Specialist II with the California Correctional Health Care Services (CCHCS) and the Department of Corrections and Rehabilitation (CDCR). The eligible list resulting from this examination process will be used by CCHCS and CDCR. 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 in 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: _____

Cell 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

**HEALTH PROGRAM SPECIALIST II
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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 denied and his/her Training and Experience Assessment will not be scored. Please ensure that your State application (STD. Form 678) clearly indicates your education and experience 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 equivalent to a Health Program Specialist I or Health Program Manager I.

Or II

Two years of experience in the California state service performing duties equivalent to an Associate Health Program Adviser.

Or III

Experience: Four years of progressively responsible experience in health program administration, at least two of which must have been with independent responsibility for a significant program such as is normally found in a complex or departmentalized medical care delivery setting or health institution or organization. This experience must include program planning and/or evaluation experience and the making of recommendations to management. (Possession of a Doctoral Degree in Public Health, Health Administration, Health Planning, Public Administration, or a closely related health professional field may be substituted for one year of the required general experience.) **and**

Education: 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. (One year of additional specialized qualifying experience may be substituted for the required master's degree.)

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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.)

- Are you willing to work at correctional facilities in the Department of Corrections and Rehabilitation? Yes No
- Are you willing to treat inmates/youthful offenders in a professional, ethical, and tactful manner? Yes No
- Are you willing to abide by and adhere to institutional safety, security, and program policies? Yes No
- Are you willing to maintain privacy and confidentiality regarding individual patient/inmate health information? Yes No
- Are you willing to promote positive, collaborative, professional working relations among co-workers and peace officers? Yes No
- Are you willing to comply with tuberculosis screening requirements? Yes No
- Are you willing to work around peace officers armed with chemical agents and/or weapons? Yes No
- Are you willing to abide by and adhere to the institutional dress code? Yes No
- Are you willing to travel throughout the state and in remote areas? Yes No
- Are you willing to accept constructive criticism and corrections in order to work cooperatively with others? Yes No
- Are you willing to consistently demonstrate the following characteristics during employment: reliability, punctuality, honesty, integrity, empathy towards others, and maintain a calm and professional demeanor? Yes No
- Are you willing to participate in departmental legal activities (e.g., expert witness, defendant, material witness, etc.)? Yes No
- Are you willing to respond to changes in the workplace in a positive, professional manner? Yes No
- Are you willing to work in a team environment, including inter-disciplinary teams with other professional staff? Yes No

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WORK EXPERIENCE	FREQUENCY				LEVEL OF SKILL			
	Daily	Weekly	Monthly	Annually	At the Trainee Level	As a Fully Trained Worker	As a Trainer	As a Supervisor
<p>Instructions: For Items 1 - 21, please indicate:</p> <p>Frequency:</p> <ul style="list-style-type: none"> How often have you performed this task? (Check the appropriate box to indicate if you have performed this task "daily," "weekly," "monthly," or "annually.") <p>Level of Skill:</p> <ul style="list-style-type: none"> What is your level of skill in performing this task? (Check the appropriate box to indicate the highest level at which you have performed this task.) 								
1. Providing clear, concise information and direction to staff regarding assignments, mission, staffing changes, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
2. Conducting and administering fiscal operations, including accounting, contracting, planning budgets, and coordinating financial reporting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
3. Maintaining awareness of advances in medicine, computerized diagnostic and treatment equipment, data processing technology, regulations, health insurance changes, and financing options.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
4. Reviewing and analyzing facility activities and data to aid in planning and fiscal and risk management.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
5. Planning, implementing and administering health care related programs and services in a health care setting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
6. Monitoring the use of health care services to ensure effective use of resources and assessing the need for additional staff, equipment, and services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
7. Developing and maintaining computerized record management systems to store and process data related to health care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
8. Providing representation in formal or informal settings at meetings, conferences, hearings, etc., to obtain and/or provide information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
9. Communicating a health care program's vision, mission, and/or goals to ensure staff awareness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
10. Apprising management of the status of projects and/or potential issues in operations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
11. Maintaining communication between all internal/external stakeholders (e.g., control agencies, courts, legislative bodies, boards/committees).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
12. Developing survey instruments to assess the impact or effectiveness of health care programs and/or policies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
13. Developing systems to measure the effectiveness, accountability, and quality of the organization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

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<p>Instructions: For Items 1 - 21, please indicate:</p> <p>Frequency:</p> <ul style="list-style-type: none"> How often have you performed this task? (Check the appropriate box to indicate if you have performed this task "daily," "weekly," "monthly," or "annually.") <p>Level of Skill:</p> <ul style="list-style-type: none"> What is your level of skill in performing this task? (Check the appropriate box to indicate the highest level at which you have performed this task.) 	Daily	Weekly	Monthly	Annually		At the Trainee Level	As a Fully Trained Worker	As a Trainer	As a Supervisor
14. Preparing written documents/reports for internal/external stakeholders (e.g., control agencies, courts, legislative bodies, boards/committees).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Developing policies and procedures that ensure the effective operation of the work unit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Preparing policies, procedures, and regulations for internal/external stakeholders that provide information and/or direction on issues 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"/>	<input type="checkbox"/>
17. Reviewing recommendations on written documents/reports that determine accuracy, clarity, and the effect on health care operations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Analyzing problems and issues relating to the work unit programs, procedures, business processes, and/or policies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Resolving complaints or problems relating to program issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Developing and implementing solutions for problems relating to the work unit's programs, procedures, business processes, and/or policies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Recognizing the ramifications and possible impact of decisions and/or actions and determining the most appropriate course of action.	<input type="checkbox"/>	<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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<p>Instructions: For Items 22 - 25, please indicate your level of training/expertise with each knowledge, skill, or ability listed.</p>		<p align="center">I can use this knowledge, skill, or ability on the job without needing additional training</p>	<p align="center">I have training in this area but have not used this knowledge, skill, or ability on the job</p>	<p align="center">I have limited or no training in this area</p>
<p>22. Knowledge of research and survey methods to complete complex and critical studies on health care delivery and financing.</p>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>23. Knowledge in preparing a variety of complex and sensitive reports to disseminate information to staff, management, and other interested parties.</p>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>24. Ability to gather, analyze, and organize data related to health care programs.</p>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>25. Ability to analyze, develop, implement, and evaluate health care programs, policies and procedures, and special projects.</p>		<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:

<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"/> 3400 Headquarters Sacramento, Sacramento County
<input type="checkbox"/> 3423 CSP, Sacramento Represa, Sacramento County	<input type="checkbox"/> 3901 Deuel Vocational Institution Tracy, San Joaquin County	<input type="checkbox"/> 3400 Headquarters Sacramento, Sacramento County
<input type="checkbox"/> 4804 California Medical Facility Vacaville, Solano County	<input type="checkbox"/> 4811 CSP, Solano Vacaville, Solano 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"/> 3400 Headquarters Sacramento, Sacramento County		
<input type="checkbox"/> 3404 Folsom State Prison Represa, Sacramento County		

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"/> 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	

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"/> 1308 Centinela State Prison Imperial, Imperial County (South)	<input type="checkbox"/> 3329 Ironwood State Prison Blythe, Riverside 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"/> 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	

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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RECRUITMENT QUESTIONNAIRE

These questions are not part of the examination. The information is used to assist in future recruitment efforts only.

1. HOW DID YOU HEAR ABOUT THE HEALTH PROGRAM SPECIALIST II EXAMINATION?

<input type="checkbox"/> College Recruitment
<input type="checkbox"/> CCHCS Employee/Relative
<input type="checkbox"/> CDCR Employee/Relative
<input type="checkbox"/> CPHCS 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. WHAT WAS YOUR REASON FOR SELECTING CCHCS 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

3. How likely are you to recommend our Department to others?

Not Likely 1 2 3 4 5 **Highly Likely**