



CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES



MEDICAL TECHNICAL ASSISTANT (PSYCHIATRIC) Training and Experience Assessment

PLEASE READ INSTRUCTIONS CAREFULLY

This Training and Experience Assessment (T&E) will be used to measure your experience, training, and/or education relevant to the Medical Technical Assistant (Psychiatric). It will ask you to rate yourself on the experience, training, and/or education that you will bring to the job with the Division of Health Care Services, California Department of Corrections and Rehabilitation.

The T&E is the exam and it will be weighted **100%** of your score. In order to obtain a position on the eligible list, a minimum rating of 70% must be attained. The eligible list resulting from this exam will be used by CCHCS to fill our existing and/or future vacancies. A "Conditions of Employment" form is included in this T&E that will allow you to select the location(s), tenure(s), and time base(s) that you are interested in working.

Please follow all instructions carefully and completely.

THIS AFFIRMATION MUST BE COMPLETED

I hereby certify and understand that the information provided by me on this exam is true and complete to the best of my knowledge and contains no willful misrepresentation or falsifications. I also understand that if it is discovered that I have made any false representations, I will be removed from the list resulting from this exam and may not be allowed to compete in future exams for State employment. If already hired from the result of this exam, I may have adverse action taken against me, which could result in dismissal.

SIGNATURE: _____	DATE: _____
NAME (PRINTED): _____	LAST FOUR DIGITS SOCIAL SECURITY NUMBER: _____
ADDRESS: _____	
CITY: _____	STATE _____ ZIP CODE: _____
WORK PHONE NUMBER: _____	HOME PHONE NUMBER: _____

FILING INSTRUCTIONS:

Please submit **1.) a State application (STD. 678)** (Go to: <https://jobs.ca.gov/Profile/StateApplication> for a copy of the State application.) and **2.) this Completed Training and Experience Assessment** as follows:

By mail to:

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

OR

In person to:

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

**MEDICAL TECHNICAL ASSISTANT (PSYCHIATRIC)
Training and Experience Assessment**

Name: _____

MINIMUM QUALIFICATIONS

You must meet the Minimum Qualifications by the date the T&E is signed. If not, your application will be rejected and your T&E exam will not be scored. Please ensure that your State application (STD. 678) clearly indicates your experience, training, and/or education relevant to the Medical Technical Assistant (Psychiatric) Minimum Qualifications as stated below:

Education: Graduation from high school, passing the General Educational Development test indicating high school graduation level, passing the California High School Proficiency Examination, or having attained a two-year or four-year degree from an accredited college or university. The high school shall be either a United States public school meeting the high school standards set by the state in which it is located, an accredited United States Department of Defense high school, or an accredited nonpublic high school. Any accreditation required by this paragraph shall be from an accrediting association recognized by the Secretary of the United States Department of Education pursuant to Government Code Section 1031(e). **And**

Either I

Possession of a valid license from the State of California to practice as a Psychiatric Technician, a Licensed Vocational Nurse, or a Registered Nurse. (Applicants who are within six months of completing their academic training as a Psychiatric Technician, a Licensed Vocational Nurse, or a Registered Nurse will be admitted to the examination, but must obtain a valid license from the State of California to practice as a Psychiatric Technician, a Licensed Vocational Nurse, or a Registered Nurse to be eligible for appointment.)

Or II

Experience: Twelve months of experience rendering patient care while on active duty in the medical corps of any of the armed forces of the United States or in the United States Public Health Service and completion of the basic course of instruction in nursing required by the United States Public Health Service or by his or her particular branch of the armed forces. (Persons qualifying under this pattern must be eligible at the time of appointment for licensure as a Psychiatric Technician, a Licensed Vocational Nurse, or a Registered Nurse, and must obtain a State of California license within six months of employment as a Psychiatric Technician, a Licensed Vocational Nurse, or a Registered Nurse.)

**MEDICAL TECHNICAL ASSISTANT (PSYCHIATRIC)
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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 this exam.)

1. Are you willing to work at California Department of Corrections and Rehabilitation's correctional facilities with the California Correctional Health Care Services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Are you willing to treat patients in a professional, ethical, and tactful manner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Are you willing to follow institutional and/or departmental safety and security policies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Are you willing to maintain the privacy and confidentiality of individual patient health information?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Are you willing to promote positive, collaborative, professional working relationships 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 work around peace officers armed with chemical agents and/or weapons?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Are you willing to follow the institutional dress code?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Are you willing to work with patients who may be infected with contagious diseases such as Hepatitis C, HIV/AIDS, or Tuberculosis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Are you willing to work with patients who may be mentally ill, developmentally disabled, potentially dangerous, and/or sex offenders?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Are you willing to work with individuals from a wide range of cultural backgrounds in a respectful and professional manner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Are you willing to wear protective clothing and equipment as required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Are you willing to complete on-going education specific to licensure and required on-the-job training?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**MEDICAL TECHNICAL ASSISTANT (PSYCHIATRIC)
Training and Experience Assessment**

Name: _____

WORK EXPERIENCE	FREQUENCY					EXPERIENCE/ EDUCATION				
	More than 30 times	At least 21 to -30 times	At least 11- 20 times	At least 1-10 times	0 times	More than 3 years	More than 2 years and up to 3 years	More than 1 year and up to 2 years	More than 6 months and up to 1 year	0 to 6 months
<p>Instructions: Please read instructions carefully. For Items 1 – 8, please indicate the following:</p> <p>Frequency:</p> <ul style="list-style-type: none"> Check only one box to indicate the frequency in which you have performed this task. <p>Experience/Education:</p> <ul style="list-style-type: none"> Check only one box to indicate the amount of experience and/or education you have in performing this task. 										
1. Perform checks of patient living areas using visual observation and document findings to ensure safety and well-being of patients and staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Assist patients with the activities of daily living to ensure self-care is properly maintained utilizing personal observations and interpersonal communication skills as needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Utilize knowledge of patient treatment plans, psychiatric conditions, and disabilities to achieve a successful outcome when conducting custodial duties (e.g., cell searches, body searches).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Collect medical specimens (e.g., urine, stool, wound cultures) from patients for diagnostic testing as ordered by a physician to ensure patient health is maintained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Administer oral and injectable medications to patients as ordered by physician to ensure patient health is maintained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Observe patient physical and psychiatric conditions and behavior (e.g., self-harming, assaultive or suicidal behavior, changes of a patient's physical condition) and report incidents to clinical/ supervisory staff to ensure safety of patients and staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Review nursing notes in patient health records to ensure proper delivery of care and document treatment given in compliance with departmental procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Assist in the development of psychiatric treatment plans by participating as a member of interdisciplinary treatment teams during staff report meetings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEDICAL TECHNICAL ASSISTANT (PSYCHIATRIC)
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Name: _____

WORK EXPERIENCE	FREQUENCY					EXPERIENCE/ EDUCATION				
	More than 30 times	At least 21 to -30 times	At least 11- 20 times	At least 1-10 times	0 times	More than 3 years	More than 2 years and up to 3 years	More than 1 year and up to 2 years	More than 6 months and up to 1 year	0 to 6 months
<p>Instructions: Please read instructions carefully. For Items 9 – 16, please indicate the following:</p> <p>Frequency:</p> <ul style="list-style-type: none"> Check only one box to indicate the frequency in which you have performed this task. <p>Experience/Education:</p> <ul style="list-style-type: none"> Check only one box to indicate the amount of experience and/or education you have in performing this task. 										
9. Collect patient data (e.g., vital signs, behavior, responses to medications) and document findings using interdisciplinary notes to ensure optimum patient treatment is maintained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Document significant changes in patient behavior and health status using interdisciplinary notes and report data changes to required staff (physician, Registered Nurse, supervisor).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Perform routine and random clothed/unclothed inmate body searches to ensure they are free of contraband to maintain safety of inmates and staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Perform routine searches for contraband in patient living and treatment areas (including mail) to ensure safety and security of the institution utilizing approved departmental policies and training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Serve meals to patients in designated dining areas to ensure meals are received/consumed and ensure utensils are not stolen for use as contraband.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Complete forms and patient progress notes collected during treatment observations using documented findings and written charts.	<input type="checkbox"/>	<input type="checkbox"/>	<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. Provide nursing care to patients in seclusion and/or restraints to ensure their daily quality of life needs are being met (hygiene, nutritional needs, elimination, etc.) with safety, privacy, and dignity.	<input type="checkbox"/>	<input type="checkbox"/>	<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. Assist patient with regaining and improving their physical adaptive skills and decrease maladaptive behavior using nursing interventions and modalities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**MEDICAL TECHNICAL ASSISTANT (PSYCHIATRIC)
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Name: _____

WORK EXPERIENCE	FREQUENCY					EXPERIENCE/ EDUCATION				
	More than 30 times	At least 21 to -30 times	At least 11- 20 times	At least 1-10 times	0 times	More than 3 years	More than 2 years and up to 3 years	More than 1 year and up to 2 years	More than 6 months and up to 1 year	0 to 6 months
<p>Instructions: Please read instructions carefully. For Items 17 – 25, please indicate the following:</p> <p>Frequency:</p> <ul style="list-style-type: none"> Check only one box to indicate the frequency in which you have performed this task. <p>Experience/Education:</p> <ul style="list-style-type: none"> Check only one box to indicate the amount of experience/education you have in performing this task. 										
17. Monitor behavior between patients and staff to ensure professional boundaries are maintained and report inappropriate behavior.	<input type="checkbox"/>	<input type="checkbox"/>	<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. Assist in the completion and submission of incident reports to document any unusual incidences or crimes committed within the facility as required by facility operational guidelines and State/federal rules and regulations.	<input type="checkbox"/>	<input type="checkbox"/>	<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. Assist all facility staff in the distribution and accounting of all items (grooming, recreational, medical) to prevent their use as weapons using inventory lists.	<input type="checkbox"/>	<input type="checkbox"/>	<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. Assist custody staff in emergency cell extractions of patients who exhibit non-compliant and self-harming behavior.	<input type="checkbox"/>	<input type="checkbox"/>	<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. Write reports on cell extraction findings and submit to facility management to ensure patient safety is maintained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Conduct inspections of all custody, cell extraction, and emergency response equipment for working condition to maintain personal safety and institutional security utilizing department/local operating procedures and inventory logs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Conduct and supervise patient recreational activities (e.g., yard activity, gym) to ensure patients maintain proper behavior and use of equipment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Collect data on observed patient behaviors by writing reports for use in preparation of PC2602 hearings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Conduct group therapy sessions to improve patient's social skills and mental/physical well-being by utilizing lesson plans.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**MEDICAL TECHNICAL ASSISTANT (PSYCHIATRIC)
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Name: _____

KNOWLEDGE, SKILLS, AND ABILITIES	EXPERIENCE/EDUCATION				
<p>Instructions: For Items 26 – 35, please check the box that best indicates the following:</p> <p>Experience/Education:</p> <ul style="list-style-type: none"> Which statement best describes the level of experience and/or education you have using each knowledge, skill, or ability (KSA). 	More than 3 years	More than 2 years and up to 3 years	More than 1 year and up to 2 years	More than 6 months and up to 1 year	0 to 6 months
26. Knowledge of fundamentals of nursing care, general behavioral, and psychiatric procedures to provide a high-level of care for patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Knowledge of patient behavior and mental health principles and techniques involved in the care and treatment of individuals or groups of mentally disordered patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Knowledge of current first aid methods, including cardiopulmonary resuscitation to effectively provide first-responder/emergency medical care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Knowledge of medical psychiatric terminology to effectively provide a high level of care for patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Knowledge of nursing care fundamentals, including medication administration and pharmacology.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Knowledge of Therapeutic Strategies and Intervention, including use of Personal Protective Equipment, as required by facility to maintain health and safety of patients and staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Knowledge of custody procedures for the safety of staff, patients, and the public.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Knowledge of medications and their side effects/drug interactions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Knowledge of restraint or seclusion criteria and appropriate uses (including removal).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Knowledge of the techniques in the care and treatment of developmentally or mentally disabled/disordered individuals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**MEDICAL TECHNICAL ASSISTANT (PSYCHIATRIC)
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Name: _____

KNOWLEDGE, SKILLS, AND ABILITIES	EXPERIENCE/ EDUCATION				
<p>Instructions: For Items 36 – 34, please check the box that best indicates the following:</p> <p>Experience/Education:</p> <ul style="list-style-type: none"> Which statement best describes the level of experience and/or education you have using each knowledge, skill, or ability (KSA). 	More than 3 years	More than 2 years and up to 3 years	More than 1 year and up to 2 years	More than 6 months and up to 1 year	0 to 6 months
36. Knowledge of policies and procedures used in caring for non-ambulatory patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Knowledge of the correct methods for preventing the spread of pathogens.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Knowledge of basic laboratory testing procedures to ensure proper handling of specimens and other collected materials.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Knowledge of proper disposal methods for trash, including confidential documents and biohazard items.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Knowledge of basic mathematical computations to calculate medication doses and conversions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Ability to work with a treatment team to provide structured leisure activities for patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Ability to apply basic nursing knowledge, skills, and attitudes to provide a high level of care for patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Ability to develop clear and concise reports of incidents in order to provide information, documentation, and historical data.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Ability to control, direct, and instruct patients individually and in groups to maintain the orderly operation of the facility and the safety of staff, patients, and the public.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Ability to interpret Safety Data Sheets and update them as needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Ability to demonstrate knowledge of criteria and appropriately use, apply, and remove restraint and/or seclusion equipment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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KNOWLEDGE, SKILLS, AND ABILITIES	EXPERIENCE/ EDUCATION				
<p>Instructions: For Items 46 – 48, please check the box that best indicates the following:</p> <p>Experience/Education:</p> <ul style="list-style-type: none"> Which statement best describes the level of experience and/or education you have using each knowledge, skill, or ability (KSA). 	More than 3 years	More than 2 years and up to 3 years	More than 1 year and up to 2 years	More than 6 months and up to 1 year	0 to 6 months
47. Ability to recognize symptoms requiring medical or psychiatric attention in order to determine and implement effective courses of action.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Ability to think and act quickly in emergencies in order to determine and implement effective courses of action.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**MEDICAL TECHNICAL ASSISTANT (PSYCHIATRIC)
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Name: _____

CONDITIONS OF EMPLOYMENT (Form 631)

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 exam, 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 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.

TYPE OF APPOINTMENT YOU ARE WILLING TO ACCEPT

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

 Any Permanent Full-Time Limited-Term Full-Time Permanent Part-Time Limited-Term Part-Time Permanent Intermittent

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.

LOCATIONS YOU ARE WILLING TO WORK

NOTE: California State Prison has been abbreviated to "CSP".

(0005) ANY LOCATION LISTED BELOW – If this box is marked, no further selection is necessary.

NORTHERN REGION

4800 **California Medical Facility**
Vacaville, Solano County

CENTRAL REGION

2700 **Salinas Valley State Prison**
Soledad, Monterey County

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

**MEDICAL TECHNICAL ASSISTANT (PSYCHIATRIC)
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Name: _____

RECRUITMENT QUESTIONNAIRE

HOW DID YOU HEAR ABOUT THE MEDICAL TECHNICAL ASSISTANT (PSYCHIATRIC) EXAM?

The questions below are not part of the exam and are for informational purposes only.

1. Check the box(es) that best describes how you found out about the Medical Technical Assistant (Psychiatric) exam.

- College Recruitment
- CDCR Employee/Relative
- CDCR Website
- Job Fair/Career Event (California)
- Job Fair/Career Event (Outside of California)
- Advertisement in Magazine/Journal
- Mailer
- Newspaper
- Internet Search (Career Builder, Google, AOL, etc.)
- California Department of Human Resources (CalHR)

2. Check the box(es) that best describes the reason for selecting CCHCS as your place of employment.

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