



CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES



NURSE CONSULTANT III (SUPERVISOR) 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 Nurse Consultant III (Supervisor). It will ask you to rate yourself on the experience, training, and/or education that you will bring to the job with California Correctional Health Care Services (CCHCS).

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

**NURSE CONSULTANT III (SUPERVISOR)
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 Nurse Consultant III (Supervisor) Minimum Qualifications as stated below:

Possession of an active valid license as a registered nurse in California. (Applicants who do not meet this requirement will be admitted to the examination, but they must secure the required license before they will be considered eligible for appointment.) **And**

Education: Possession of a baccalaureate or higher degree in nursing from a school of nursing accredited by the National League for Nursing (NLN) or its equivalent for foreign graduates. (For applicants who received a baccalaureate degree in a health-related field prior to 1990, the California State Public Health Nurse Certificate may be substituted for the baccalaureate in nursing (BSN), thereafter the baccalaureate or higher degree must be in nursing from a school of nursing accredited by the NLN or its equivalent for foreign graduates.) **And**

Education: Possession of a master's degree in a health-related field such as: nursing, public health, health care services, health care administration, or hospital administration. All degrees must be from an institution approved by the Council for Private Postsecondary and Vocational Education under the provisions of California Education Code Chapter 3, Part 59, Division 10. **And**

Either I

Two years of experience performing the duties of a Nurse Consultant II in the California state service.

Or II

Broad and extensive (at least five years) professional registered nursing experience, at least four years of which shall have been in an administrative, consultative, teaching, or supervisory capacity. (One year of health-related postmaster's graduate work may be substituted for one year of general nursing experience.)

**NURSE CONSULTANT III (SUPERVISOR)
Training and Experience Assessment**

Name: _____

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 safety and security policies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Are you willing to maintain privacy and confidentiality regarding 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 wear protective clothing and equipment as required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Are you willing to work with individuals from a wide range of cultural backgrounds in respectful and professional manner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Are you willing to bend, stoop, climb stairs, push, pull, twist, and briskly walk a minimum of 50 yards?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

NURSE CONSULTANT III (SUPERVISOR)
Training and Experience Assessment

Name: _____

CERTIFICATION

Please indicate if you have the following certification by marking the appropriate box.

12. Certificate in Public Health Nursing		<input type="checkbox"/> Yes		<input type="checkbox"/> No
--	--	------------------------------	--	-----------------------------

SUPERVISORY EXPERIENCE

Please indicate whether you have directly supervised the following classifications.

13. Registered Nurses (RN) and/or Nursing Consultants		<input type="checkbox"/> Yes		<input type="checkbox"/> No
14. Licensed Vocational Nurses (LVN)		<input type="checkbox"/> Yes		<input type="checkbox"/> No
15. Certified Nursing Assistants (CNA)		<input type="checkbox"/> Yes		<input type="checkbox"/> No
16. Recreational Therapists		<input type="checkbox"/> Yes		<input type="checkbox"/> No
17. Psychiatric Technicians		<input type="checkbox"/> Yes		<input type="checkbox"/> No

**NURSE CONSULTANT III (SUPERVISOR)
Training and Experience Assessment**

Name: _____

WORK EXPERIENCE	REGENCY	FREQUENCY			LEVEL OF SKILL	
		Weekly	Monthly	Annually	Performed task during training ONLY	Performed task as a regular work duty AFTER LICENSURE
<p>Instructions: Please read instructions carefully. For Items 18 – 28, please indicate the following:</p> <p>Recency:</p> <ul style="list-style-type: none"> Check this box if you have performed this task within the last 24 months. If you have not performed this task within the last 24 months, leave blank and skip to the next item. <p>Frequency:</p> <ul style="list-style-type: none"> Check only one box to indicate the frequency in which you have performed this task within the last 24 months. <p>Level of Skill:</p> <ul style="list-style-type: none"> Check only one box to indicate the level of skill you have in performing this task within the last 24 months. 	Performed task within the last 24 months					
18. Act as a consultant to various public and private agencies, departmental staff, the public, etc., on health care issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Plan studies (e.g., needs assessments, public health studies of infectious disease incidence) to identify needs and obtain information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Develop tools, aids, methodology, etc., necessary to conduct studies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Organize studies to ensure the study is carried out as planned.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Implement studies to gather/obtain information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Evaluate study results to provide information to management and make recommendations for program modifications and implement new programs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Act as a lead to Nurse Consultants and other health-related multidisciplinary staff to provide guidance and direction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Plan programs, nursing components of related programs, etc., for statewide implementation to provide quality health care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Develop programs, nursing components of related programs, standards, policies, procedures, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Coordinate nursing and related program activities with other health care disciplines, departmental staff, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Implement programs, nursing components of related programs, standards, policies, procedures, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**NURSE CONSULTANT III (SUPERVISOR)
Training and Experience Assessment**

Name: _____

WORK EXPERIENCE	REGENCY	FREQUENCY			LEVEL OF SKILL	
		Weekly	Monthly	Annually	Performed task during training ONLY	Performed task as a regular work duty AFTER LICENSURE
<p>Instructions: Please read instructions carefully. For Items 29 – 34, please indicate the following:</p> <p>Recency:</p> <ul style="list-style-type: none"> Check this box if you have performed this task within the last 24 months. If you have not performed this task within the last 24 months, leave blank and skip to the next item. <p>Frequency:</p> <ul style="list-style-type: none"> Check only one box to indicate the frequency in which you have performed this task within the last 24 months. <p>Level of Skill:</p> <ul style="list-style-type: none"> Check only one box to indicate the level of skill you have in performing this task within the last 24 months. 	Performed task within the last 24 months					
29. Evaluate programs, nursing components of related programs, standards, policies, procedures, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Provide education/training to field health care staff and/or custody staff regarding health care issues, new health care delivery systems, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Secure funding for new programs, equipment, staffing, etc., and/or augment existing health care programs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Analyze proposed health care legislation, government reports, licensing surveys, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Prepare various written documents (e.g., memos, letters, reports).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Investigate cases of alleged staff misconduct to obtain, analyze, and provide information to others (e.g., management, Office of Internal Affairs).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**NURSE CONSULTANT III (SUPERVISOR)
Training and Experience Assessment**

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.

- | | | |
|--|---|---|
| <input type="checkbox"/> (A) Any | <input type="checkbox"/> (K) Limited-Term Full-Time | <input type="checkbox"/> (U) Limited-Term Part-Time |
| <input type="checkbox"/> (D) Permanent Full-Time | <input type="checkbox"/> (V) Permanent Part-Time | <input type="checkbox"/> (T) 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) ANYWHERE IN THE STATE – If this box is marked, no further selection is necessary.

NORTHERN REGION

- | | | |
|--|--|---|
| <input type="checkbox"/> 0309 Mule Creek State Prison
Ione, Amador County | <input type="checkbox"/> 3400 Headquarters
Elk Grove, Sacramento County | <input type="checkbox"/> 4804 California Medical Facility
Vacaville, Solano County |
| <input type="checkbox"/> 0802 Pelican Bay State Prison
Crescent City, Del Norte County | <input type="checkbox"/> 3404 Folsom State Prison
Represa, Sacramento County | <input type="checkbox"/> 4811 CSP, Solano
Vacaville, Solano County |
| <input type="checkbox"/> 1802 California Correctional Center
Susanville, Lassen County | <input type="checkbox"/> 3423 CSP, Sacramento
Represa, Sacramento County | <input type="checkbox"/> 5505 Sierra Conservation Center
Jamestown, Tuolumne County |
| <input type="checkbox"/> 1805 High Desert State Prison
Susanville, Lassen County | <input type="checkbox"/> 3901 Deuel Vocational Institution
Tracy, San Joaquin County | |
| <input type="checkbox"/> 2102 San Quentin State Prison
San Quentin, Marin County | <input type="checkbox"/> 3914 California Health Care Facility/
DeWitt Correctional Facility
Stockton, San Joaquin County | |

CENTRAL REGION

- | | | |
|--|--|---|
| <input type="checkbox"/> 1015 Pleasant Valley State Prison
Coalinga, Fresno County | <input type="checkbox"/> 1606 CSP, Corcoran
Corcoran, Kings County | <input type="checkbox"/> 2701 Correctional Training Facility
Soledad, Monterey County |
| <input type="checkbox"/> 1514 North Kern State Prison
Delano, Kern County | <input type="checkbox"/> 1608 California Substance Abuse Treatment Facility
Corcoran, Kings County | <input type="checkbox"/> 2708 Salinas Valley State Prison
Soledad, Monterey County |
| <input type="checkbox"/> 1522 Kern Valley State Prison
Delano, Kern County | <input type="checkbox"/> 2003 Central California Women's Facility
Chowchilla, Madera County | <input type="checkbox"/> 4005 California Men's Colony
San Luis Obispo, San Luis Obispo County |
| <input type="checkbox"/> 1605 Avenal State Prison
Avenal, Kings County | <input type="checkbox"/> 2004 Valley State Prison
Chowchilla, Madera County | |

SOUTHERN REGION

- | | | |
|--|--|--|
| <input type="checkbox"/> 1307 Calipatria State Prison
Calipatria, Imperial County | <input type="checkbox"/> 1523 California City Correctional Facility
California City, Kern County | <input type="checkbox"/> 3329 Ironwood State Prison
Blythe, Riverside County |
| <input type="checkbox"/> 1308 Centinel State Prison
Imperial, Imperial County | <input type="checkbox"/> 1995 CSP, Los Angeles
Lancaster, Los Angeles County | <input type="checkbox"/> 3612 California Institution for Men
Chino, San Bernardino County |
| <input type="checkbox"/> 1503 California Correctional Institution
Tehachapi, Kern County | <input type="checkbox"/> 3310 California Rehabilitation Center
Norco, Riverside County | <input type="checkbox"/> 3613 California Institution for Women
Corona, San Bernardino County |
| <input type="checkbox"/> 1513 Wasco State Prison
Wasco, Kern County | <input type="checkbox"/> 3313 Chuckawalla Valley State Prison
Blythe, Riverside County | <input type="checkbox"/> 3715 R.J. Donovan Correctional Facility
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, Examination Services, Bldg. D1, P.O. Box 588500, Elk Grove, CA 95758.

NURSE CONSULTANT III (SUPERVISOR)
Training and Experience Assessment

Name: _____

RECRUITMENT QUESTIONNAIRE

HOW DID YOU HEAR ABOUT THE NURSE CONSULTANT III (SUPERVISOR) 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 Nurse Consultant III (Supervisor) 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