



CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES



NURSE CONSULTANT I 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 I. 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

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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 I 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**

Experience: Two years of professional registered nursing experience, which must have included responsibility for health services program planning and implementation or an administrative, consultative, teaching, or supervisory capacity.

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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 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 observe a physical assessment on an inmate/youthful offender?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Are you willing to wear protective clothing and equipment as required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Are you willing to work professionally with individuals from a wide range of cultural backgrounds?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. 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

CERTIFICATION

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

1. Certificate in Public Health Nursing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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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 12 – 21, 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	Weekly	Monthly	Annually	Performed task during training ONLY	Performed task as a regular work duty AFTER LICENSURE
<p>2. Act as a consultant to various public and private agencies, departmental staff, the public, etc., on health care issues.</p>						
<p>3. Develop the tools, aids, methodology, etc., necessary to conduct studies.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>4. Implement studies to gather/obtain information.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>5. Evaluate study results to provide information to management and make recommendations for program modifications and implement new programs.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>6. Participate in the development of programs, nursing components of related programs, standards, policies, procedures, etc.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>7. Implement programs, nursing components of related programs, standards, policies, procedures, etc.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>8. Evaluate programs, nursing components of related programs, standards, policies, procedures, etc.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>9. Provide education/training to field health care staff and/or custody staff regarding health care issues, new health care delivery systems, etc.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>10. Analyze proposed health care legislation, government reports, licensing surveys, etc.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>11. Prepare various written documents (e.g., memos, letters, reports).</p>	<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 (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

POSITIONS EXIST ONLY AT HEADQUARTERS IN ELK GROVE, CALIFORNIA

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.

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RECRUITMENT QUESTIONNAIRE

HOW DID YOU HEAR ABOUT THE NURSE CONSULTANT I 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 I 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