CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES
SELECTION SERVICES SECTION
SUPPLEMENTAL APPLICATION EXAMINATION FOR NURSE CONSULTANT I

Read instructions carefully

This supplemental application will provide you with an opportunity to demonstrate significant aspects of your qualifications for Nurse Consultant I with California Corrections Health Care Services (CCHCS). The information you provide will be rated based on objective criteria created by Subject Matter Experts. That rating will be used to determine your final score in this examination. Your name will be merged onto a list based on your final score, and that list will be used by CCHCS to fill positions located at the California Department of Corrections and Rehabilitation correctional facilities. A "Conditions of Employment" form is included in this supplemental application that will allow you to select the location(s) and time bases in which you are interested in working.

This supplemental application will account for 100% of the weight of your examination for this classification. Therefore, please be sure to follow the instructions carefully as missing or incomplete information may delay the processing of your examination.

Candidate's Name: _____

Social Security Number: _____

Address: _____

_____

*****In order to expedite the hiring process your phone numbers are required*****

Home/Cellular Phone Number:_____

Work Phone Number: _____

Nursing License: _____
Number Expiration date State

_____
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

NURSE CONSULTANT I
SUPPLEMENTAL APPLICATION

Name: _____

MINIMUM QUALIFICATIONS

All candidates must meet the minimum qualifications before they will be admitted into this examination. Please ensure that your state application (std. form 678) clearly indicates your education, experience, and licensure information that meet the minimum qualifications for this exam.

1. All classes in this series require 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**

2. All classes in this series require 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**

3. All classes in this series require 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.

JOB REQUIREMENTS

The following are job requirements. Please respond to each question by marking the appropriate box. If you are unwilling or unable to comply with any of the following job requirements, it will be grounds for elimination from the examination process.

1. Are you willing to treat inmates/wards in a professional, ethical, and tactful manner? ☐ Yes ☐ No
2. Are you willing to observe a physical assessment on an inmate/youthful offender? ☐ Yes ☐ No
3. Are you willing to work around peace officers armed with chemical agents and/or weapons? ☐ Yes ☐ No
4. Are you willing to abide by and adhere to institutional safety and security policies? ☐ Yes ☐ No
5. Are you willing to wear protective clothing and apparatus as required? ☐ Yes ☐ No
6. Are you willing to abide by and adhere to the institutional dress code? ☐ Yes ☐ No
7. Are you willing to promote positive, collaborative, professional working relations among co-workers and peace officers? ☐ Yes ☐ No
8. Are you willing to work professionally with individuals from a wide range of cultural backgrounds? ☐ Yes ☐ No
9. Are you willing to bend, stoop, climb stairs, push, pull, twist, and briskly walk a minimum of 50 yards? ☐ Yes ☐ No

DEGREES/CERTIFICATIONS

Please indicate if you have completed the following certification.

☐ Certificate in Public Health Nursing

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SUPPLEMENTAL APPLICATION

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WORK EXPERIENCE									
NOTE TO APPLICANTS: Under "Work Experience," for items #10 - 19, please indicate: **Frequency:** **a) If you have performed this task within the last 24 months** **b) How often you perform this task** ***(Please select one box from "weekly" "monthly" and "annually" column)*** **Level of Skill:** **a)The level of skill that you have in performing this task** ***(Please select one box from the "level of skill" column)***	**Frequency**						**Level of skill**		
	Performed task within last 24 months		**Weekly**	**Monthly**	**Annually**		**Have not performed this task**	**Performed task during training ONLY**	**Performed task as a regular work duty AFTER LICENSING**
10. Act as a consultant to various agencies (public and private), departmental staff, the public, etc., on health care issues.	☐		☐	☐	☐		☐	☐	☐
11. Develop the tools, aids, methodology, etc. necessary to conduct studies.	☐		☐	☐	☐		☐	☐	☐
12. Implement studies to gather/obtain information.	☐		☐	☐	☐		☐	☐	☐
13. Evaluate study results to provide information to management and make recommendations for program modifications and implement new programs.	☐		☐	☐	☐		☐	☐	☐
14. Participate in the development of programs, nursing components of related programs, standards, policies, procedures, etc.	☐		☐	☐	☐		☐	☐	☐
15. Implement programs, nursing components of related programs, standards, policies, procedures, etc.	☐		☐	☐	☐		☐	☐	☐
16. Evaluate programs, nursing components of related programs, standards, policies, procedures, etc.	☐		☐	☐	☐		☐	☐	☐
17. Provide education/training to field health care staff, custody staff regarding health care issues, new health care delivery systems etc.	☐		☐	☐	☐		☐	☐	☐
18. Analyze proposed health care legislation, government reports, licensing surveys, etc.	☐		☐	☐	☐		☐	☐	☐
19. Prepare various written documents (e.g. memorandum, correspondence, reports, etc.)	☐		☐	☐	☐		☐	☐	☐

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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 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.

Positions exist with the California Correctional Health Care Services in Sacramento only.

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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 NURSE CONSULTANT I EXAMINATION?

Check the box that best describes how you found out about the Nurse Consultant I examination.

- ☐ Professional Journal
- ☐ Professional Colleague
- ☐ Newspaper/Magazine Advertisement
- ☐ Internet
- ☐ California Department of Corrections and Rehabilitation employee
- ☐ Recruitment Mailing
- ☐ College/School
- ☐ Job Fair/Career Fair
- ☐ Other