This Training and Experience Assessment will provide you with an opportunity to demonstrate significant aspects of your qualifications for Nursing Consultant, Program Review, with California Correctional 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 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 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: ___________________________________________________________________________________

<table>
<thead>
<tr>
<th>Number</th>
<th>Expiration date</th>
<th>State</th>
</tr>
</thead>
</table>

_________________________________________________________________________________________________

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
NURSING CONSULTANT, PROGRAM REVIEW
Training and Experience Assessment

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.

Possession of a valid license to practice as a registered nurse in California. (Applicants who do not possess such a license will be admitted to the examination, but they must secure such a license before they will be considered eligible for appointment.) And

EXPERIENCE
1. Three years of progressively responsible experience in nursing/psychiatric nursing, which must have included in addition to direct care of developmentally disabled clients and/or psychiatric patients; and/or inmates or youthful offenders: (1) Two years of administrative experience at a level of responsibility comparable to an assistant coordinator of nursing services in a large facility for the developmentally disabled and/or hospital for the mentally disabled or acute/subacute care correctional facility; or a Supervising Registered Nurse in a large correctional facility; and (2) one year of experience as a nursing consultant, or as a director of nursing education/psychiatric nursing in an accredited State mental hospital/developmental center or acute care correctional facility or nurse training program with responsibility for instruction of students at several levels of nursing practice; or

2. Three years of experience as a nursing consultant. And

EDUCATION
Graduation from an accredited school of nursing, possession of a baccalaureate degree, and possession of a master's degree, preferably in nursing administration. (One year of additional experience in an administrative or consultative capacity may be substituted for the master's degree.)

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/ youthful offenders 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 degree or certification.

☐ Certificate in Public Health Nursing
**WORK EXPERIENCE**

**Note to Applicants:** Under “Work Experience,” for items #10 - 27, 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)*

<table>
<thead>
<tr>
<th>Frequency within last 24 months</th>
<th>Weekly</th>
<th>Monthly</th>
<th>Annually</th>
<th>Have not performed this task</th>
<th>Performed task during training ONLY</th>
<th>Performed task as a regular work duty AFTER LICENSING</th>
</tr>
</thead>
<tbody>
<tr>
<td>10. Act as a consultant to various agencies (public and private), departmental staff, the public, etc., on health care issues.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>11. Plan studies (e.g., needs assessments, public health studies of infectious disease incidence, etc.) to identify needs and obtain information.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>12. Develop tools, aids, methodology, etc. necessary to conduct studies.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>13. Organize studies to ensure the study is carried out as planned.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>15. Evaluate study results to provide information to management and make recommendations for program modifications and implement new programs.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>16. Act as a lead to Nurse Consultants and other health-related multidisciplinary staff to provide guidance and direction.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<td>☐</td>
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<tr>
<td>17. Plan programs, nursing components of related programs, etc., for statewide implementation to provide quality health care.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>18. Develop programs, nursing components of related programs, standards, policies, procedures, etc.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>19. Coordinate nursing and related program activities with other Health Care disciplines, departmental staff, etc.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>20. Implement programs, nursing components of related programs, standards, policies, procedures, etc.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>21. Evaluate programs, nursing components of related programs, standards, policies, procedures, etc.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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## WORK EXPERIENCE

**Note to Applicants:** Under “Work Experience,” for items #10 - 27, 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:**
- b) The level of skill that you have in performing this task
  *(Please select one box from the "level of skill" column)*

<table>
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</tr>
</thead>
<tbody>
<tr>
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<td>Have not performed this task</td>
</tr>
<tr>
<td>Weekly</td>
<td>Weekly</td>
</tr>
</tbody>
</table>

22. Supervise a group of Nurse Consultants and/or health professional/technical staff.

23. Provide education/training to field health care staff, custody staff regarding health care issues, new health care delivery systems, etc., to provide direction/guidance to staff, and quality health care.

24. Secure funding for new programs, equipment, staffing, etc., and/or augment existing health care programs.

25. Analyze proposed health care legislation, government reports, licensing surveys, etc., to identify areas for improvement, make recommendations, determine the impact on department programs, etc.

26. Prepare various written documents (e.g., memorandum, correspondence, reports, etc.) to request and/or provide information to others.

27. Investigate cases of alleged staff misconduct to obtain, analyze and provide information to others (e.g., management, Office of Internal Affairs, etc.).

## SUPERVISORY EXPERIENCE

Please indicate if you have any experience supervising the following personnel by marking the appropriate box(es):

- [ ] Registered Nurses (RN) and/or Nursing Consultants
- [ ] Licensed Vocational Nurses (LVN)
- [ ] Certified Nursing Assistants (CNA)
- [ ] Recreational Therapists
- [ ] Psychiatric Technicians
Name: _________________________

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.”

☐ 7238 UPPPER NORTHERN REGION – If this box is marked, no further selection is necessary.

☐ 7231 NORTHERN REGION – If this box is marked, no further selection is necessary.

☐ 7232 CENTRAL REGION – If this box is marked, no further selection is necessary.

☐ 7233 SOUTHERN REGION – If this box is marked, no further selection is necessary.

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.

California Correctional Health Care Services
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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 NURSING CONSULTANT, PROGRAM REVIEW EXAMINATION?
Check the box that best describes how you found out about the Nursing Consultant, Program Review 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