



# CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES



## PUBLIC HEALTH NURSE II, CORRECTIONAL FACILITY 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 Public Health Nurse II, Correctional Facility. 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

**PUBLIC HEALTH NURSE II, CORRECTIONAL FACILITY  
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 Public Health Nurse II, Correctional Facility Minimum Qualifications as stated below:**

Possession of a current license as a Registered Nurse in California and a current certificate as a Public Health Nurse in California. (Applicants who do not meet these requirements will be admitted to the examination, but they must secure the required license and certificate before they will be considered eligible for appointment.) **And**

**Either I**

One year of experience performing the duties of a Public Health Nurse I, Correctional Facility, in the California state service.

**Or II**

Two years of experience as a public health nurse/community health nurse.

**PUBLIC HEALTH NURSE II, CORRECTIONAL FACILITY  
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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. Willingness to work in a State correctional facility at various custody/security levels.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Willingness to work in various mental health settings and programs within the institution and to work with inmates/youthful offenders, including some who may be mentally ill, developmentally disabled, potentially dangerous, and/or sex offenders.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Willingness to work with inmates/youthful offenders, including some who may be infected with contagious diseases such as Hepatitis C, HIV/AIDS, or tuberculosis.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Willingness to stand for long periods of time.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Willingness to promote positive, collaborative, professional working relations among co-workers or other staff.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Willingness to work professionally with individuals from a wide range of cultural backgrounds.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Willingness to work weekend work shifts (that is, Saturday and/or Sunday shifts) as needed.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Willingness to work from high tiers (approximately 15 to 60 feet) above the ground.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Willingness to carry equipment and materials weighing up to 20 pounds (charts, vaccines, sharps containers), to various areas on institution grounds.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Willingness to wear protective clothing (e.g., vests, hard hats, glasses/goggles/masks, and appropriate footwear, etc.) as required.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Willingness to abide by and adhere to safety policies and provisions (e.g., wear personal alarm, carry whistle, etc.) applicable to specific work assignments.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Willingness to comply with annual tuberculosis screening requirements.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Willingness to abide by and adhere to the institutional dress code.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. Willingness to comply with departmental training requirements and participate in on-going education specific to your work assignment.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**PUBLIC HEALTH NURSE II, CORRECTIONAL FACILITY  
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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><b>Instructions:</b> Please read instructions carefully. For Items 15 – 25, please indicate the following:</p> <p><b>Recency:</b></p> <ul style="list-style-type: none"> <li>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.</li> </ul> <p><b>Frequency:</b></p> <ul style="list-style-type: none"> <li>Check <b>only one</b> box to indicate the frequency in which you have performed this task within the last 24 months.</li> </ul> <p><b>Level of Skill:</b></p> <ul style="list-style-type: none"> <li>Check <b>only one</b> box to indicate the level of skill you have in performing this task within the last 24 months.</li> </ul>	Performed task within the last 24 months					
15. Assist patients and staff with the prevention and control of communicable diseases.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Perform public health nursing services for patients and or staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Direct staff and patients on public health subjects (e.g., Blood Borne pathogens, tuberculosis, universal precautions, respiratory protection).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Provide training/orientation to all staff on public health subjects (e.g., Blood Borne pathogens, tuberculosis, universal precautions, respiratory protection).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Perform epidemiological/contact investigations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Provide instruction to others (e.g., patients, staff, Health Care providers, community health care providers, visitors) regarding the care of patients and staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Implement infectious disease control procedures in order to contain the spread of communicable diseases.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Participate in conferences on community/public health problems in order to keep abreast of the current public health issues and changes in treatment and reporting requirements, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Act as liaison with State and local county health departments and other appropriate organizations on infectious disease control issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Assist medical staff with development of policies and procedures on infectious disease.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Maintain accurate records (e.g., laboratory results, sterilization logs of equipment, environmental surveillance, immunization).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PUBLIC HEALTH NURSE II, CORRECTIONAL FACILITY  
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Name: \_\_\_\_\_

WORK EXPERIENCE	RECENCY	FREQUENCY			LEVEL OF SKILL	
		Weekly	Monthly	Annually	Performed task during training ONLY	Performed task as a regular work duty AFTER LICENSURE
<p><b>Instructions:</b> Please read instructions carefully. For Items 26 – 37, please indicate the following:</p> <p><b>Recency:</b></p> <ul style="list-style-type: none"> <li>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.</li> </ul> <p><b>Frequency:</b></p> <ul style="list-style-type: none"> <li>Check <b>only one</b> box to indicate the frequency in which you have performed this task within the last 24 months.</li> </ul> <p><b>Level of Skill:</b></p> <ul style="list-style-type: none"> <li>Check <b>only one</b> box to indicate the level of skill you have in performing this task within the last 24 months.</li> </ul>	Performed task within the last 24 months					
26. Prepare various written reports.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Facilitate nursing care for patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Collaborate with health care providers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Administer vaccinations/TB testing to patients and/or staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Obtain specimens from patients for diagnostic testing as ordered by health care providers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Document in the medical records, the public health services received by patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Monitor environment to ensure cleanliness and safe working conditions per CCR Title 8, 17 and 22.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Advocate for patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Provide patient education and/or discharge planning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Participate on various meetings/committees/task forces/projects/teams, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Perform tuberculosis screening.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Responsible for adhering to the confidentiality of patient and/or staff information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PUBLIC HEALTH NURSE II, CORRECTIONAL FACILITY  
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Name: \_\_\_\_\_

WORK EXPERIENCE	REGENCY	FREQUENCY			LEVEL OF SKILL	
	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><b>Instructions:</b> Please read instructions carefully. For Items 38 – 45, please indicate the following:</p> <p><b>Recency:</b></p> <ul style="list-style-type: none"> <li>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.</li> </ul> <p><b>Frequency:</b></p> <ul style="list-style-type: none"> <li>Check <b>only one</b> box to indicate the frequency in which you have performed this task within the last 24 months.</li> </ul> <p><b>Level of Skill:</b></p> <ul style="list-style-type: none"> <li>Check <b>only one</b> box to indicate the level of skill you have in performing this task within the last 24 months.</li> </ul>						
38. Prioritize work tasks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Instruct staff on the proper storage and disposal of bio-hazardous materials (e.g., needles, dressings, bandages, contaminated laundry).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Understand the disposal of bio-hazardous materials (e.g., needles).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Understand the use of universal precautions, and Local Exposure Control Plan, per CCR Title 8 requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Establish, promote and maintain collaborative and cooperative working relationships with all departmental staff and outside agencies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Interpret written documents (e.g., skin test results, laboratory results, health care provider notes).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Assist patients with the prevention and control of communicable diseases.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Perform public health nursing services for patients and/or staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PUBLIC HEALTH NURSE II, CORRECTIONAL FACILITY**  
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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.

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

**CENTRAL REGION**

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

**SOUTHERN REGION**

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

PUBLIC HEALTH NURSE II, CORRECTIONAL FACILITY  
Training and Experience Assessment

Name: \_\_\_\_\_

**RECRUITMENT QUESTIONNAIRE**

**HOW DID YOU HEAR ABOUT THE PUBLIC HEALTH NURSE II, CORRECTIONAL FACILITY 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 Public Health Nurse II, Correctional Facility 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