



CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES



PUBLIC HEALTH NURSE I, 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 I, 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 I, 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 I, 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.)

**PUBLIC HEALTH NURSE I, CORRECTIONAL FACILITY
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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. 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 I, CORRECTIONAL FACILITY
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Name: _____

WORK EXPERIENCE	RECENCY	FREQUENCY			LEVEL OF SKILL	
		Performed task within the last 24 months	Weekly	Monthly	Annually	Performed task during training ONLY
<p>Instructions: Please read instructions carefully. For Items 15 – 25, 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. 						
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 I, CORRECTIONAL FACILITY
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WORK EXPERIENCE	RECENCY	FREQUENCY			LEVEL OF SKILL	
		Performed task within the last 24 months	Weekly	Monthly	Annually	Performed task during training ONLY
<p>Instructions: Please read instructions carefully. For Items 26 – 38, 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. 						
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"/>
38. Prioritize work tasks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PUBLIC HEALTH NURSE I, CORRECTIONAL FACILITY
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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>Instructions: Please read instructions carefully. For Items 39 – 45, 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					
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"/>

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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

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.

PUBLIC HEALTH NURSE I, CORRECTIONAL FACILITY
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Name: _____

RECRUITMENT QUESTIONNAIRE

HOW DID YOU HEAR ABOUT THE PUBLIC HEALTH NURSE I, 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 I, 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