

**SENIOR PSYCHIATRIST (SPECIALIST), CORRECTIONAL AND REHABILITATIVE SERVICES (SAFETY)
Training and Experience Assessment**

Name: _____

MINIMUM QUALIFICATIONS

Each candidate must meet the minimum qualifications as of the date his/her Training and Experience Assessment is received. If not, the candidate's application in the examination process will be rejected and his/her Training and Experience Assessment will not be scored. Please ensure that your State application (STD. Form 678) clearly indicates your education, experience and licensure information reflective of the minimum qualifications for this examination process as stated below:

Possession of the legal requirements for the practice of medicine in California as determined by the Medical Board of California or the California Board of Osteopathic Examiners. (Applicants who are in the process of securing approval of their qualifications by the Medical Board of California or the Board of Osteopathic Examiners will be admitted to the examination, but the Board to which application is made must determine that all legal requirements have been met before candidates will be eligible for appointment.) **and**

Either Pattern I

Possession of a valid certificate in psychiatry issued by the American Board of Psychiatry and Neurology or the American Osteopathic Board of neurology and Psychiatry **and**

Two years of post-residency experience as a psychiatrist in a correctional facility, or in a psychiatric inpatient or outpatient setting.

Or Pattern II

Satisfactorily completed specialized training requirements in psychiatry in programs that are accredited by the Accreditation Council for Graduate Medical Education (ACGME), or Bureau of Osteopathic Education of the American Osteopathic Association (AOA), or certified by the Royal College of Physicians and Surgeons of Canada. Two patterns of training are acceptable:

Either I

Completion of a four-year residency training program in psychiatry accredited by the ACGME or Bureau of Osteopathic Education of the AOA. (Exception: Any applicant who completed a residency program in psychiatry that was accredited by the ACGME, or Bureau of Osteopathic Education of the AOA, or certified by the Royal College of Physicians and Surgeons of Canada at the time the applicant completed the residency will qualify under this pattern of training upon Department of Corrections and Rehabilitation verification that all residency requirements were successfully completed, and if all other requirements are met.) **and**

Two years of post-residency experience as a psychiatrist in a correctional facility, or in a psychiatric inpatient or outpatient setting.

Or II

Completion of a broad-based clinical year of ACGME or Bureau of Osteopathic Education of the AOA-accredited training program in internal medicine, family medicine, or pediatrics; or an ACGME or Bureau of Osteopathic Education of the AOA-accredited transitional year program that included a minimum of four months of primary care; or an ACGME or Bureau of Osteopathic Education of the AOA-accredited residency in a clinical specialty requiring comprehensive and continuous patient care **and**

Three years of postgraduate, specialized residency training in an ACGME or Bureau of Osteopathic Education of the AOA-accredited psychiatry program **and**

Two years of post-residency experience as a psychiatrist in a correctional facility, or in a psychiatric inpatient or outpatient setting.

(Candidates who are within six months of meeting these requirements may take the examination, but they cannot be appointed until these requirements are met.)

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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 the examination process.)*

1. Are you willing to work in a State correctional facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you willing to provide medical and mental health care to inmates?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are you willing to provide medical and mental health care to youthful offenders?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are you willing to comply with the Department's safety and security procedures ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are you willing to participate in departmental legal activities (e.g., serve as an expert witness, material witness)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Are you willing to work Psychiatrist-on-Call or Medical Officer-of-the-Day assignments (e.g. evenings, nights), which may extend beyond regular working hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Are you willing to actively participate in the peer review and clinical quality review process?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Are you willing to comply with tuberculosis screening requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No

LICENSE REQUIREMENTS

Please respond to each question by marking the appropriate box

9. Is your license to practice medicine currently restricted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Have you ever been convicted of any felony crime related to the practice of medicine that has restricted your ability to practice or your scope of practice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Are there currently any pending disciplinary charges against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Have there ever been any disciplinary actions completed against you that have restricted your ability to practice medicine?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Have there been any settlements, malpractice judgments, or arbitration awards rendered against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Have any disciplinary actions been taken against you by another state or jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Have you ever been convicted of any misdemeanor related to the practice of medicine that has restricted your ability to practice or your scope of practice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Is your license to practice medicine currently subject to probationary conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Have your clinical privileges at any hospital or mental health care institution ever been revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Has your medical staff membership or mental health care staff status at any hospital ever been revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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CERTIFICATIONS

Please indicate if you have completed any of the following certifications by marking the appropriate box.

- 19. Board certified in psychiatry.
- 20. Board certified in child or adolescent psychiatry.
- 21. Certified Correctional Health Professional (CCHP)

CLINICAL SUPERVISORY EXPERIENCE

Please check the box(es) that indicate which of the following classifications you have clinically supervised.

- 22. Psychiatrists
- 23. Psychologists
- 24. Psychiatric Social Workers
- 25. Nurses
- 26. Psychiatric Technicians
- 27. Recreational or Occupational Therapists
- 28. Residents/Interns
- 29. Staff Psychiatrist (CDCR)

**SENIOR PSYCHIATRIST (SPECIALIST), CORRECTIONAL AND REHABILITATIVE SERVICES (SAFETY)
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Name: _____

WORK EXPERIENCE

<p>Note to Applicant: Under "Work Experience," for items #30-42, please indicate:</p> <p>Frequency:</p> <ul style="list-style-type: none"> ➤ Indicate if you have performed this task within the last 24 months; AND ➤ Indicate how often you perform this task (e.g., Select one box from the "Weekly" "Monthly," and "Annually" columns.) <p>Level of Skill:</p> <ul style="list-style-type: none"> ➤ Indicate the level of skill that you have in performing this task (e.g., 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 licensure
30. Interview patients to establish symptoms and mental health history.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Physically examine patients to determine symptoms, evaluate mental health status, and determine diagnoses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Diagnose patients' diseases or conditions to determine treatment methods, needed referrals, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Write progress notes, patient histories, correspondence, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Order and interpret various reports, charts, lab reports and other documents to determine next step in patient's treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Consult with peers and/or supervisors on unusual or complex cases for advice or decision on treatment management.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Educate patients about their diagnosis, treatment, condition, and prognosis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Schedule follow-up appointments with chronically ill patients to facilitate continuity of care and management of patients' condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Perform clinical rounds consistent with on-call duties and acute/sub-acute patient care management.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Review and/or prepare various mental health care reports as needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Clinically supervise Psychiatrists, Registered Nurses, Physician Assistants, Interns/Residents and/or Nurse Practitioners.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Provide instruction and supervise residents or other health care providers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Provide input for the development and implementation of policies and procedures to ensure proper standardization of mental health care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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WORK EXPERIENCE - CONTINUED

<p>Note to Applicant: Under "Work Experience," for items #43-45, please:</p> <p>Frequency:</p> <ul style="list-style-type: none"> ➤ Indicate if you have performed this task within the last 24 months; AND ➤ Indicate how often you perform this task (e.g., Select one box from the "Weekly" "Monthly" and "Annually" columns.) <p>Level of Skill:</p> <ul style="list-style-type: none"> ➤ Indicate the level of skill that you have in performing this task (e.g., 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 licensure
43. Establish and maintain effective working relationships with administrators, and other professionals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Prepare written documents (e.g., correspondence, appeals, policies, procedures, reports, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Participate in interviews, and evaluate and make recommendations on the hiring of candidates for professional, technical and other mental health care related positions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SENIOR PSYCHIATRIST (SPECIALIST), CORRECTIONAL AND REHABILITATIVE SERVICES (SAFETY)
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AUTHORIZATION TO WORK IN THE UNITED STATES OF AMERICA

This question is not part of the examination but is for the hiring authority's information. If you answer "Yes" to question 2, please provide your Visa information below.

1. Are you a citizen or permanent resident of the United States of America? Yes No

2. If not, are you in possession of a Visa that permits you to work in the United States of America? Yes No

Visa type _____

Visa expiration date _____

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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 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."

(5) ANYWHERE IN THE STATE - If this box is marked, no further selection is necessary.

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

ADULT FACILITIES:

<input type="checkbox"/> 0802 Pelican Bay State Prison Crescent City, Del Norte County	<input type="checkbox"/> 1802 California Correctional Center Susanville, Lassen County	<input type="checkbox"/> 1805 High Desert State Prison Susanville, Lassen County
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7231 NORTHERN REGION – If this box is marked, no further selection is necessary.

ADULT FACILITIES:

<input type="checkbox"/> 0309 Mule Creek State Prison Ione, Amador County	<input type="checkbox"/> 3417 Richard A. McGee Correctional Training Center, Galt, Sacramento County
<input type="checkbox"/> 3423 CSP, Sacramento Represa, Sacramento County	<input type="checkbox"/> 3901 Deuel Vocational Institution Tracy, San Joaquin County
<input type="checkbox"/> 4804 California Medical Facility Vacaville, Solano County	<input type="checkbox"/> 4811 CSP, Solano Vacaville, Solano County
<input type="checkbox"/> 2102 CSP, San Quentin San Quentin, Marin County	<input type="checkbox"/> 5505 Sierra Conservation Center Conservation Camp Facility Jamestown, Tuolumne County
<input type="checkbox"/> 3400 Headquarters Sacramento, Sacramento County	
<input type="checkbox"/> 3404 Folsom State Prison Represa, Sacramento County	

YOUTH FACILITIES

<input type="checkbox"/> 3902 DeWitt Nelson YCF Stockton, San Joaquin County
<input type="checkbox"/> 3908 O.H. Close YCF Stockton, San Joaquin County
<input type="checkbox"/> 3917 N.A. Chaderjian YCF Stockton, San Joaquin County
<input type="checkbox"/> 3907 Northern California YCF Stockton, San Joaquin County
<input type="checkbox"/> 0311 Pine Grove Youth Pine Grove, Amador County
<input type="checkbox"/> 0307 Preston YCF Ione, Amador Count

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

ADULT FACILITIES:

<input type="checkbox"/> 1015 Pleasant Valley State Prison Coalinga, Fresno County	<input type="checkbox"/> 2003 Central California Women's Facility Chowchilla, Madera County
<input type="checkbox"/> 1513 Wasco State Prison Reception Center, Wasco, Kern County	<input type="checkbox"/> 2004 Valley State Prison for Women Chowchilla, Madera County
<input type="checkbox"/> 1514 North Kern State Prison Delano, Kern County	<input type="checkbox"/> 2701 Correctional Training Facility Soledad, Monterey County
<input type="checkbox"/> 1522 Kern Valley State Prison Delano, Kern County	<input type="checkbox"/> 2708 Salinas Valley State Prison Soledad, Monterey County
<input type="checkbox"/> 1605 Avenal State Prison Avenal, Kings County	<input type="checkbox"/> 4005 California Men's Colony San Luis Obispo, San Luis Obispo County
<input type="checkbox"/> 1606 CSP, Corcoran Corcoran, Kings County	<input type="checkbox"/> 1608 California Substance Abuse Treatment Facility, Corcoran, Kings County

YOUTH FACILITIES:

<input type="checkbox"/> 4003 El Paso de Robles YCF Paso Robles, San Luis Obispo County
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7233 SOUTHERN REGION – If this box is marked, no further selection is necessary.

ADULT FACILITIES:

<input type="checkbox"/> 1307 Calipatria State Prison Calipatria, Imperial County (North)	<input type="checkbox"/> 3313 Chuckawalla Valley State Prison Blythe, Riverside County
<input type="checkbox"/> 1308 Centinela State Prison Imperial, Imperial County (South)	<input type="checkbox"/> 3329 Ironwood State Prison Blythe, Riverside County
<input type="checkbox"/> 1503 California Correctional Institution Tehachapi, Kern County	<input type="checkbox"/> 3612 California Institution for Men Chino, San Bernardino County
<input type="checkbox"/> 1995 CSP, Los Angeles Lancaster, Los Angeles County	<input type="checkbox"/> 3613 California Institution for Women Corona, San Bernardino County
<input type="checkbox"/> 3310 California Rehabilitation Center Norco, Riverside County	<input type="checkbox"/> 3715 R. J. Donovan Correctional Facility at Rock Mountain San Diego, San Diego County

YOUTH FACILITIES:

<input type="checkbox"/> 3628 Heman G. Stark YCF Chino, San Bernardino County
<input type="checkbox"/> 1967 Southern Youth Correctional Reception Center & Clinic Norwalk, Los Angeles County
<input type="checkbox"/> 5610 Ventura YCF Camarillo, Ventura County

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.

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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 Senior Psychiatrist, (Specialist) Correctional and Rehabilitative Services (Safety?)

1. Check the box that best describes how you found out about the Senior Psychiatrist (Specialist), Correctional Rehabilitative Services (Safety) Examination?

- College Recruitment
- CDCR Employee/Relative
- CDCR Website
- CCHCS Website
- Job Fair/Career Event (California)
- Job Fair/Career Event (Out-side California)
- Advertisement in Magazine/Journal
- Mailer
- Newspaper
- Internet Search (Career Builder, Google, AOL, etc)
- State Personnel Board (SPB)

2. Check the box that best describes your reason for selecting CDCR as your place of employment:

- Competitive Salary
- Benefits
- Retirement
- Career Challenge
- Gain Experience in a Correctional Setting
- Flexible Shifts
- Opportunity
- All of the above