



CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES



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

PLEASE READ INSTRUCTIONS CAREFULLY

This Training and Experience Assessment (T&E) will be used to measure your experience, training, licensure, and education relevant to the Senior Psychiatrist (Supervisor), Correctional and Rehabilitative Services (Safety). It will ask you to rate yourself on the experience, training, licensure, and education that you will bring to the job with California Correctional Health Care Services (CCHCS) or California Department of Corrections and Rehabilitation (CDCR).

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 and CDCR to fill 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 the instructions carefully and completely.

Name: _____ Social Security Number: _____

Address: _____

Home Phone Number: _____ Work Phone Number: _____ Cell Phone Number: _____

MEDICAL LICENSE: _____
Number Expiration Date State

PSYCHIATRY RESIDENCE TRAINING: (Please indicate SCHOOL NAME and DATES.)

Post Graduate Year 1 Post Graduate Year 2

Post Graduate Year 3 Post Graduate Year 4

CLINICAL TRAINING: _____

SPECIALTY BOARD CERTIFICATION:

Number Specialty Expiration Date

I certify that all the statements I have made in this exam are true and correct.

Signature _____ Date _____

FILING INSTRUCTIONS:

Please submit 1.) a State application (STD. 678) and 2.) a Completed Training and Experience Assessment as follows:

By mail to:

OR

In person to:

California Correctional Health Care Services
Selection Services Section, D1
P.O. Box 588500
Elk Grove, CA 95758

California Correctional Health Care Services
8280 Longleaf Drive, Suite 101, Drop Box
Elk Grove, CA 95758

SENIOR PSYCHIATRIST (SUPERVISOR), CORRECTIONAL AND REHABILITATIVE SERVICES (SAFETY)
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 Senior Psychiatrist (Supervisor), Correctional and Rehabilitative Services (Safety) Minimum Qualifications 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 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.)

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

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. Are you willing to work at correctional facilities with the California Correctional Health Care Services or California Department of Corrections and Rehabilitation?	<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

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

Name: _____

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)

MANAGERIAL EXPERIENCE

Please check the box(es) that indicate which of the following classifications you have directly 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 (SUPERVISOR), CORRECTIONAL AND REHABILITATIVE SERVICES (SAFETY)
Training and Experience Assessment

Name: _____

WORK EXPERIENCE									
Instructions: For Items 30 – 42, please check the box that best indicates the following: Frequency: <ul style="list-style-type: none"> Indicate if you have performed this task within the last 24 months. Indicate how often you perform this task (e.g., Select one box from “Weekly”, “Monthly”, or “Annually” columns.) Level of Skill: <ul style="list-style-type: none"> Indicate the level of skill 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. 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"/>
33. Interpret various reports, medical 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"/>
34. 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"/>
35. 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"/>
36. Schedule follow-up appointments with chronically ill patients to facilitate continuity of care and management of patients’ conditions.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. 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"/>
38. Serve as consultant to health care staff on unusual or difficult mental health problems.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Review clinical investigation protocols and/or internal research.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Supervise professional, technical and other employees in the care of patients by planning, assigning work, monitoring assignments and writing evaluations.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. 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"/>
42. Develop and implement programs to train students, interns or residents.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Name: _____

WORK EXPERIENCE (CONTINUED)									
Instructions: For Items 43 – 48, please check the box that best indicates the following: Frequency: <ul style="list-style-type: none"> Indicate if you have performed this task within the last 24 months. Indicate how often you perform this task (e.g., Select one box from “Weekly”, “Monthly”, or “Annually” columns.) Level of Skill: <ul style="list-style-type: none"> Indicate the level of skill 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. Develop, implement, and review 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"/>
44. 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"/>
45. 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"/>
46. Conduct and/or facilitate staff conferences, meetings, and In Service Training.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. 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"/>
48. Conduct and/or assist in interviews, evaluate and make recommendations on the hiring process of candidates for professional, technical and other 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 (SUPERVISOR), CORRECTIONAL AND REHABILITATIVE SERVICES (SAFETY)
Training and Experience Assessment

Name: _____

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.

1. Are you a citizen or permanent resident of the United States of America?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. If not, are you in possession of a Visa that permits you to work in the United States of America?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Visa Type _____

Visa Expiration Date _____

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

Name: _____

CONDITIONS OF EMPLOYMENT (FORM 631) - CDCR ADULT & YOUTH LISTING

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.

TYPES OF EMPLOYMENT 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.

- (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.

LOCATION INFORMATION

- (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 |
|---|---|---|

- 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"/> 3914 California Health Care Facility
Stockton, San Joaquin County |
| <input type="checkbox"/> 2102 CSP, San Quentin
San Quentin, Marin County | <input type="checkbox"/> 4811 CSP, Solano
Vacaville, Solano County |
| <input type="checkbox"/> 3400 Headquarters
Sacramento, Sacramento County | <input type="checkbox"/> 5505 Sierra Conservation Center
Conservation Camp Facility
Jamestown, Tuolumne County |
| <input type="checkbox"/> 3404 Folsom State Prison
Represa, Sacramento County | |

YOUTH FACILITIES:

- 3908 O.H. Close YCF
Stockton, San Joaquin County
- 3917 N.A. Chaderjian YCF
Stockton, San Joaquin County
- 3907 Northern California YCF
Stockton, San Joaquin County
- 0311 Pine Grove Youth
Pine Grove, Amador County

- 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 |

- 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:

- 5610 Ventura YCF
Camarillo, Ventura County

Please notify CCHCS promptly of any address changes or availability for employment at the following address: CCHCS, Human Resources, Selection Services Section, D1, P.O. Box 588500, Elk Grove, CA 95758.

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

Name: _____

RECRUITMENT QUESTIONNAIRE

These questions are not part of the examination, but is for the hiring authority's information.

How did you hear about the Senior Psychiatrist (Supervisor), Correctional and Rehabilitative Services (Safety) examination?

1. Check the box that best describes how you found out about the Senior Psychiatrist (Supervisor), Correctional and Rehabilitative Services (Safety) examination.

- College Recruitment
- CDCR Employee/Relative
- CDCR Website
- CCHCS Website
- Job Fair/Career Event (California)
- Job Fair/Career Event (Outside 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 CCHCS and/or 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