



CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES



SENIOR MEDICAL TECHNICAL ASSISTANT (PSYCHIATRIC) 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 Senior Medical Technical Assistant. It will ask you to rate yourself on the experience, training, and/or education that you will bring to the job with the Division of Health Care Services, California Department of Corrections and Rehabilitation.

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

**SENIOR MEDICAL TECHNICAL ASSISTANT (PSYCHIATRIC)
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 Medical Technical Assistant (Psychiatric) Minimum Qualifications as stated below:

Possession of a valid license from the State of California to practice as a Psychiatric Technician, a Licensed Vocational Nurse, or a Registered Nurse. **And**

Experience: Two years of experience in the California state service performing the duties of a Medical Technical Assistant (Psychiatric) or a Medical Technical Assistant (Correctional Facility).

SENIOR MEDICAL TECHNICAL ASSISTANT (PSYCHIATRIC)
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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. Are you willing to work at California Department of Corrections and Rehabilitation's correctional facilities with the California Correctional Health Care Services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Are you willing to treat patients in a professional, ethical, and tactful manner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Are you willing to follow institutional and/or departmental safety and security policies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Are you willing to maintain the privacy and confidentiality of individual patient health information?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Are you willing to promote positive, collaborative, professional working relationships among co-workers and peace officers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Are you willing to comply with tuberculosis screening requirements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Are you willing to work around peace officers armed with chemical agents and/or weapons?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Are you willing to follow the institutional dress code?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Are you willing to work with patients who may be infected with contagious diseases such as Hepatitis C, HIV/AIDS, or Tuberculosis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Are you willing to work with patients who may be mentally ill, developmentally disabled, potentially dangerous, and/or sex offenders?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Are you willing to work with individuals from a wide range of cultural backgrounds in a respectful and professional manner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Are you willing to wear protective clothing and equipment as required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Are you willing to complete on-going education specific to licensure and required on-the-job training?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SENIOR MEDICAL TECHNICAL ASSISTANT (PSYCHIATRIC)
Training and Experience Assessment

Name: _____

TASKS	FREQUENCY					EXPERIENCE/EDUCATION				
	More than 30 times	At least 21-30 times	At least 11- 20 times	At least 1-10 times	0 times	More than 5 years	More than 3 years and up to 5 years	More than 1 year and up to 3 years	More than 6 months and up to 1 year	0 to 6 months
<p>Instructions: Please read instructions carefully. For Items 1 – 5, please indicate the following:</p> <p>Frequency:</p> <ul style="list-style-type: none"> Check only one box to indicate the frequency in which you have performed this task. <p>Experience/Education:</p> <ul style="list-style-type: none"> Check only one box to indicate the amount of experience and/or education you have in performing this task. 										
1. Coordinate and/or develop group and treatment activities for patients to address individual needs utilizing educational resources (e.g., group outlines, classes, coping skills) and medical equipment per policies and procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Supervise group and treatment activities and encourage participation for patients to provide them with a tool to socialize and interact utilizing handouts, writing utensils, videos, etc., according to lesson plans.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Coordinate and assist interdisciplinary staff in leisure skills and other therapeutic programs for patients utilizing educational resources and medical equipment per departmental and local operating procedures to enhance the mental health and level of functioning of the patient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Ensure that staff follow safe work practices by maintaining high-visibility correctional awareness under the guidance of facility policies, procedures, personal knowledge and experience utilizing various tools (e.g., training, random tours, inspections).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Assess the need for, complete, and document on-the-job training to help staff achieve job-related functions and communicate expectations utilizing various training tools and policies (e.g., training records, verbal or written instructions, performance expectations, personal observations, departmental policies) as required.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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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Name: _____

TASKS	FREQUENCY					EXPERIENCE/EDUCATION				
	More than 30 times	At least 21-30 times	At least 11- 20 times	At least 1-10 times	0 times	More than 5 years	More than 3 years and up to 5 years	More than 1 year and up to 3 years	More than 6 months and up to 1 year	0 to 6 months
<p>Instructions: Please read instructions carefully. For Items 6 – 11, please indicate the following:</p> <p>Frequency:</p> <ul style="list-style-type: none"> Check only one box to indicate the frequency in which you have performed this task. <p>Experience/Education:</p> <ul style="list-style-type: none"> Check only one box to indicate the amount of experience and/or education you have in performing this task. 										
6. Review and document nursing notes in patient health records to ensure proper delivery of care in compliance with departmental procedures, licensing, etc., as needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Prepare and care for patients during treatments to ensure proper delivery of care utilizing approved departmental training and procedures as needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Administer first aid and/or cardiopulmonary resuscitation as necessary for preservation of life utilizing approved departmental training as needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Ensure patient escorts and housing assignment changes are properly supervised and completed appropriately to maintain the safety and security of the institution utilizing departmental procedures and training on a daily basis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Perform searches for contraband on patients, patient housing, and treatment areas, and mail to ensure safety and security of the institution utilizing approved departmental policies and training on a daily basis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Assist custodial staff during emergency situations or other major incidents (e.g., fights, attempted escapes, riots, etc.) to maintain institutional security and personal safety utilizing alarm response, use-of-force policy and training, departmental policies and procedures as needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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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Name: _____

TASKS	FREQUENCY					EXPERIENCE/EDUCATION				
	More than 30 times	At least 21-30 times	At least 11- 20 times	At least 1-10 times	0 times	More than 5 years	More than 3 years and up to 5 years	More than 1 year and up to 3 years	More than 6 months and up to 1 year	0 to 6 months
<p>Instructions: Please read instructions carefully. For Items 12 – 16, please indicate the following:</p> <p>Frequency:</p> <ul style="list-style-type: none"> Check only one box to indicate the frequency in which you have performed this task. <p>Experience/Education:</p> <ul style="list-style-type: none"> Check only one box to indicate the amount of experience and/or education you have in performing this task. 										
12. Provide direct custody and nursing supervision for subordinate staff to ensure proper delivery of care and the safety and security of the institution utilizing frequent tours, communication skills, personal observation, and departmental policies on a daily basis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Assign staff, in consultation with management, to address program needs and licensing requirements by utilizing departmental procedures and government code (licensing) on a daily basis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Assist with work flow of the units to provide additional support as required (e.g., escorts, groups, appointments) by program needs utilizing departmental policies and procedures on a daily basis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Complete or assist in the completion and submission of incident reports to document any crimes or unusual occurrences within the facility utilizing various tools and procedures (e.g., computers, patient records, related reports, penal code, code of regulations, Title XV, departmental/local operating procedures) as needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Give direction and/or provide direct supervision during an incident or emergency to maintain personal safety and institutional security utilizing alarm response and use of force policy/training and departmental/local operating procedures as needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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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Name: _____

TASKS	FREQUENCY					EXPERIENCE/EDUCATION				
	More than 30 times	At least 21-30 times	At least 11- 20 times	At least 1-10 times	0 times	More than 5 years	More than 3 years and up to 5 years	More than 1 year and up to 3 years	More than 6 months and up to 1 year	0 to 6 months
<p>Instructions: Please read instructions carefully. For Items 17 – 20, please indicate the following:</p> <p>Frequency:</p> <ul style="list-style-type: none"> Check only one box to indicate the frequency in which you have performed this task. <p>Experience/Education:</p> <ul style="list-style-type: none"> Check only one box to indicate the amount of experience and/or education you have in performing this task. 										
17. Conduct emergency mock drills with staff to ensure safety of staff and patients utilizing departmental/local operating procedures and emergency drill checklists as required.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Supervise the use of key and tool control, including completing audits and documentation for tool control practices to ensure safety and security utilizing an accountability system (e.g., personal chit exchange system) on a daily basis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Coordinate the safekeeping and maintenance of equipment and materials identifying and responding to occurrences of missing equipment and handling/disposing of hazardous waste to maintain personal safety and institutional security utilizing departmental/local operating procedures and inventory sheets/logs on a daily basis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Provide staff with a complete and comprehensive evaluation of their job performance to ensure they meet performance expectations and person/professional goals utilizing various communication tools (e.g., training records, verbal and/or written instructions, performance expectations, personal observations, departmental/local operating procedures, official personnel files, input from other supervisors) as required.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SENIOR MEDICAL TECHNICAL ASSISTANT (PSYCHIATRIC)
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Name: _____

TASKS	FREQUENCY					EXPERIENCE/EDUCATION				
	More than 30 times	At least 21-30 times	At least 11- 20 times	At least 1-10 times	0 times	More than 5 years	More than 3 years and up to 5 years	More than 1 year and up to 3 years	More than 6 months and up to 1 year	0 to 6 months
<p>Instructions: Please read instructions carefully. For Items 21 – 25, please indicate the following:</p> <p>Frequency:</p> <ul style="list-style-type: none"> Check only one box to indicate the frequency in which you have performed this task. <p>Experience/Education:</p> <ul style="list-style-type: none"> Check only one box to indicate the amount of experience and/or education you have in performing this task. 										
21. Coordinate adequate yard and unit activity coverage to ensure the safety and security of staff and patients utilizing departmental/local operating procedures and correctional awareness as needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Ensure staff and units are properly equipped with appropriate custody equipment and all units are properly secured to maintain personal safety and institutional security utilizing departmental/local operating procedures and inventory sheets/logs on a daily basis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Conduct inspections and inventories of all custody gear, cell extraction, and emergency response equipment for presence and condition to maintain personal safety and institutional security utilizing departmental/local operating procedures and inventory sheets/logs on a daily basis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Conduct inspections and take subsequent action (to address deficiencies) to ensure that supervised staff are alert and diligent in the performance of their duties utilizing frequent tours, personal observations, staff meetings, on-the-job training, and departmental/local operating procedures on a daily basis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Update and distribute various reports (e.g., sick leave report, daily overtime usage report) and all other reports assigned by Program Management to keep staff informed and track information utilizing departmental/local operating procedures and effective communication as needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SENIOR MEDICAL TECHNICAL ASSISTANT (PSYCHIATRIC)
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Name: _____

TASKS	FREQUENCY					EXPERIENCE/EDUCATION				
	More than 30 times	At least 21-30 times	At least 11- 20 times	At least 1-10 times	0 times	More than 5 years	More than 3 years and up to 5 years	More than 1 year and up to 3 years	More than 6 months and up to 1 year	0 to 6 months
<p>Instructions: Please read instructions carefully. For Item 26, please indicate the following:</p> <p>Frequency:</p> <ul style="list-style-type: none"> Check only one box to indicate the frequency in which you have performed this task. <p>Experience/Education:</p> <ul style="list-style-type: none"> Check only one box to indicate the amount of experience and/or education you have in performing this task. 										
<p>26. Ensure all units are staffed based on a number of factors (e.g., minimum licensing levels, acuity levels, therapeutic schedules, training schedules and other unit needs) to maintain adequate numbers of nursing personnel by utilizing departmental/local operating procedures, State regulations (e.g., Title XXII) and Current Bargaining Unit Agreements as needed.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SENIOR MEDICAL TECHNICAL ASSISTANT (PSYCHIATRIC)
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KNOWLEDGE, SKILLS, AND ABILITIES	EXPERIENCE/EDUCATION				
<p>Instructions: For Items 27 – 36, please check the box that best indicates the following:</p> <p>Experience/Education:</p> <ul style="list-style-type: none"> Which statement best describes the level of experience and/or education you have using each knowledge, skill, or ability (KSA). 	More than 5 years	More than 3 years and up to 5 years	More than 1 year and up to 5 years	More than 6 months and up to 1 year	0 to six months
27. Knowledge of fundamentals of nursing care, general behavioral, and psychiatric procedures to provide a high-level of care for patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Knowledge of patient behavior and mental health principles and techniques involved in the care and treatment of individual or groups of mentally disordered patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Knowledge of current first aid methods, including cardiopulmonary resuscitation to effectively provide first-responder/emergency medical care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Knowledge of medical terminology to effectively provide a high level of care for patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Knowledge of pharmacology to effectively provide a high level of care for patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Knowledge of custody procedures for the safety of staff, patients, and the public.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Knowledge of public property protection policies for the safety of staff, patients, and the public.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Knowledge of principles and techniques of effective supervision to ensure staff perform at an optimal level.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Knowledge of a supervisor's role in the Equal Employment Opportunity (EEO) program and the processes available to meet EEO objectives as it relates to the supervision and management of departmental personnel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Ability to apply basic nursing knowledge, skills, and attitudes to provide a high-level of care for patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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KNOWLEDGE, SKILLS, AND ABILITIES	EXPERIENCE/EDUCATION				
<p>Instructions: For Items 37 – 46, please check the box that best indicates the following:</p> <p>Experience/Education:</p> <ul style="list-style-type: none"> Which statement best describes the level of experience and/or education you have using each knowledge, skill, or ability (KSA). 	More than 5 years	More than 3 years and up to 5 years	More than 1 year and up to 5 years	More than 6 months and up to 1 year	0 to six months
37. Ability to establish effective therapeutic relationships with mentally disordered patients to provide a high-level of care for patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Ability to recognize symptoms requiring medical or psychiatric attention in order to determine and implement effective courses of action.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Ability to work with a treatment team to provide structured leisure activities for patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Ability to keep records and prepare reports in order to provide information, documentation and historical data.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Ability to develop clear and concise reports of incidents in order to provide information, documentation, and historical data.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Ability to control, direct, and instruct patients individually and in groups to maintain the orderly operation of the facility and the safety of staff, patients, and the public.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Ability to plan, assign, and direct the work of others to supervise an area of responsibility and provide for the safety of staff, patients, and the public.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Ability to effectively contribute to the Department’s EEO objectives in order to create and maintain a fair and equitable work environment that is free of discrimination and harassment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Ability to demonstrate knowledge of criteria and appropriately use, apply, and remove restraint and/or seclusion equipment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Ability to recall an incident and accurately document the incident in writing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SENIOR MEDICAL TECHNICAL ASSISTANT (PSYCHIATRIC)
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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"/> Any | <input type="checkbox"/> Limited-Term Full-Time | <input type="checkbox"/> Limited-Term Part-Time |
| <input type="checkbox"/> Permanent Full-Time | <input type="checkbox"/> Permanent Part-Time | <input type="checkbox"/> 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) ANY LOCATION LISTED BELOW – If this box is marked, no further selection is necessary.

NORTHERN REGION

- 4800 **California Medical Facility**
Vacaville, Solano County

CENTRAL REGION

- 2700 **Salinas Valley State Prison**
Soledad, Monterey 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.

**SENIOR MEDICAL TECHNICAL ASSISTANT (PSYCHIATRIC)
Training and Experience Assessment**

Name: _____

RECRUITMENT QUESTIONNAIRE

HOW DID YOU HEAR ABOUT THE SENIOR MEDICAL TECHNICAL ASSISTANT (PSYCHIATRIC) 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 Senior Medical Technical Assistant (Psychiatric) 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