



CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES



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

This Training and Experience Assessment (T&E) will be used to measure your experience, training, and/or education relevant to the Staff Psychiatrist, Correctional and Rehabilitative Services (Safety). 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.

Name: _____

Social Security Number: _____

Address: _____

Contact Number: _____ work home cell

Contact Number: _____ work home cell

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

Signature

Date

FILING INSTRUCTIONS:

Please submit your completed Training and Experience Evaluation as follows:

By mail to:

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

In person to:

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

STAFF PSYCHIATRIST, 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 process.)

1. Are you willing to work at correctional facilities with the California Correctional Health Care Services? Yes No
2. Are you willing to treat patient-inmates in a professional, ethical, and tactful manner? Yes No
3. Are you willing to abide by and adhere to institutional safety and security policies? Yes No
4. Are you willing to maintain privacy and confidentiality regarding individual patient-inmate health information? Yes No
5. Are you willing to participate in departmental legal activities (e.g., serve as an expert witness, material witness)? Yes 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? Yes No
7. Are you willing to actively participate in the peer review and clinical quality review process? Yes No
8. Are you willing to promote positive, collaborative, professional working relationships among co-workers and peace officers? Yes No
9. Are you willing to work around peace officers armed with chemical agents and/or weapons? Yes No
10. Are you willing to abide by and adhere to the institutional dress code? Yes No
11. Are you willing to comply with tuberculosis screening requirements? Yes No

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LICENSE REQUIREMENTS

Please respond to each question by marking the appropriate box.

12. Is your license to practice medicine currently restricted? Yes No
13. Is your license to practice medicine currently subject to probationary conditions? Yes No
14. 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? Yes No
15. Are there currently any pending disciplinary charges against you? Yes No
16. Have there ever been any disciplinary actions completed against you that have restricted your ability to practice medicine? Yes No
17. Have there been any settlements, malpractice judgments, or arbitration awards rendered against you? Yes No
18. Have any disciplinary actions been taken against you by another state or jurisdiction? Yes No
19. 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? Yes No
20. Have your clinical privileges at any hospital or mental health care institution ever been revoked? Yes No
21. Has your medical staff membership or mental health care staff status at any hospital ever been revoked? Yes No

CERTIFICATIONS

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

22. Board certified in Psychiatry
23. Board certified in child or adolescent Psychiatry
24. Certified Correctional Health Professional (CCHP)

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CLINICAL SUPERVISORY EXPERIENCE

Please indicate if you have clinically supervised any of the following classifications by marking the appropriate box.

- 25. Psychiatrists
- 26. Psychologists
- 27. Psychiatric Social Workers
- 28. Nurses
- 29. Psychiatric Technicians
- 30. Recreational or Occupational Therapists
- 31. Residents/Interns

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WORK EXPERIENCE	FREQUENCY					LEVEL OF SKILL			
	I have performed this task within the last 24 months.	Daily/Weekly	Monthly/Bimonthly	Quarterly/Semi-Annually	Annually	I have little to no training or experience performing this task	I have some experience performing this task	I have enough experience to perform this task independently without supervision	I have performed this task with proficient expertise and can train others to perform it
<p>For the task statements below, please rate each statement based on your frequency of performance and level of skill. Please consider tasks performed during your educational training, internship, and/or work experience.</p> <p>Frequency:</p> <ul style="list-style-type: none"> Indicate if you have performed or supervised this task within the last 24 months; <u>and</u> Even if you have <u>not</u> performed task in the last 24 months, indicate how often you have performed this task by selecting the option that best describes your frequency of performance. <p>Level of Skill:</p> <ul style="list-style-type: none"> Indicate the level of skill that you have in performing this task by selecting the option that best describes your level of skill performing this task. 									
32. 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Classify patients' mental disorders 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Order and interpret various reports, charts, lab reports, and other documents to determine next step in patients' treatment.	<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"/>
37. 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. 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"/>	<input type="checkbox"/>	<input type="checkbox"/>

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WORK EXPERIENCE	FREQUENCY					LEVEL OF SKILL			
	I have performed this task within the last 24 months.	Daily/Weekly	Monthly/Bimonthly	Quarterly/Semi-Annually	Annually	I have little to no training or experience performing this task	I have some experience performing this task	I have enough experience to perform this task independently without supervision	I have performed this task with proficient expertise and can train others to perform it
<p>For the task statements below, please rate each statement based on your frequency of performance and level of skill. Please consider tasks performed during your educational training, internship, and/or work experience.</p> <p>Frequency:</p> <ul style="list-style-type: none"> Indicate if you have performed or supervised this task within the last 24 months; <u>and</u> Even if you have <u>not</u> performed task in the last 24 months, indicate how often you have performed this task by selecting the option that best describes your frequency of performance. <p>Level of Skill:</p> <ul style="list-style-type: none"> Indicate the level of skill that you have in performing this task by selecting the option that best describes your level of skill performing this task. 									
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"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. 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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. 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"/>	<input type="checkbox"/>	<input type="checkbox"/>

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CONDITIONS OF EMPLOYMENT (FORM 631) – CDCR ADULT & YOUTH FACILITY 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 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 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
 (K) Limited-Term Full-Time

- (R) Permanent Part-Time
 (U) Limited Term Part-Time

- (T) Permanent Intermittent
 (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".

LOCATIONS YOU ARE WILLING TO WORK

Please mark the appropriate box(es) of your choice. You will not be offered a job in locations not marked.

(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:

0802 Pelican Bay State Prison
Crescent City, Del Norte County

1802 California Correctional Center
Susanville, Lassen County

1805 High Desert State Prison
Susanville, Lassen County

7231 NORTHERN REGION – If this box is marked, no further selection is necessary.

ADULT FACILITIES:

0309 Mule Creek State Prison
Ione, Amador County

2102 CSP, San Quentin
San Quentin, Marin County

3400 Headquarters
Elk Grove, Sacramento County

3404 Folsom State Prison
Represa, Sacramento County

3417 Richard A. McGee Correctional Training Center
Galt, Sacramento County

3423 CSP, Sacramento
Represa, Sacramento County

3901 Deuel Vocational Institution
Tracy, San Joaquin County

3902 DeWitt Correctional Facility
Stockton, San Joaquin County

3914 California Health Care Facility
Stockton, San Joaquin County

4804 California Medical Facility
Vacaville, Solano County

4811 CSP, Solano
Vacaville, Solano County

5505 Sierra Conservation Center
Jamestown, Tuolumne County

YOUTH FACILITIES:

0311 Pine Grove Youth
Pine Grove, Amador County

3907 Northern California YCF
Stockton, San Joaquin County

3908 O.H. Close YCF
Stockton, San Joaquin County

3917 N.A. Chaderjian YCF
Stockton, San Joaquin County

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

ADULT FACILITIES:

1015 Pleasant Valley State Prison
Coalinga, Fresno County

1513 Wasco State Prison
Wasco, Kern County

1514 North Kern State Prison
Delano, Kern County

1522 Kern Valley State Prison
Delano, Kern County

1605 Avenal State Prison
Avenal, Kings County

1606 CSP, Corcoran
Corcoran, Kings County

1608 California Substance Abuse Treatment Facility
Corcoran, Kings County

2003 Central California Women's Facility
Chowchilla, Madera County

2004 Valley State Prison
Chowchilla, Madera County

2701 Correctional Training Facility
Soledad, Monterey County

2708 Salinas Valley State Prison
Soledad, Monterey County

4005 California Men's Colony
Corcoran, Kings County

7233 SOUTHERN REGION – If this box is marked, no further selection is necessary.

ADULT FACILITIES:

1307 Calipatria State Prison
Calipatria, Imperial County

1308 Centinela State Prison
Imperial, Imperial County

1503 California Correctional Institution
Tehachapi, Kern County

1523 California City Correctional Facility
California City, Kern County

1995 CSP, Los Angeles
Lancaster, Los Angeles County

3310 California Rehabilitation Center
Norco, Riverside County

3313 Chuckawalla Valley State Prison
Blythe, Riverside County

3329 Ironwood State Prison
Blythe, Riverside County

3612 California Institution for Men
Chino, San Bernardino County

3613 California Institution for Women
Corona, San Bernardino County

3715 R.J. Donovan Correctional Facility
San Diego, San Diego County

YOUTH FACILITIES:

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

HOW DID YOU HEAR ABOUT THE STAFF PSYCHIATRIST opportunity?

The questions below are for informational purposes only.

1. Check the box that best describes how you found out about the Staff Psychiatrist opportunity.

- College Recruitment
- From a current or former state employee
- From a friend or family member
- California Department of Corrections/California Correctional Health Care Service Website
- Internet Career Website/Job Posting (Career Builder, Monster, APA Job Central, etc)
- Job Fair/Career Event
- Advertisement in a professional journal
- Mailer
- Printed materials from a career fair
- Social Media Sites such as Facebook, Twitter, YouTube

2. Check the box(es) that best describes the reason for selecting California Correctional Health Care Services as your place of employment.

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

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AUTHORIZATION TO WORK IN THE UNITED STATES OF AMERICA

This question is not part of the assessment, but for the hiring authority's information only. 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?	<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 _____