



# CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES



## STAFF PSYCHIATRIST, 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, 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.

### **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

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

Name: \_\_\_\_\_

Please provide the following information to assist us in the review of your exam documents.

<b>LICENSE INFORMATION</b>	
<b>California Medical License Number</b>	<b>Expiration Date</b>

<b>PSYCHIATRY RESIDENCY TRAINING</b>			
	<b>School Name</b>	<b>City/State</b>	<b>Date</b>
Post Graduate Year 1			
Post Graduate Year 2			
Post Graduate Year 3			
Post Graduate Year 4			

<b>CLINICAL TRAINING</b>		
<b>School Name</b>	<b>City/State</b>	<b>Date</b>

<b>SPECIALTY BOARD TRAINING</b>		
<b>Board Certification Number</b>	<b>Specialty</b>	<b>Date</b>

STAFF PSYCHIATRIST, CORRECTIONAL AND REHABILITATIVE SERVICES (SAFETY)  
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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 Staff Psychiatrist, 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.

**Or Pattern II**

Satisfactorily completed specialized training requirements in psychiatry in programs that are either 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 the 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.)

**Or II**

- A. 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
- B. 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-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.

**STAFF PSYCHIATRIST, CORRECTIONAL AND REHABILITATIVE SERVICES (SAFETY)**  
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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 inmate-patients in a professional, ethical, and tactful manner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Are you willing to follow institutional safety and security policies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Are you willing to maintain privacy and confidentiality regarding individual inmate-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 participate in departmental legal activities (e.g., serve as an expert witness, material witness)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. 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
11. Are you willing to actively participate in the peer review and clinical quality review process?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**STAFF PSYCHIATRIST, CORRECTIONAL AND REHABILITATIVE SERVICES (SAFETY)  
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Name: \_\_\_\_\_

**LICENSE REQUIREMENTS**

Please respond to the questions below by marking the appropriate box.

12. Is your license to practice medicine currently restricted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Is your license to practice medicine currently subject to probationary conditions?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15. Are there currently any pending disciplinary charges against you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16. 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
17. Have there been any settlements, malpractice judgments, or arbitration awards rendered against you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18. Have any disciplinary actions been taken against you by another state or jurisdiction?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
20. Have your clinical privileges at any hospital or mental health care institution ever been revoked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
21. 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

**CERTIFICATIONS**

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

22. Board certified in Psychiatry	<input type="checkbox"/> Yes	<input type="checkbox"/> No
23. Board certified in child or adolescent Psychiatry	<input type="checkbox"/> Yes	<input type="checkbox"/> No
24. Certified Correctional Health Professional (CCHP)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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**CLINICAL SUPERVISORY EXPERIENCE**

Please indicate whether you have clinically supervised the following classifications.

25. Psychiatrists	<input type="checkbox"/> Yes	<input type="checkbox"/> No
26. Psychologists	<input type="checkbox"/> Yes	<input type="checkbox"/> No
27. Psychiatric Social Workers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
28. Nurses	<input type="checkbox"/> Yes	<input type="checkbox"/> No
29. Psychiatric Technicians	<input type="checkbox"/> Yes	<input type="checkbox"/> No
30. Recreational or Occupational Therapists	<input type="checkbox"/> Yes	<input type="checkbox"/> No
31. Residents/Interns	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**STAFF PSYCHIATRIST, CORRECTIONAL AND REHABILITATIVE SERVICES (SAFETY)**  
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Name: \_\_\_\_\_

WORK EXPERIENCE	RECENCY		FREQUENCY				LEVEL OF SKILL		
	Performed task within the last 24 months		Daily/Weekly	Monthly/Bimonthly	Quarterly/Semi-Annually	Annually	Performed task but only under direct supervision	Performed task independently without supervision	Performed task proficiently enough to train others to perform it
<p><b>Instructions:</b> Please read instructions carefully. For Items 32 – 40, please indicate the following:</p> <p><b>Recency:</b></p> <ul style="list-style-type: none"> <li>Check this box if you have performed this task within the last 24 months. If you have not performed this task within the last 24 months, leave blank and skip to the next item.</li> </ul> <p><b>Frequency:</b></p> <ul style="list-style-type: none"> <li>Check <b>only one</b> box to indicate the frequency in which you have performed this task within the last 24 months.</li> </ul> <p><b>Level of Skill:</b></p> <ul style="list-style-type: none"> <li>Check <b>only one</b> box to indicate the level of skill you have in performing this task within the last 24 months.</li> </ul>									
32. Interview patients to establish symptoms and mental health history.	<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"/>				
34. Classify patients' mental disorders to determine treatment methods, needed referrals, etc.	<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"/>				
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"/>				
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"/>				
38. Educate patients about their diagnosis, treatment, condition, and prognosis.	<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"/>				
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"/>				

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Name: \_\_\_\_\_

WORK EXPERIENCE	RECENCY	FREQUENCY				LEVEL OF SKILL				
		Daily/Weekly	Monthly/Bimonthly	Quarterly/Semi-Annually	Annually	Performed task but only under direct supervision	Performed task independently without supervision	Performed task proficiently enough to train others to perform it		
<p><b>Instructions:</b> Please read instructions carefully. For Items 41 – 46, please indicate the following:</p> <p><b>Recency:</b></p> <ul style="list-style-type: none"> <li>Check this box if you have performed this task within the last 24 months. If you have not performed this task within the last 24 months, leave blank and skip to the next item.</li> </ul> <p><b>Frequency:</b></p> <ul style="list-style-type: none"> <li>Check <b>only one</b> box to indicate the frequency in which you have performed this task within the last 24 months.</li> </ul> <p><b>Level of Skill:</b></p> <ul style="list-style-type: none"> <li>Check <b>only one</b> box to indicate the level of skill you have in performing this task within the last 24 months.</li> </ul>	Performed task within the last 24 months		Daily/Weekly	Monthly/Bimonthly	Quarterly/Semi-Annually	Annually		Performed task but only under direct supervision	Performed task independently without supervision	Performed task proficiently enough to train others to perform it
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>

STAFF PSYCHIATRIST, CORRECTIONAL AND REHABILITATIVE SERVICES (SAFETY)  
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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.

- (A) Any                       (K) Limited-Term Full-Time                       (U) Limited-Term Part-Time  
 (D) Permanent Full-Time                       (V) Permanent Part-Time                       (T) Permanent Intermittent

If all are marked and you receive an appointment other than Permanent Full-Time, your name will continue to be considered for Permanent Full-Time positions.

**LOCATIONS YOU ARE WILLING TO WORK**

**NOTE:** California State Prison has been abbreviated to "CSP".

(0005) ANYWHERE IN THE STATE – If this box is marked, no further selection is necessary.

**NORTHERN REGION**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> 0309 <b>Mule Creek State Prison</b><br>Ione, Amador County              | <input type="checkbox"/> 3400 <b>Headquarters</b><br>Elk Grove, Sacramento County  | <input type="checkbox"/> 4804 <b>California Medical Facility</b><br>Vacaville, Solano County  |
| <input type="checkbox"/> 0802 <b>Pelican Bay State Prison</b><br>Crescent City, Del Norte County | <input type="checkbox"/> 3404 <b>Folsom State Prison</b><br>Represa, Sacramento County   | <input type="checkbox"/> 4811 <b>CSP, Solano</b><br>Vacaville, Solano County                  |
| <input type="checkbox"/> 1802 <b>California Correctional Center</b><br>Susanville, Lassen County | <input type="checkbox"/> 3423 <b>CSP, Sacramento</b><br>Represa, Sacramento County   | <input type="checkbox"/> 5505 <b>Sierra Conservation Center</b><br>Jamestown, Tuolumne County |
| <input type="checkbox"/> 1805 <b>High Desert State Prison</b><br>Susanville, Lassen County       | <input type="checkbox"/> 3901 <b>Deuel Vocational Institution</b><br>Tracy, San Joaquin County   |   |
| <input type="checkbox"/> 2102 <b>San Quentin State Prison</b><br>San Quentin, Marin County       | <input type="checkbox"/> 3914 <b>California Health Care Facility/<br/>DeWitt Correctional Facility</b><br>Stockton, San Joaquin County |   |

**CENTRAL REGION**

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

**SOUTHERN REGION**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> 1307 <b>Calipatria State Prison</b><br>Calipatria, Imperial County        | <input type="checkbox"/> 1523 <b>California City Correctional Facility</b><br>California City, Kern County | <input type="checkbox"/> 3329 <b>Ironwood State Prison</b><br>Blythe, Riverside County                 |
| <input type="checkbox"/> 1308 <b>Centinel State Prison</b><br>Imperial, Imperial County            | <input type="checkbox"/> 1995 <b>CSP, Los Angeles</b><br>Lancaster, Los Angeles County                     | <input type="checkbox"/> 3612 <b>California Institution for Men</b><br>Chino, San Bernardino County    |
| <input type="checkbox"/> 1503 <b>California Correctional Institution</b><br>Tehachapi, Kern County | <input type="checkbox"/> 3310 <b>California Rehabilitation Center</b><br>Norco, Riverside County           | <input type="checkbox"/> 3613 <b>California Institution for Women</b><br>Corona, San Bernardino County |
| <input type="checkbox"/> 1513 <b>Wasco State Prison</b><br>Wasco, Kern County                      | <input type="checkbox"/> 3313 <b>Chuckawalla Valley State Prison</b><br>Blythe, Riverside County           | <input type="checkbox"/> 3715 <b>R.J. Donovan Correctional Facility</b><br>San Diego, San Diego County |

Please notify California Correctional Health Care Services promptly of any changes of address or availability for employment at the following address:  
CCHCS, Examination Services, Bldg. D1, P.O. Box 588500, Elk Grove, CA 95758.

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

Name: \_\_\_\_\_

RECRUITMENT QUESTIONNAIRE

HOW DID YOU HEAR ABOUT THE STAFF PSYCHIATRIST, CORRECTIONAL AND REHABILITATIVE SERVICES (SAFETY) 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 Staff Psychiatrist, Correctional and Rehabilitative (Safety) 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

**STAFF PSYCHIATRIST, CORRECTIONAL AND REHABILITATIVE SERVICES (SAFETY)  
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**Name:** \_\_\_\_\_