



# CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES



## ASSOCIATE HEALTH PROGRAM ADVISER 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 Associate Health Program Adviser. 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

**ASSOCIATE HEALTH PROGRAM ADVISER  
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 Associate Health Program Adviser Minimum Qualifications as stated below:**

**Either I**

One year of experience in the California state service performing duties comparable to Health Analyst, Range C. (Applicants who have completed six months of service performing the duties as specified above will be admitted to the examination, but they must satisfactorily complete one year of this experience before they can be eligible for appointment.)

**Or II**

**Experience:** Three years of progressively responsible experience in health program administration, at least one year of which shall have included significant responsibility in a program such as is normally found in a complex or departmentalized medical care delivery setting or health institution or organization. (Possession of a Master's Degree in Public Health, Health Administration, Hospital Administration, Comprehensive Health Planning, Public Administration or a closely related health professional field may be substituted for one year of the required general experience.) (Possession of a Doctoral Degree in Public Health, Health Administration, Health Planning, Public Administration or a closely related field may be substituted for the two years of the required general experience.) **And**

**Education:** Equivalent to graduation from college. (Additional qualifying experience in public health or health program administration may be substituted for the required education on a year-for-year basis.)

**ASSOCIATE HEALTH PROGRAM ADVISER  
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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 safety and security policies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Are you willing to maintain privacy and confidentiality regarding 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 around inmates/parolees/youthful offenders?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**ASSOCIATE HEALTH PROGRAM ADVISER  
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Name: \_\_\_\_\_

**TRAINING/EXPERIENCE/DEGREES**

Please indicate if you have any of the following training, experience, and/or degrees by marking the appropriate box.

10. Training/experience with using statistical methods.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Training/experience with using computerized data management software.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Experience working with and interpreting State and federal laws and regulations regarding institutional health care.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Experience developing training materials and/or presenting training.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. Experience working in a complex health care setting or organization.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15. Master's degree or PhD in Public Health, Health Administration, Hospital Administration, Comprehensive Health Planning, Public Administration, or a closely related health professional field.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**ASSOCIATE HEALTH PROGRAM ADVISER  
Training and Experience Assessment**

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

WORK EXPERIENCE	RECENCY			FREQUENCY			LEVEL OF SKILL		
	Performed task within the last 24 months	Performed task on a Daily or Weekly basis	Performed task on a Monthly basis	Performed task on an Annual basis	Performed task less than one year	Performed task for more than one year, but less than three years	Performed task for over three years		
<p><b>Instructions:</b> Please read instructions carefully. For Items 16 – 27, 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>									
16. Consult with all staff levels and other agencies concerning sensitive issues in order to gather, compile, coordinate, and disseminate information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Participate in the development of policies, procedures, and best practices to ensure that appropriate and timely treatment is provided to patients.	<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. Participate in the planning and implementation of health care 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"/>	
19. Identify, gather, and summarize data on performance measures and outcomes.	<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. Make recommendations on performance measures and outcomes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21. Develop training materials on new or revised health care programs, 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"/>	
22. Conduct training on revised health care programs, 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"/>	
23. Assist with the development and the monitoring of health care programs.	<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. Assist with the evaluation of health care programs.	<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. Maintain automated data systems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26. Compile and tabulate statistical and/or management data.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27. Prepare documents/reports/correspondence about health care issues, programs, or policies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**ASSOCIATE HEALTH PROGRAM ADVISER  
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WORK EXPERIENCE	RECENCY	FREQUENCY			LEVEL OF SKILL		
		Performed task on a Daily or Weekly basis	Performed task on a Monthly basis	Performed task on an Annual basis	Performed task less than one year	Performed task for more than one year, but less than three years	Performed task for over three years
<p><b>Instructions:</b> Please read instructions carefully. For Items 28 – 30, 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	Performed task on a Daily or Weekly basis	Performed task on a Monthly basis	Performed task on an Annual basis	Performed task less than one year	Performed task for more than one year, but less than three years	Performed task for over three years
28. Participate on project teams related to health care programs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Participate in meetings, management committees, or health care related training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Participate as a member of an inter-disciplinary committee.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**ASSOCIATE HEALTH PROGRAM ADVISER  
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**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"/> (A) Any                 | <input type="checkbox"/> (K) Limited-Term Full-Time | <input type="checkbox"/> (U) Limited-Term Part-Time |
| <input type="checkbox"/> (D) Permanent Full-Time | <input type="checkbox"/> (V) Permanent Part-Time    | <input type="checkbox"/> (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.

ASSOCIATE HEALTH PROGRAM ADVISER  
Training and Experience Assessment

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

**RECRUITMENT QUESTIONNAIRE**

**HOW DID YOU HEAR ABOUT THE ASSOCIATE HEALTH PROGRAM ADVISER 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 Associate Health Program Adviser 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