



# CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES



## CORRECTIONAL HEALTH SERVICES ADMINISTRATOR II, CORRECTIONAL FACILITY 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 Correctional Health Services Administrator II, Correctional Facility. 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

CORRECTIONAL HEALTH SERVICES ADMINISTRATOR II, CORRECTIONAL FACILITY  
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 Correctional Health Services Administrator II, Correctional Facility Minimum Qualifications as stated below:**

**Either I**

One year of experience in the California state service in a major hospital administrative or management function performing medical support services duties of a class at least comparable in level of responsibility to those of Hospital Administrative Resident IV.

**Or II**

Two years of experience in the California state service performing duties in a major hospital administrative or management function performing medical support services duties at least comparable in level of responsibility to those of Hospital General Services Administrator II, Supervising Nurse III, Pharmacist II, or Hospital Administrative Resident III.

**Or III**

**Experience:** Four years of progressively responsible experience in medical health care administration which **must have included at least three years** of experience with responsibility for directing **two or more** administrative management and support services comparable to those found in a large hospital such as nursing, pharmacy, dietary, rehabilitation, laboratory, or administrative studies. (A post Baccalaureate degree in Hospital Administration or in a closely related field may be substituted for one year of experience.)

(Experience in the California state service applied toward this requirement must be at least the level, duration, and type specified in Pattern I and II above.)

**And**

**Education:** Equivalent to graduation from college with a major in hospital administration or in a related field. (Additional qualifying experience may be substituted for the required education on a year-for-year-basis.)

**CORRECTIONAL HEALTH SERVICES ADMINISTRATOR II, CORRECTIONAL FACILITY  
Training and Experience Assessment**

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

**JOB REQUIREMENTS**

**The following are job requirements. Please indicate your willingness to comply with each job requirement listed.**  
*(Please note, if you are unwilling or unable to comply with any of the following job requirements, you will be eliminated from further consideration in this exam.)*

1. Are you willing to work at 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

**CORRECTIONAL HEALTH SERVICES ADMINISTRATOR II, CORRECTIONAL FACILITY**  
**Training and Experience Assessment**

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

**DEGREES/EXPERIENCE**

Please indicate if you have any of the following degrees and/or experience.

9. Post-Baccalaureate degree in hospital administration, health management administration, or a closely related field	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Bachelors or Masters Degree in Business Administration	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Registered Nursing Degree	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Pharmacy Degree	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Experience as a Business Manager in a large health care facility and/or correctional facility	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**CORRECTIONAL HEALTH SERVICES ADMINISTRATOR II, CORRECTIONAL FACILITY  
Training and Experience Assessment**

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

**MANAGERIAL EXPERIENCE**

Please indicate whether you have provided administrative management functions for the following program areas.

14. Nursing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15. Psychiatric	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16. Dental	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17. Pharmacy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18. Radiology	<input type="checkbox"/> Yes	<input type="checkbox"/> No
19. Clinical Laboratory	<input type="checkbox"/> Yes	<input type="checkbox"/> No
20. Dietary	<input type="checkbox"/> Yes	<input type="checkbox"/> No
21. Rehabilitation Services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
22. Medical Records	<input type="checkbox"/> Yes	<input type="checkbox"/> No
23. Fiscal Management	<input type="checkbox"/> Yes	<input type="checkbox"/> No
24. Recruitment and Administrative Assistance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
25. Personnel	<input type="checkbox"/> Yes	<input type="checkbox"/> No
26. Policy/Program Development	<input type="checkbox"/> Yes	<input type="checkbox"/> No
27. Procurement or Contract Management	<input type="checkbox"/> Yes	<input type="checkbox"/> No
28. Hospital Environmental Services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
29. Medical Supplies/Warehouse	<input type="checkbox"/> Yes	<input type="checkbox"/> No
30. Medical Appeals	<input type="checkbox"/> Yes	<input type="checkbox"/> No
31. Licensed Facilities	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**CORRECTIONAL HEALTH SERVICES ADMINISTRATOR II, CORRECTIONAL FACILITY**  
**Training and Experience Assessment**

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

WORK EXPERIENCE	RECENCY	FREQUENCY				LEVEL OF SKILL		
		Daily or Weekly	Monthly	Bi-monthly or Quarterly	Annually	Performed less than three years	Performed more than three years, but less than four years	Performed over four years
<p><b>Instructions:</b> Please read instructions carefully. For Items 32 – 41, 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.</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.</li> </ul>	Performed task within the last 24 months	Daily or Weekly	Monthly	Bi-monthly or Quarterly	Annually	Performed less than three years	Performed more than three years, but less than four years	Performed over four years
32. Plan, organize, and direct the work of staff in the health services support discipline for a medium sized (or larger) inpatient health care program and/or outpatient medical, psychiatric, or dental program.	<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. Work closely with custodial and/or security services to ensure safety and efficiency in the delivery of 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"/>
34. Plan, organize, and direct the administrative activities of a health care program.	<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. Review and evaluate health care policies, procedures, and new 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"/>
36. Develop, implement, and monitor health care policies, procedures, and new 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"/>
37. Consult with outside medical specialists on long-range and short-range medical 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"/>
38. Oversee the fiscal program of a health care facility.	<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. Coordinate and/or develop health education 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"/>
40. Participate in and/or oversee the recruitment and selection of health care professional or support staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Manage, supervise, and participate in the training and development of health services professional and/or support staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**CORRECTIONAL HEALTH SERVICES ADMINISTRATOR II, CORRECTIONAL FACILITY**  
**Training and Experience Assessment**

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

WORK EXPERIENCE	REGENCY	FREQUENCY				LEVEL OF SKILL		
		Daily or Weekly	Monthly	Bi-monthly or Quarterly	Annually	Performed less than three years	Performed more than three years, but less than four years	Performed over four years
<p><b>Instructions:</b> Please read instructions carefully. For Items 42 – 47, 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.</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.</li> </ul>	Performed task within the last 24 months							
42. Conduct studies, research, gather data, and prepare reports and/or special projects.	<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. Review, evaluate, and oversee the preparation of appropriate corrective action plans for all licensing and certification surveys and citations issued by the Department of Health Services and other regulatory agencies.	<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. Oversee procurement for a health care facility.	<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. Perform fact-finding investigations related to patient/inmate allegations and/or staff complaints to obtain factual data and make recommendations.	<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. Facilitate and/or manage contracts with local providers, jurisdictions, and/or community correctional facilities within the service area.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Review, evaluate, and oversee licensing requirement audits for a licensed facility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**CORRECTIONAL HEALTH SERVICES ADMINISTRATOR II, CORRECTIONAL FACILITY**  
**Conditions of Employment (Form 631)**

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

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 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.

**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.

**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>Centinela 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.

**CORRECTIONAL HEALTH SERVICES ADMINISTRATOR II, CORRECTIONAL FACILITY  
Training and Experience Assessment**

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

**RECRUITMENT QUESTIONNAIRE**

**HOW DID YOU HEAR ABOUT THE CORRECTIONAL HEALTH SERVICES ADMINISTRATOR II, CORRECTIONAL FACILITY 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 Correctional Health Services Administrator II, Correctional Facility 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