



CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES



HEALTH PROGRAM MANAGER II 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 Health Program Manager II. 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 examination 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

**HEALTH PROGRAM MANAGER II
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 Health Program Manager II Minimum Qualifications as stated below:

Either I

One year of experience in the California state service performing duties equivalent to a Health Program Specialist I or Health Program Manager I.

Or II

Two years of experience in the California state service performing duties equivalent to an Associate Health Program Adviser.

Or III

Experience: Four years of progressively responsible experience in health program administration, at least two of which must have been with independent responsibility for a significant program such as is normally found in a complex or departmentalized medical care delivery setting or health institution or organization. This experience must include program planning and/or evaluation experience and the making of recommendations to management. (Possession of a Doctoral Degree in Public Health, Health Administration, Health Planning, Public Administration, or a closely related health professional field may be substituted for one year of the required general experience.) **And**

Education: 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. (One year of additional specialized qualifying experience may be substituted for the required master's degree.)

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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 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 travel throughout the state and in remote areas?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Are you willing to accept constructive criticism and corrections in order to work cooperatively with others?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Are you willing to consistently demonstrate the following characteristics during employment: reliability, punctuality, honesty, integrity, empathy towards others, and maintain a calm and professional demeanor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Are you willing to participate in departmental legal activities (e.g., expert witness, defendant, material witness)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Are you willing to respond to changes in the workplace in a positive, professional manner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. Are you willing to work in a team environment, including interdisciplinary teams with other professional staff?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

HEALTH PROGRAM MANAGER II
Training and Experience Assessment

Name: _____

WORK EXPERIENCE	FREQUENCY					LEVEL OF SKILL				
	Daily	Weekly	Monthly	Annually	Not Performed	As a Trainee	As a Fully-Trained Worker	As a Trainer	As a Supervisor/Manager	Not Performed
<p>Instructions: For Items 1 – 10, please check the box that best indicates 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>Level of Skill:</p> <ul style="list-style-type: none"> Check only one box to indicate the level of skill you have in performing this task. 										
1. Establish work schedules and assignments for staff according to workload.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
2. Direct or conduct recruitment, hiring, and training of personnel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
3. Hire, evaluate, train, motivate, discipline, and otherwise manage employees under direct line of supervision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
4. Delegate work assignments to subordinate staff and ensure work is completed using standard managerial practices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
5. Determine the need for appropriate disciplinary action for employees in the work unit to ensure employee performance/behavior is appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
6. Apply appropriate disciplinary action to employees in the work unit to correct/improve employee performance/behavior or address issues of substandard performance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
7. Promote Equal Employment Opportunity, Americans' with Disabilities Act, and other personnel practices and policies which promote a work environment free from discrimination, harassment, retaliation, and unprofessional or disrespectful conduct.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
8. Monitor the work of subordinate employees to ensure quality, quantity, and timeliness standards are met.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
9. Establish and communicate expectations to subordinate staff to ensure work is done efficiently and timely and staff is aware of expectations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
10. Provide clear, concise information and direction to staff regarding assignments, mission, staffing changes, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						

HEALTH PROGRAM MANAGER II
Training and Experience Assessment

Name: _____

WORK EXPERIENCE	FREQUENCY					LEVEL OF SKILL				
	Daily	Weekly	Monthly	Annually	Not Performed	As a Trainee	As a Fully-Trained Worker	As a Trainer	As a Supervisor/Manager	Not Performed
<p>Instructions: For Items 11 – 20, please check the box that best indicates 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>Level of Skill:</p> <ul style="list-style-type: none"> Check only one box to indicate the level of skill you have in performing this task. 										
11. Conduct and administer fiscal operations, including accounting, contracting, planning budgets, authorizing expenditures, negotiating rates for services, and coordinating financial reporting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
12. Maintain awareness of advances in medicine, computerized diagnostic and treatment equipment, data processing technology, regulations, health insurance changes, and financing options.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
13. Review and analyze facility activities and data to aid in planning, fiscal and risk management.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
14. Plan, implement, and administer health care related programs and services in a health care setting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
15. Monitor the use of health care services to ensure effective use of resources and assessing the need for additional staff, equipment, and services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
16. Develop and maintain computerized record management systems to store and process data related to health care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
17. Provide representation in formal or informal settings at meetings, conferences, hearings, etc., to obtain and/or provide information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
18. Communicate vision, mission, and/or goals to ensure staff awareness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
19. Apprise management of the status of projects and/or potential issues in operations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
20. Maintain communication between all internal/external stakeholders (e.g., control agencies, courts, legislative bodies, boards/committees).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						

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	Daily	Weekly	Monthly	Annually	Not Performed	As a Trainee	As a Fully-Trained Worker	As a Trainer	As a Supervisor/Manager	Not Performed
<p>Instructions: For Items 21 – 30, please check the box that best indicates 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>Level of Skill:</p> <ul style="list-style-type: none"> Check only one box to indicate the level of skill you have in performing this task. 										
21. Develop survey instruments to assess the impact or effectiveness of health care programs and/or policies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
22. Develop systems to measure the effectiveness, accountability, and quality of the organization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
23. Prepare written documents and reports for internal/external stakeholders (e.g., control agencies, courts, legislative bodies, boards/committees).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
24. Develop policies and procedures which ensure the effective operation of the work unit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
25. Prepare policy, procedures, and regulations for internal/external stakeholders which provide information and/or direction on issues related to health care programs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
26. Review recommendations on written documents/reports which determine accuracy, clarity, and the effect on health care operations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
27. Analyze problems and issues relating to the work unit programs, procedures, business processes, and/or policies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
28. Resolve complaints or problems relating to program issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
29. Develop and implement solutions for problems relating to the work unit programs, procedures, business processes, and/or policies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
30. Recognize the ramifications and possible impact of decisions and/or actions and determine the most appropriate course of action.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						

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KNOWLEDGE, SKILLS, AND ABILITIES	LEVEL OF EXPERTISE		
<p>Instructions: For Items 31 – 40, please check the box that best indicates the following:</p> <p>Level of Expertise:</p> <ul style="list-style-type: none"> Which statement best describes the level of expertise you have with each knowledge, skill, or ability. 	<p>I can use this knowledge, skill, or ability on the job without needing additional training.</p>	<p>I have training in this knowledge, skill, or ability but have not used it on the job.</p>	<p>I have limited or no training in this knowledge, skill, or ability.</p>
31. Knowledge of procedures, planning, implementing, evaluating, and monitoring health care programs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Knowledge of principles and practices of health care management.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Knowledge of Federal, State, and local standards, issues, policies, and priorities related to health care services administration and delivery.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Knowledge of research and survey methods used to complete complex and critical studies on health care delivery and financing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Knowledge of methods and techniques of effective leadership.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Ability to assist in development of public health and health care projects.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Ability to develop, interpret, and apply health care laws, regulations, rules, policies, and procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Ability to manage or supervise health care programs or projects.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Ability to analyze, develop, implement, and evaluate health care programs, policies and procedures and special projects.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Ability to serve on task forces and committees as a program representative.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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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

(0005) IN ANY LOCATION LISTED BELOW – If this box is marked, no further selection is necessary.

REGIONAL HEADQUARTERS

- 3400 Elk Grove, Sacramento County
- 1000 Fresno, Fresno County
- 1500 Bakersfield, Kern County
- 3600 Rancho Cucamonga, San Bernardino 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.

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RECRUITMENT QUESTIONNAIRE

HOW DID YOU HEAR ABOUT THE HEALTH PROGRAM MANAGER II 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 Health Program Manager II 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