



CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES



HEALTH PROGRAM SPECIALIST I 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 Specialist I. 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

HEALTH PROGRAM SPECIALIST I
Training and Experience Assessment

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 Specialist I Minimum Qualifications as stated below:

Either I

One year of experience in the California state service performing duties equivalent to Associate Health Program Advisor. (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 been with major responsibility for a significant program such as is normally found in a complex or departmentalized medical care delivery setting or health institution or organization. (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 up to 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.)

**HEALTH PROGRAM SPECIALIST I
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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

DEGREES/TRAINING/EXPERIENCE

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

9. Training/experience in using statistical methods.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Training/experience in using computerized data management software.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Experience working with and interpreting state and federal laws and regulations regarding institutional health care.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Experience developing training materials and/or presenting training.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. 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

**HEALTH PROGRAM SPECIALIST I
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WORK EXPERIENCE	RECENCY	FREQUENCY			LEVEL OF SKILL		
<p>Instructions: Please read instructions carefully. For Items 14 – 23, please indicate the following:</p> <p>Recency:</p> <ul style="list-style-type: none"> 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. <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. 	Performed task within the last 24 months	Weekly	Monthly	Annually		Performed less than three years	Performed longer than three years
14. Coordinate and consult with all staff levels and other agencies concerning highly 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"/>
15. Provide a leadership/facilitator role in the development of policies and procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
16. Provide a leadership/facilitator role in coordinating the 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"/>
17. Provide recommendations based on performance measurements to quality management committees and/or management in order to ensure departmental compliance with governing rules, regulations, and policies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
18. Coordinate ancillary health care programs to ensure that appropriate access to care, quality of care, and continuity of care are provided to the patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
19. 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"/>
20. Train staff 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"/>
21. Monitor and/or evaluate health programs through performance measurements to ensure compliance with state and federal regulations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
22. Develop performance measurement and audit tools.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
23. Maintain automated data systems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

**HEALTH PROGRAM SPECIALIST I
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Name: _____

WORK EXPERIENCE	RECENCY	FREQUENCY			LEVEL OF SKILL	
<p>Instructions: Please read instructions carefully. For Items 24 – 27, please indicate the following:</p> <p>Recency:</p> <ul style="list-style-type: none"> 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. <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. 	Performed task within the last 24 months	Weekly	Monthly	Annually	Performed less than three years	Performed longer than three years
24. 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"/>
25. 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"/>
26. Serve as a lead (team leader) on inter-disciplinary task forces and quality management committees.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Participate in staff training/in-service training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HEALTH PROGRAM SPECIALIST I

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.

(A) Any

(D) Permanent Full-Time

(K) Limited-Term Full-Time

(V) Permanent Part-Time

(U) Limited-Term 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.

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

0309 **Mule Creek State Prison**
Ione, Amador County

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

2102 **San Quentin State Prison**
San Quentin, Marin County

3400 **Headquarters**
Elk Grove, Sacramento County

3404 **Folsom State Prison**
Represa, Sacramento County

3423 **CSP, Sacramento**
Represa, Sacramento County

3901 **Deuel Vocational Institution**
Tracy, San Joaquin County

3914 **California Health Care Facility/
DeWitt Correctional 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

CENTRAL REGION

1015 **Pleasant Valley State Prison**
Coalinga, Fresno 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**
San Luis Obispo, San Luis Obispo County

SOUTHERN REGION

1307 **Calipatria State Prison**
Calipatria, Imperial County

1308 **Centinela State Prison**
Imperial, Imperial County

1503 **California Correctional Institution**
Tehachapi, Kern County

1513 **Wasco State Prison**
Wasco, 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

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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Name: _____

RECRUITMENT QUESTIONNAIRE

HOW DID YOU HEAR ABOUT THE HEALTH PROGRAM SPECIALIST I 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 Specialist I 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