



CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES



SENIOR PSYCHIATRIST (SPECIALIST), 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 Senior Psychiatrist (Specialist), 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

**SENIOR PSYCHIATRIST (SPECIALIST), 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.

LICENSE INFORMATION	
California Medical License Number	Expiration Date

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

CLINICAL TRAINING		
School Name	City/State	Date

SPECIALTY BOARD TRAINING		
Board Certification Number	Specialty	Date

SENIOR PSYCHIATRIST (SPECIALIST), CORRECTIONAL AND REHABILITATIVE SERVICES (SAFETY)
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 Senior Psychiatrist (Specialist), 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. **and**

Two years of post-residency experience as a psychiatrist in a correctional facility or in a psychiatric inpatient or outpatient setting.

Or Pattern II

Satisfactorily completed specialized training requirements in psychiatry in programs that are 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 training 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 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.) **And**

Two years of post-residency experience as a psychiatrist in a correctional facility or in a psychiatric inpatient or outpatient setting.

Or II

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 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 or Bureau of Osteopathic Education of the AOA-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. **And**

Two years of post-residency experience as a psychiatrist in a correctional facility or in a psychiatric inpatient or outpatient setting.

(Candidates who are within six months of meeting these requirements may take the examination, but they cannot be appointed until these requirements are met.)

**SENIOR PSYCHIATRIST (SPECIALIST), CORRECTIONAL AND REHABILITATIVE SERVICES (SAFETY)
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 Departmental and/or 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 provide medical and mental health care to inmate-patients and/or youthful offenders?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. 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
11. 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
12. Are you willing to actively participate in the peer review and clinical quality review processes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

Name: _____

LICENSE REQUIREMENTS

Please respond to each question by marking the appropriate box.

13. Is your license to practice medicine currently restricted?	<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. Is your license to practice medicine currently subject to probationary conditions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
21. Have your clinical privileges at any hospital or mental health care institution ever been revoked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
22. 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.

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

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

Name: _____

CLINICAL SUPERVISORY EXPERIENCE

Please check the box(es) that indicate which of the following classifications you have clinically supervised.

26. Psychiatrists	<input type="checkbox"/> Yes	<input type="checkbox"/> No
27. Psychologists	<input type="checkbox"/> Yes	<input type="checkbox"/> No
28. Psychiatric Social Workers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
29. Nurses	<input type="checkbox"/> Yes	<input type="checkbox"/> No
30. Psychiatric Technicians	<input type="checkbox"/> Yes	<input type="checkbox"/> No
31. Recreational or Occupational Therapists	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32. Residents/Interns	<input type="checkbox"/> Yes	<input type="checkbox"/> No
33. Staff Psychiatrist, Correctional and Rehabilitative Services (Safety)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

Name: _____

WORK EXPERIENCE	REGENCY	FREQUENCY			LEVEL OF SKILL	
		Performed task within the last 24 months	Weekly	Monthly	Annually	Performed task during training ONLY
<p>Instructions: Please read instructions carefully. For Items 34 – 45, 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 within the last 24 months. <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 within the last 24 months. 						
34. Interview patients to establish symptoms and mental health history.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Physically examine patients to determine symptoms, evaluate mental health status, and determine diagnoses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Diagnose patients' diseases or conditions to determine treatment methods, needed referrals, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Write progress notes, patient histories, correspondence, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Order and interpret various reports, charts, lab reports and other documents to determine next step in patient's treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Educate patients about their diagnosis, treatment, condition, and prognosis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. 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"/>
44. 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"/>
45. 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"/>

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

Name: _____

WORK EXPERIENCE	REGENCY	FREQUENCY			LEVEL OF SKILL	
		Weekly	Monthly	Annually	Performed task during training ONLY	Performed task as a regular work duty AFTER licensure
<p>Instructions: Please read instructions carefully. For Items 46 – 49, 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 within the last 24 months. <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 within the last 24 months. 	Performed task within the last 24 months	Weekly	Monthly	Annually	Performed task during training ONLY	Performed task as a regular work duty AFTER licensure
<p>46. Provide input for the development and implementation of policies and procedures to ensure proper standardization of mental health care.</p>						
<p>47. Establish and maintain effective working relationships with administrators and other professionals.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>48. Prepare written documents (e.g., correspondence, appeals, policies, procedures, reports, etc.).</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>49. Participate in interviews, and evaluate and make recommendations on the hiring of candidates for professional, technical, and other mental health care related positions.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SENIOR PSYCHIATRIST (SPECIALIST), 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.

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

CENTRAL REGION

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

SOUTHERN REGION

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

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

Name: _____

RECRUITMENT QUESTIONNAIRE

HOW DID YOU HEAR ABOUT THE SENIOR PSYCHIATRIST (SPECIALIST), 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 Senior Psychiatrist (Specialist), Correctional and Rehabilitative Services (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