



# Department of State Hospitals

## Training & Experience Examination Instructions

### EXAMINATION INFORMATION

All parts of this examination belong to the Department of State Hospitals.

### HOW TO COMPLETE YOUR TRAINING & EXPERIENCE EXAMINATION

- Read the instructions on the Training & Experience Examination carefully before you begin.
- Please note that your overall score will be determined solely by the information you provide on this Training & Experience Examination. Information on your application will not be used to determine your final score.
- Please utilize the checklist below to complete the 4 sections in the examination.

#### Section 1: Employment/Education Verification

- Provide any previous and current Employment and/or Education information.
- Use the Employment/Education Verification information to complete Sections 2 and 3.

#### Section 2: Task Ratings

- EXPERIENCE/EDUCATION Column: Using the Experience/Education Scale, provide the number that corresponds with the total number of years you have performed the item.
- FREQUENCY column: Using the Frequency Scale, provide the number that corresponds with the number of times you have performed the item.
- VERIFICATION column: Mark the appropriate Verification Employment and/or Education box that corresponds to the answers you provided under the Experience/Education and Frequency column for each item.

| ITEM | EXPERIENCE / EDUCATION SCALE   | FREQUENCY SCALE   | EXPERIENCE / EDUCATION | FREQUENCY | VERIFICATION   |   |                 |  |
|------|--|---|------------------------|-----------|--|---|-----------------|--|
|      | I have performed this task for:<br>4 - More than five years<br>3 - More than three years and up to five years<br>2 - More than one year and up to three years<br>1 - More than six months and up to one year<br>0 - Zero to six months | I have performed this task:<br>4 - More than 30 times<br>3 - At least 21-30 times<br>2 - At least 11-20 times<br>1 - At Least 1-10 times<br>0 - 0 times |                        |           | Employment (Emp)   |   | Education (Edu) |  |
| 1.   | Develop Human Resources training curriculum (e.g. classification & pay, exam development, survey) to ensure a comprehensive class using PowerPoint, manuals, and handouts.   |   | 2                      | 2         | <input checked="" type="checkbox"/> Emp A<br><input type="checkbox"/> Emp B<br><input type="checkbox"/> Emp C<br><input type="checkbox"/> Emp D<br><input type="checkbox"/> Emp_ | <input type="checkbox"/> Edu A<br><input type="checkbox"/> Edu B<br><input type="checkbox"/> Edu C<br><input type="checkbox"/> Edu D            |                 |  |
| 2.   | Develop training exercises utilizing books, team building concepts, fill-in-the-blanks, and question/answer exercises in order to assist the students comprehend the materials.  |   | 2                      | 1         | <input checked="" type="checkbox"/> Emp A<br><input type="checkbox"/> Emp B<br><input type="checkbox"/> Emp C<br><input type="checkbox"/> Emp D<br><input type="checkbox"/> Emp_ | <input checked="" type="checkbox"/> Edu A<br><input type="checkbox"/> Edu B<br><input type="checkbox"/> Edu C<br><input type="checkbox"/> Edu D |                 |  |

#### Section 3: Knowledge, Skills, and Abilities (KSAs) Ratings

- EXPERIENCE/EDUCATION column: Using the Experience/Education Scale, provide the number that corresponds with the total number of years you have applied the item.
- VERIFICATION column: Mark the appropriate verification Employment and/or Education box for each item that corresponds to the answers you provided under the Experience/Education column for each item.

| ITEM | EXPERIENCE / EDUCATION SCALE  | EXPERIENCE / EDUCATION | VERIFICATION   |   |                 |  |
|------|---|------------------------|--|---|-----------------|--|
|      | I have applied this knowledge, skills, and/or abilities for:<br>4 - More than five years<br>3 - More than three years and up to five years<br>2 - More than one year and up to three years<br>1 - More than six months and up to one year<br>0 - Zero to six months |                        | Employment (Emp)   |   | Education (Edu) |  |
| 3.   | Knowledge of training techniques to ensure informative and engaging discussions for various audiences.  | 3                      | <input checked="" type="checkbox"/> Emp A<br><input type="checkbox"/> Emp B<br><input type="checkbox"/> Emp C<br><input type="checkbox"/> Emp D<br><input type="checkbox"/> Emp_ | <input checked="" type="checkbox"/> Edu A<br><input type="checkbox"/> Edu B<br><input type="checkbox"/> Edu C<br><input type="checkbox"/> Edu D |                 |  |
| 4.   | Ability to effectively conduct and convey training objectives to audiences with varying levels of understanding.  | 2                      | <input checked="" type="checkbox"/> Emp A<br><input type="checkbox"/> Emp B<br><input type="checkbox"/> Emp C<br><input type="checkbox"/> Emp D<br><input type="checkbox"/> Emp_ | <input type="checkbox"/> Edu A<br><input type="checkbox"/> Edu B<br><input type="checkbox"/> Edu C<br><input type="checkbox"/> Edu D            |                 |  |



# Department of State Hospitals

## Training & Experience Examination Instructions

**Section 4: Conditions of Employment**

- Mark the type of Appointment and Locations in which you are willing to work.

**Signature**

- Failure to include an original signature on page 3 of the examination may result in disqualification.

**NOTE: INCORRECT MARKS OR BLANK RESPONSES WILL NOT BE SCORED AND MAY AFFECT YOUR OVERALL SCORE OR RESULT IN DISQUALIFICATION FROM THIS EXAMINATION.**

An example on how to fill out the Training & Experience Examination has been provided on the next page. For additional information on completing the Training & Experience Examination, [please click here](#).

Please submit your completed Training & Experience Examination, along with a State Application (STD. 678) as follows:

**Mail or Hand Deliver to:**

DEPARTMENT OF STATE HOSPITALS - SACRAMENTO  
SELECTION SERVICES UNIT  
1600 9<sup>TH</sup> STREET, ROOM 121  
SACRAMENTO, CA 95814  
(916) 651-8832



# Training Program Specialist

## Training & Experience Examination

### Read instructions carefully

The California civil service selection system is merit-based and eligibility for appointment is established through a formal examination process. The Training Program Specialist examination consists of a Training & Experience Examination used to evaluate your education, training, and experience. The eligible list resulting from this examination process will be used by the Department of State Hospitals to fill their existing positions.

This Training & Experience Examination will account for 100% of the weight of your examination for this classification. Therefore, please be sure to follow the instructions carefully.

Candidate's Name: John Doe

Social Security Number: 555-00-5555

Address: 1123 Mather Road, Sunny City, CA 91215

**\*\*\*In order to expedite the examination process, your phone numbers are required\*\*\***

Home Phone Number: 123-555-555

Work Phone Number: 123-456-7890

Cellular Phone Number: 123-233-4455

## Section 1: Employment/Education Verification

Include any previous and current Employment and/or Education information that may apply to this examination. You will use this information to complete Sections 2 and 3.

Contact may be made to confirm that you have paid or unpaid experience pertaining to the duties and requirements listed in this examination. List all Employment and/or Education information that applies.

### EMPLOYMENT Employment A

Job Title: Training Coordinator

Organization Name and Address: ABZ Corporate Agency, 123 Oak Ave, Sacramento, CA 95814

Dates Worked: From: 7/1/2010 To: 7/30/2013

Name of Supervisor(s) or Person(s) Who Can Verify Your Job Responsibilities: Dana Clark

Contact Phone Number(s) of the above Individual(s): 555-565-5656

### EDUCATION Education A

School Name and Address: University of California, Sunny City

Degree(s) Earned: Business Administration with Concentration in Communications

Date(s) Attended: From: 9/1/2005 To: 5/1/2010

**Training Program Specialist  
TRAINING & EXPERIENCE EXAMINATION**

**Section 2: Task Ratings**

**Instructions:**

Respond to each of the following items by indicating how the statement applies to you. You are required to respond to every item.

Using the scales (Experience/Education, Frequency, Verification) provided below, you will rate your experience performing specific job-related tasks.

In responding to each item, use the information you listed in **Section 1: Employment/Education Verification**. Please reference any paid and/or unpaid experience (e.g., employment, education, volunteer work).

**For items 1-2, provide responses regarding your:**

- **“Experience/Education”** – Using the Experience/Education rating scale identify the corresponding number for the amount of time, based on your experience and/or education that you have performed the item, and write that number in the Experience/Education box. Please complete this for each item.
- **“Frequency”** – Using the Frequency rating scale identify the corresponding number of times you have performed the item, and write that number in the Frequency box. Please complete this for each item.
- **“Verification”** – Mark the “Emp” and “Edu” boxes that match your employment and/or education listed in **Section 1: Employment/Education Verification**. Please reference any paid and/or unpaid experience (e.g., employment, education, volunteer work).
  - Ensure you have marked at least one box for each item in the Verification column.
  - Make sure the Verification column is marked correctly for the Employment/Education you indicated.

| ITEM | EXPERIENCE / EDUCATION SCALE<br>I have performed this task for:<br>4 - More than five years<br>3 - More than three years and up to five years<br>2 - More than one year and up to three years<br>1 - More than six months and up to one year<br>0 - Zero to six months | FREQUENCY SCALE<br>I have performed this task:<br>4 - More than 30 times<br>3 - At least 21-30 times<br>2 - At least 11-20 times<br>1 - At Least 1-10 times<br>0 - 0 times | EXPERIENCE / EDUCATION | FREQUENCY | VERIFICATION<br>Employment (Emp)/<br>Education (Edu)   |
|------|--|--|------------------------|-----------|--|
| 1.   | Develop Human Resources training curriculum (e.g. classification & pay, exam development, survey) to ensure a comprehensive class using PowerPoint, manuals, and handouts.   |  | 2                      | 2         | <input checked="" type="checkbox"/> Emp A <input type="checkbox"/> Edu A<br><input type="checkbox"/> Emp B <input type="checkbox"/> Edu B<br><input type="checkbox"/> Emp C <input type="checkbox"/> Edu C<br><input type="checkbox"/> Emp D <input type="checkbox"/> Edu D<br><input type="checkbox"/> Emp__            |
| 2.   | Develop training exercises utilizing books, team building concepts, fill-in-the-blanks, and question/answer exercises in order to assist the students comprehend the materials.  |  | 2                      | 1         | <input checked="" type="checkbox"/> Emp A <input checked="" type="checkbox"/> Edu A<br><input type="checkbox"/> Emp B <input type="checkbox"/> Edu B<br><input type="checkbox"/> Emp C <input type="checkbox"/> Edu C<br><input type="checkbox"/> Emp D <input type="checkbox"/> Edu D<br><input type="checkbox"/> Emp__ |

**Training Program Specialist  
TRAINING & EXPERIENCE EXAMINATION**

**Section 3: Knowledge, Skills, and Abilities (KSAs) Ratings**

**Instructions:**

Respond to each of the following items by indicating how the statement applies to you. You are required to respond to every item.

Using the scales (Experience/Education and Verification) provided below, you will rate your experience in accordance to specific job-related knowledge, skills, and/or abilities.

In responding to each item, use the information you listed in **Section 1: Employment/Education Verification**. Please reference any paid and/or unpaid experience (e.g., employment, education, volunteer work).

**For items 3-4, provide responses regarding your:**

- **“Experience/Education”** – Using the Experience/Education rating scale identify the corresponding number for the amount of time, based on experience and/or education that you have applied the item, and write that number in the Experience/Education box. Please complete this for each item.
- **“Verification”** – Mark the “Emp” and “Edu” boxes that match your employment and/or education listed in **Section 1: Employment/Education Verification**. Please reference any paid and/or unpaid experience (e.g., employment, education, volunteer work).
  - Ensure you have marked at least one box for each item in the Verification column.
  - Make sure the Verification column is marked correctly for the Employment/Education you indicated.

| ITEM | EXPERIENCE / EDUCATION SCALE<br>I have applied this knowledge, skills, and/or abilities for:<br><br>4 - More than five years<br>3 - More than three years and up to five years<br>2 - More than one year and up to three years<br>1 - More than six months and up to one year<br>0 - Zero to six months | EXPERIENCE / EDUCATION | VERIFICATION<br>Employment (Emp)/<br>Education (Edu)   |
|------|---|------------------------|--|
| 3.   | Knowledge of training techniques to ensure informative and engaging discussions for various audiences.  | 3                      | <input checked="" type="checkbox"/> Emp A <input checked="" type="checkbox"/> Edu A<br><input type="checkbox"/> Emp B <input type="checkbox"/> Edu B<br><input type="checkbox"/> Emp C <input type="checkbox"/> Edu C<br><input type="checkbox"/> Emp D <input type="checkbox"/> Edu D<br><input type="checkbox"/> Emp__ |
| 4.   | Ability to effectively conduct and convey training objectives to audiences with varying levels of understanding.  | 2                      | <input checked="" type="checkbox"/> Emp A <input type="checkbox"/> Edu A<br><input type="checkbox"/> Emp B <input type="checkbox"/> Edu B<br><input type="checkbox"/> Emp C <input type="checkbox"/> Edu C<br><input type="checkbox"/> Emp D <input type="checkbox"/> Edu D<br><input type="checkbox"/> Emp__            |

SAMPLE

**\*\*INTENTIONALLY LEFT BLANK\*\***



# Medical Record Director

## Training & Experience Examination

### Read instructions carefully

The California civil service selection system is merit-based and eligibility for appointment is established through a formal examination process. The Medical Record Director examination consists of a Training & Experience Examination used to evaluate your education, training, and experience. The eligible list resulting from this examination process will be used by the Department of State Hospitals to fill their existing positions.

This Training & Experience Examination will account for 100% of the weight of your examination for this classification. Therefore, please be sure to follow the instructions carefully.

Candidate's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

**\*\*\*In order to expedite the examination process, your phone numbers are required\*\*\***

Home Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Cellular Phone Number: \_\_\_\_\_

### Section 1: Employment/Education Verification

Include any previous and current Employment and/or Education information that may apply to this examination. You will use this information to complete Sections 2 and 3.

Contact may be made to confirm that you have paid or unpaid experience pertaining to the duties and requirements listed in this examination. List all Employment and/or Education information that applies.

#### EMPLOYMENT Employment A

Job Title: \_\_\_\_\_

Organization Name and Address: \_\_\_\_\_

Dates Worked (mm/dd/yyyy): From: \_\_\_\_\_ To: \_\_\_\_\_

Name of Supervisor(s) or Person(s) Who Can Verify Your Job Responsibilities: \_\_\_\_\_

Contact Phone Number(s) of the above Individual(s): \_\_\_\_\_

#### Employment B

Job Title: \_\_\_\_\_

Organization Name and Address: \_\_\_\_\_

Dates Worked (mm/dd/yyyy): From: \_\_\_\_\_ To: \_\_\_\_\_

Name of Supervisor(s) or Person(s) Who Can Verify Your Job Responsibilities: \_\_\_\_\_

Contact Phone Number(s) of the above Individual(s): \_\_\_\_\_

### **Employment C**

Job Title: \_\_\_\_\_  
Organization Name and Address: \_\_\_\_\_  
Dates Worked (mm/dd/yyyy): From: \_\_\_\_\_ To: \_\_\_\_\_  
Name of Supervisor(s) or Person(s) Who Can Verify Your Job Responsibilities: \_\_\_\_\_  
Contact Phone Number(s) of the above Individual(s): \_\_\_\_\_

### **Employment D**

Job Title: \_\_\_\_\_  
Organization Name and Address: \_\_\_\_\_  
Dates Worked (mm/dd/yyyy): From: \_\_\_\_\_ To: \_\_\_\_\_  
Name of Supervisor(s) or Person(s) Who Can Verify Your Job Responsibilities: \_\_\_\_\_  
Contact Phone Number(s) of the above Individual(s): \_\_\_\_\_

### **Employment E**

Job Title: \_\_\_\_\_  
Organization Name and Address: \_\_\_\_\_  
Dates Worked (mm/dd/yyyy): From: \_\_\_\_\_ To: \_\_\_\_\_  
Name of Supervisor(s) or Person(s) Who Can Verify Your Job Responsibilities: \_\_\_\_\_  
Contact Phone Number(s) of the above Individual(s): \_\_\_\_\_

### **Employment F**

Job Title: \_\_\_\_\_  
Organization Name and Address: \_\_\_\_\_  
Dates Worked (mm/dd/yyyy): From: \_\_\_\_\_ To: \_\_\_\_\_  
Name of Supervisor(s) or Person(s) Who Can Verify Your Job Responsibilities: \_\_\_\_\_  
Contact Phone Number(s) of the above Individual(s): \_\_\_\_\_

### **EDUCATION**

#### **Education A**

School Name and Address: \_\_\_\_\_  
Degree(s) Earned: \_\_\_\_\_  
Date(s) Attended (mm/dd/yyyy): From: \_\_\_\_\_ To: \_\_\_\_\_

#### **Education B**

School Name and Address: \_\_\_\_\_  
Degree(s) Earned: \_\_\_\_\_  
Date(s) Attended (mm/dd/yyyy): From: \_\_\_\_\_ To: \_\_\_\_\_

#### **Education C**

School Name and Address: \_\_\_\_\_  
Degree(s) Earned: \_\_\_\_\_  
Date(s) Attended (mm/dd/yyyy): From: \_\_\_\_\_ To: \_\_\_\_\_

**Education D**

School Name and Address: \_\_\_\_\_  
Degree(s) Earned: \_\_\_\_\_  
Date(s) Attended (mm/dd/yyyy): From: \_\_\_\_\_ To: \_\_\_\_\_

**CERTIFICATION – IMPORTANT – PLEASE READ CAREFULLY BEFORE SIGNING – if not signed, this Examination may be disqualified.**

Before a final score is determined, your responses to exam questions will be verified. An exams manager or personnel staff member may contact the individuals or educational institutions you have provided to confirm job dates, experience, duties, achievements, and/or possession of knowledge, skills, and abilities. Failure to provide adequate employment and/or education information may result in a low score or disqualification from this Examination.

If it is determined at any time that you have made any false or inaccurate representations in any of the information you have provided on this Examination, you may be disqualified from this process, removed from the certification list(s), suffer a loss of State employment, and/or suffer a loss of the right to compete in any future State of California hiring processes. You are solely responsible for the accuracy of the responses provided.

This warning has been provided to protect your rights as a job candidate as well as the rights of the department. Be advised that you are expected to answer truthfully and accurately.

**I certify and understand that all statements I have made in this Examination are true and complete to the best of my knowledge and contains no willful misrepresentation of falsifications. Failure to include original signature may result in disqualification.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***FILING INSTRUCTIONS:***

Please submit your completed Training & Experience Examination and a State Application (STD. 678) as follows:

**Mail or Hand Deliver to:**

DEPARTMENT OF STATE HOSPITALS-SACRAMENTO  
SELECTION SERVICES UNIT  
1600 9<sup>TH</sup> STREET, ROOM 121  
SACRAMENTO, CA 95814  
(916) 651-8832

**Medical Record Director  
TRAINING & EXPERIENCE EXAMINATION**

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

**MINIMUM QUALIFICATIONS**

**Each candidate must meet the minimum qualifications on his/her application by the date it is received. If not, the candidate's application in the examination process will be rejected and his/her Training and Experience Examination will not be scored. Please ensure that your State Application (STD. 678) clearly indicates your education, experience, and licensure information reflective of the minimum qualifications for this examination process as stated below:**

**EITHER I**

Registration by the American Medical Record Association as a Registered Record Administrator or eligibility for examination for registration. (Applicants who are not Registered Record Administrators will be admitted to the examination, but they must secure the certificate of registration, or submit proof of eligibility for examination for registration as evidenced by a statement from the Association before they will be considered eligible for appointment.) AND

Two years of experience in a medical records office of an approved hospital which must have involved the supervision of medical records personnel or consultation to the clinical staff on the quality of medical records.

**OR II**

Certification by the American Medical Record Association as an Accredited Record Technician or eligibility for examination for accreditation. (Applicants who are not Accredited Record Technicians will be admitted to the examination, but they must secure the certificate of accreditation, or submit proof of eligibility for examination for accreditation as evidenced by a statement from the Association before they will be considered eligible for appointment.) AND

Experience: Four years of experience in a medical records office of an approved hospital which must have involved the supervision of medical records personnel or consultation to the clinical staff on the quality of medical records.

**OR III**

Certification by the American Medical Record Association as an Accredited Record Technician or eligibility for examination for accreditation. (Applicants who are not Accredited Record Technicians will be admitted to the examination, but they must secure the certificate of accreditation, or submit proof of eligibility for examination for accreditation, as evidenced by a statement from the Association before they will be considered eligible for appointment.) AND

Experience: Two years of experience performing the duties of a Health Records Technician III in the California state service.

**Medical Record Director  
TRAINING & EXPERIENCE EXAMINATION**

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

**Section 2: Task Ratings**

**Instructions:**

Respond to each of the following items by indicating how the statement applies to you. You are required to respond to every item.

Using the scales (Experience/Education, Frequency, Verification) provided below, you will rate your experience performing specific job-related tasks.

In responding to each item, use the information you listed in **Section 1: Employment/Education Verification**. Please reference any paid and/or unpaid experience (e.g., employment, education, volunteer work).

**For items 1-20, provide responses regarding your:**

- **“Experience/Education”** – Using the Experience/Education rating scale identify the corresponding number for the amount of time, based on your experience and/or education that you have performed the item, and write that number in the Experience/Education box. Please complete this for each item.
- **“Frequency”** – Using the Frequency rating scale identify the corresponding number of times you have performed the item, and write that number in the Frequency box. Please complete this for each item.
- **“Verification”** – Mark the “Emp” and “Edu” boxes that match your employment and/or education listed in **Section 1: Employment/Education Verification**.  
Please reference any paid and/or unpaid experience (e.g., employment, education, volunteer work).
  - Ensure you have marked at least one box for each item in the Verification column.
  - Make sure the Verification column is marked correctly for the Employment/Education you indicated.

| ITEM | EXPERIENCE / EDUCATION SCALE   | FREQUENCY SCALE   | EXPERIENCE / EDUCATION | FREQUENCY | VERIFICATION  |
|------|--|---|------------------------|-----------|---|
|      | I have performed this task for:<br><br>4 - More than three years<br>3 - More than two years and up to three years<br>2 - More than one year and up to two years<br>1 - More than six months and up to one year<br>0 - Zero to six months   | I have performed this task:<br><br>4 - More than 30 times<br>3 - At least 21-30 times<br>2 - At least 11-20 times<br>1 - At Least 1-10 times<br>0 - 0 times |                        |           | Employment (Emp)/<br>Education (Edu)  |
| 1.   | Maintain confidentiality, integrity, and availability of patient records to comply with legal mandates (e.g., CA Code of Regulations (Title 22), Welfare and Institutions Code (WIC), Health Insurance Portability and Accountability Act (HIPAA)) which govern hospital operations. |   |                        |           | <input type="checkbox"/> Emp A <input type="checkbox"/> Edu A<br><input type="checkbox"/> Emp B <input type="checkbox"/> Edu B<br><input type="checkbox"/> Emp C <input type="checkbox"/> Edu C<br><input type="checkbox"/> Emp D <input type="checkbox"/> Edu D<br><input type="checkbox"/> Emp_ |
| 2.   | Develop and implement policies and procedures for information handling and dissemination by Health Information Management Department (HIMD) to ensure health records are maintained and compliant with applicable Federal, State, and local statutes/regulations.                    |   |                        |           | <input type="checkbox"/> Emp A <input type="checkbox"/> Edu A<br><input type="checkbox"/> Emp B <input type="checkbox"/> Edu B<br><input type="checkbox"/> Emp C <input type="checkbox"/> Edu C<br><input type="checkbox"/> Emp D <input type="checkbox"/> Edu D<br><input type="checkbox"/> Emp_ |

**Medical Record Director  
TRAINING & EXPERIENCE EXAMINATION**

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

| <b>ITEM</b> | <b>EXPERIENCE / EDUCATION SCALE</b><br>I have performed this task for:<br><br>4 - More than three years<br>3 - More than two years and up to three years<br>2 - More than one year and up to two years<br>1 - More than six months and up to one year<br>0 - Zero to six months | <b>FREQUENCY SCALE</b><br>I have performed this task:<br><br>4 - More than 30 times<br>3 - At least 21-30 times<br>2 - At least 11-20 times<br>1 - At Least 1-10 times<br>0 - 0 times | <b>EXPERIENCE / EDUCATION</b> | <b>FREQUENCY</b> | <b>VERIFICATION</b><br>Employment (Emp)/<br>Education (Edu)   |
|-------------|---|---|-------------------------------|------------------|---|
| 3.          | Review policies and procedures for information handling and dissemination by staff to ensure health records are maintained and compliant with applicable Federal, State, and local statutes/regulations.  |   |                               |                  | <input type="checkbox"/> Emp A <input type="checkbox"/> Edu A<br><input type="checkbox"/> Emp B <input type="checkbox"/> Edu B<br><input type="checkbox"/> Emp C <input type="checkbox"/> Edu C<br><input type="checkbox"/> Emp D <input type="checkbox"/> Edu D<br><input type="checkbox"/> Emp_ |
| 4.          | Update policies and procedures for information handling and dissemination by staff to ensure health records are maintained and compliant with applicable Federal, State, and local statutes/regulations.  |   |                               |                  | <input type="checkbox"/> Emp A <input type="checkbox"/> Edu A<br><input type="checkbox"/> Emp B <input type="checkbox"/> Edu B<br><input type="checkbox"/> Emp C <input type="checkbox"/> Edu C<br><input type="checkbox"/> Emp D <input type="checkbox"/> Edu D<br><input type="checkbox"/> Emp_ |
| 5.          | Assign and supervise work of staff to ensure the provision of appropriate patient health information is maintained per hospital policy and legal mandates (e.g., Title 22, WIC, HIPAA).   |   |                               |                  | <input type="checkbox"/> Emp A <input type="checkbox"/> Edu A<br><input type="checkbox"/> Emp B <input type="checkbox"/> Edu B<br><input type="checkbox"/> Emp C <input type="checkbox"/> Edu C<br><input type="checkbox"/> Emp D <input type="checkbox"/> Edu D<br><input type="checkbox"/> Emp_ |
| 6.          | Complete administrative reviews of functions (e.g., hospital policy review, departmental procedures) and assess compliance with documentation and service delivery standards as applicable.   |   |                               |                  | <input type="checkbox"/> Emp A <input type="checkbox"/> Edu A<br><input type="checkbox"/> Emp B <input type="checkbox"/> Edu B<br><input type="checkbox"/> Emp C <input type="checkbox"/> Edu C<br><input type="checkbox"/> Emp D <input type="checkbox"/> Edu D<br><input type="checkbox"/> Emp_ |
| 7.          | Establish goals and objectives to provide maximum ancillary support to the facility by properly maintaining patient health information.   |   |                               |                  | <input type="checkbox"/> Emp A <input type="checkbox"/> Edu A<br><input type="checkbox"/> Emp B <input type="checkbox"/> Edu B<br><input type="checkbox"/> Emp C <input type="checkbox"/> Edu C<br><input type="checkbox"/> Emp D <input type="checkbox"/> Edu D<br><input type="checkbox"/> Emp_ |
| 8.          | Establish Performance Improvement Plan to oversee staff competencies and propose solutions for improvement of services delivered.   |   |                               |                  | <input type="checkbox"/> Emp A <input type="checkbox"/> Edu A<br><input type="checkbox"/> Emp B <input type="checkbox"/> Edu B<br><input type="checkbox"/> Emp C <input type="checkbox"/> Edu C<br><input type="checkbox"/> Emp D <input type="checkbox"/> Edu D<br><input type="checkbox"/> Emp_ |
| 9.          | Maintain operation of health record documentation system containing administrative and clinical data to assist staff in developing and providing appropriate patient care.  |   |                               |                  | <input type="checkbox"/> Emp A <input type="checkbox"/> Edu A<br><input type="checkbox"/> Emp B <input type="checkbox"/> Edu B<br><input type="checkbox"/> Emp C <input type="checkbox"/> Edu C<br><input type="checkbox"/> Emp D <input type="checkbox"/> Edu D<br><input type="checkbox"/> Emp_ |
| 10.         | Assist Hospital Administration with obtaining departmental funding by consulting with staff on projected equipment needed to maintain services.   |   |                               |                  | <input type="checkbox"/> Emp A <input type="checkbox"/> Edu A<br><input type="checkbox"/> Emp B <input type="checkbox"/> Edu B<br><input type="checkbox"/> Emp C <input type="checkbox"/> Edu C<br><input type="checkbox"/> Emp D <input type="checkbox"/> Edu D<br><input type="checkbox"/> Emp_ |

**Medical Record Director  
TRAINING & EXPERIENCE EXAMINATION**

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

| ITEM | <b>EXPERIENCE / EDUCATION SCALE</b><br>I have performed this task for:<br>4 - More than three years<br>3 - More than two years and up to three years<br>2 - More than one year and up to two years<br>1 - More than six months and up to one year<br>0 - Zero to six months | <b>FREQUENCY SCALE</b><br>I have performed this task:<br>4 - More than 30 times<br>3 - At least 21-30 times<br>2 - At least 11-20 times<br>1 - At Least 1-10 times<br>0 - 0 times | EXPERIENCE / EDUCATION | FREQUENCY | <b>VERIFICATION</b><br>Employment (Emp)/<br>Education (Edu)   |
|------|---|---|------------------------|-----------|---|
| 11.  | Act as Custodian of Records by overseeing responses to all subpoenas (including court appearances) and retrieval of patient information.  |   |                        |           | <input type="checkbox"/> Emp A <input type="checkbox"/> Edu A<br><input type="checkbox"/> Emp B <input type="checkbox"/> Edu B<br><input type="checkbox"/> Emp C <input type="checkbox"/> Edu C<br><input type="checkbox"/> Emp D <input type="checkbox"/> Edu D<br><input type="checkbox"/> Emp_ |
| 12.  | Participate in committees, meetings (e.g., general and administrative management), and workgroups as a representative to ensure staff remains current on applicable policies and procedures.  |   |                        |           | <input type="checkbox"/> Emp A <input type="checkbox"/> Edu A<br><input type="checkbox"/> Emp B <input type="checkbox"/> Edu B<br><input type="checkbox"/> Emp C <input type="checkbox"/> Edu C<br><input type="checkbox"/> Emp D <input type="checkbox"/> Edu D<br><input type="checkbox"/> Emp_ |
| 13.  | Oversee training on duties (e.g., release of information, billing requirements, and diagnostic coding) using meetings and training materials to ensure all hospital staff possess current knowledge of departmental policies and procedures.                                |   |                        |           | <input type="checkbox"/> Emp A <input type="checkbox"/> Edu A<br><input type="checkbox"/> Emp B <input type="checkbox"/> Edu B<br><input type="checkbox"/> Emp C <input type="checkbox"/> Edu C<br><input type="checkbox"/> Emp D <input type="checkbox"/> Edu D<br><input type="checkbox"/> Emp_ |
| 14.  | Counsel staff on opportunities for continuing education, professional growth, and upward mobility using resource materials.   |   |                        |           | <input type="checkbox"/> Emp A <input type="checkbox"/> Edu A<br><input type="checkbox"/> Emp B <input type="checkbox"/> Edu B<br><input type="checkbox"/> Emp C <input type="checkbox"/> Edu C<br><input type="checkbox"/> Emp D <input type="checkbox"/> Edu D<br><input type="checkbox"/> Emp_ |
| 15.  | Review performance of staff and recommend appropriate action to be taken (e.g. commendations, adverse/administrative actions).  |   |                        |           | <input type="checkbox"/> Emp A <input type="checkbox"/> Edu A<br><input type="checkbox"/> Emp B <input type="checkbox"/> Edu B<br><input type="checkbox"/> Emp C <input type="checkbox"/> Edu C<br><input type="checkbox"/> Emp D <input type="checkbox"/> Edu D<br><input type="checkbox"/> Emp_ |
| 16.  | Provide staff training and mentoring in the documentation requirements of various licensure, certification, and accreditation entities to ensure compliance.  |   |                        |           | <input type="checkbox"/> Emp A <input type="checkbox"/> Edu A<br><input type="checkbox"/> Emp B <input type="checkbox"/> Edu B<br><input type="checkbox"/> Emp C <input type="checkbox"/> Edu C<br><input type="checkbox"/> Emp D <input type="checkbox"/> Edu D<br><input type="checkbox"/> Emp_ |
| 17.  | Oversee hiring process by reviewing applications, scheduling and conducting interviews to ensure hiring is compliant with Equal Employment Opportunity (EEO) guidelines and meets the needs of the department.  |   |                        |           | <input type="checkbox"/> Emp A <input type="checkbox"/> Edu A<br><input type="checkbox"/> Emp B <input type="checkbox"/> Edu B<br><input type="checkbox"/> Emp C <input type="checkbox"/> Edu C<br><input type="checkbox"/> Emp D <input type="checkbox"/> Edu D<br><input type="checkbox"/> Emp_ |
| 18.  | Serve as facility Privacy Officer as necessary to ensure compliance with HIPAA and state statutes and regulations.  |   |                        |           | <input type="checkbox"/> Emp A <input type="checkbox"/> Edu A<br><input type="checkbox"/> Emp B <input type="checkbox"/> Edu B<br><input type="checkbox"/> Emp C <input type="checkbox"/> Edu C<br><input type="checkbox"/> Emp D <input type="checkbox"/> Edu D<br><input type="checkbox"/> Emp_ |

**Medical Record Director  
TRAINING & EXPERIENCE EXAMINATION**

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

| <b>ITEM</b> | <b>EXPERIENCE / EDUCATION SCALE</b><br>I have performed this task for:<br><br>4 - More than three years<br>3 - More than two years and up to three years<br>2 - More than one year and up to two years<br>1 - More than six months and up to one year<br>0 - Zero to six months | <b>FREQUENCY SCALE</b><br>I have performed this task:<br><br>4 - More than 30 times<br>3 - At least 21-30 times<br>2 - At least 11-20 times<br>1 - At Least 1-10 times<br>0 - 0 times | <b>EXPERIENCE / EDUCATION</b> | <b>FREQUENCY</b> | <b>VERIFICATION</b><br>Employment (Emp)/<br>Education (Edu)   |
|-------------|---|---|-------------------------------|------------------|---|
| 19.         | Evaluate the work of staff to provide feedback on performance improvement by reviewing assignments.   |   |                               |                  | <input type="checkbox"/> Emp A <input type="checkbox"/> Edu A<br><input type="checkbox"/> Emp B <input type="checkbox"/> Edu B<br><input type="checkbox"/> Emp C <input type="checkbox"/> Edu C<br><input type="checkbox"/> Emp D <input type="checkbox"/> Edu D<br><input type="checkbox"/> Emp_ |
| 20.         | Approve employee access rights for usage of a Master Patient Index (MPI) system as requested by management to track applicable patient data.  |   |                               |                  | <input type="checkbox"/> Emp A <input type="checkbox"/> Edu A<br><input type="checkbox"/> Emp B <input type="checkbox"/> Edu B<br><input type="checkbox"/> Emp C <input type="checkbox"/> Edu C<br><input type="checkbox"/> Emp D <input type="checkbox"/> Edu D<br><input type="checkbox"/> Emp_ |

**Medical Record Director  
TRAINING & EXPERIENCE EXAMINATION**

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

**Section 3: Knowledge, Skills, and Abilities (KSAs) Ratings**

**Instructions:**

Respond to each of the following items by indicating how the statement applies to you. You are required to respond to every item.

Using the scales (Experience/Education and Verification) provided below, you will rate your experience in accordance to specific job-related knowledge, skills, and/or abilities.

In responding to each item, use the information you listed in **Section 1: Employment/Education Verification**. Please reference any paid and/or unpaid experience (e.g., employment, education, volunteer work).

**For items 21-34, provide responses regarding your:**

- **“Experience/Education”** – Using the Experience/Education rating scale identify the corresponding number for the amount of time, based on experience and/or education that you have applied the item, and write that number in the Experience/Education box. Please complete this for each item.
- **“Verification”** – Mark the “Emp” and “Edu” boxes that match your employment and/or education listed in **Section 1: Employment/Education Verification**. Please reference any paid and/or unpaid experience (e.g., employment, education, volunteer work).
  - Ensure you have marked at least one box for each item in the Verification column.
  - Make sure the Verification column is marked correctly for the Employment/Education you indicated.

| ITEM | EXPERIENCE / EDUCATION SCALE<br>I have applied this knowledge, skills, and/or abilities for:<br><br>4 - More than three years<br>3 - More than two years and up to three years<br>2 - More than one year and up to two years<br>1 - More than six months and up to one year<br>0 - Zero to six months | EXPERIENCE / EDUCATION | VERIFICATION<br>Employment (Emp)/<br>Education (Edu)  |
|------|---|------------------------|---|
| 21.  | Knowledge of Health Information Management Department (HIMD) policies and procedures to ensure patient records are accurate and accessible.   |                        | <input type="checkbox"/> Emp A <input type="checkbox"/> Edu A<br><input type="checkbox"/> Emp B <input type="checkbox"/> Edu B<br><input type="checkbox"/> Emp C <input type="checkbox"/> Edu C<br><input type="checkbox"/> Emp D <input type="checkbox"/> Edu D<br><input type="checkbox"/> Emp_ |
| 22.  | Knowledge of the American Health Information Management Association requirements to obtain and maintain a national credential as a Registered Health Information Administrator or Registered Health Information Technician.   |                        | <input type="checkbox"/> Emp A <input type="checkbox"/> Edu A<br><input type="checkbox"/> Emp B <input type="checkbox"/> Edu B<br><input type="checkbox"/> Emp C <input type="checkbox"/> Edu C<br><input type="checkbox"/> Emp D <input type="checkbox"/> Edu D<br><input type="checkbox"/> Emp_ |
| 23.  | Knowledge of quality assurance standards and techniques in maintaining health records systems.  |                        | <input type="checkbox"/> Emp A <input type="checkbox"/> Edu A<br><input type="checkbox"/> Emp B <input type="checkbox"/> Edu B<br><input type="checkbox"/> Emp C <input type="checkbox"/> Edu C<br><input type="checkbox"/> Emp D <input type="checkbox"/> Edu D<br><input type="checkbox"/> Emp_ |
| 24.  | Knowledge of standards of quality and quantity of health record analysis to ensure proper management of patient records.  |                        | <input type="checkbox"/> Emp A <input type="checkbox"/> Edu A<br><input type="checkbox"/> Emp B <input type="checkbox"/> Edu B<br><input type="checkbox"/> Emp C <input type="checkbox"/> Edu C<br><input type="checkbox"/> Emp D <input type="checkbox"/> Edu D<br><input type="checkbox"/> Emp_ |

**Medical Record Director  
TRAINING & EXPERIENCE EXAMINATION**

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

| <b>ITEM</b> | <b>EXPERIENCE / EDUCATION SCALE</b><br>I have applied this knowledge, skills, and/or abilities for:<br><br>4 - More than three years<br>3 - More than two years and up to three years<br>2 - More than one year and up to two years<br>1 - More than six months and up to one year<br>0 - Zero to six months | <b>EXPERIENCE / EDUCATION</b> | <b>VERIFICATION</b><br>Employment (Emp)/<br>Education (Edu)   |
|-------------|--|-------------------------------|---|
| 25.         | Knowledge of clinical and legal terminology utilized to ensure compliance of duties performed.   |                               | <input type="checkbox"/> Emp A <input type="checkbox"/> Edu A<br><input type="checkbox"/> Emp B <input type="checkbox"/> Edu B<br><input type="checkbox"/> Emp C <input type="checkbox"/> Edu C<br><input type="checkbox"/> Emp D <input type="checkbox"/> Edu D<br><input type="checkbox"/> Emp_ |
| 26.         | Knowledge of health record systems to maintain patient health records.   |                               | <input type="checkbox"/> Emp A <input type="checkbox"/> Edu A<br><input type="checkbox"/> Emp B <input type="checkbox"/> Edu B<br><input type="checkbox"/> Emp C <input type="checkbox"/> Edu C<br><input type="checkbox"/> Emp D <input type="checkbox"/> Edu D<br><input type="checkbox"/> Emp_ |
| 27.         | Knowledge of a supervisor's responsibility in promoting equal opportunity in hiring, employee development and promotion, and for maintaining a work environment free of discrimination and harassment.   |                               | <input type="checkbox"/> Emp A <input type="checkbox"/> Edu A<br><input type="checkbox"/> Emp B <input type="checkbox"/> Edu B<br><input type="checkbox"/> Emp C <input type="checkbox"/> Edu C<br><input type="checkbox"/> Emp D <input type="checkbox"/> Edu D<br><input type="checkbox"/> Emp_ |
| 28.         | Knowledge of best practices for conflict resolution among staff.   |                               | <input type="checkbox"/> Emp A <input type="checkbox"/> Edu A<br><input type="checkbox"/> Emp B <input type="checkbox"/> Edu B<br><input type="checkbox"/> Emp C <input type="checkbox"/> Edu C<br><input type="checkbox"/> Emp D <input type="checkbox"/> Edu D<br><input type="checkbox"/> Emp_ |
| 29.         | Knowledge of principles and practices of effective supervision and directing the work of others.   |                               | <input type="checkbox"/> Emp A <input type="checkbox"/> Edu A<br><input type="checkbox"/> Emp B <input type="checkbox"/> Edu B<br><input type="checkbox"/> Emp C <input type="checkbox"/> Edu C<br><input type="checkbox"/> Emp D <input type="checkbox"/> Edu D<br><input type="checkbox"/> Emp_ |
| 30.         | Ability to plan and direct the work of staff.  |                               | <input type="checkbox"/> Emp A <input type="checkbox"/> Edu A<br><input type="checkbox"/> Emp B <input type="checkbox"/> Edu B<br><input type="checkbox"/> Emp C <input type="checkbox"/> Edu C<br><input type="checkbox"/> Emp D <input type="checkbox"/> Edu D<br><input type="checkbox"/> Emp_ |
| 31.         | Ability to complete all training courses to maintain job proficiencies and to meet licensure/certification requirements.   |                               | <input type="checkbox"/> Emp A <input type="checkbox"/> Edu A<br><input type="checkbox"/> Emp B <input type="checkbox"/> Edu B<br><input type="checkbox"/> Emp C <input type="checkbox"/> Edu C<br><input type="checkbox"/> Emp D <input type="checkbox"/> Edu D<br><input type="checkbox"/> Emp_ |
| 32.         | Ability to analyze policies, procedures, laws, and regulations to ensure compliance.   |                               | <input type="checkbox"/> Emp A <input type="checkbox"/> Edu A<br><input type="checkbox"/> Emp B <input type="checkbox"/> Edu B<br><input type="checkbox"/> Emp C <input type="checkbox"/> Edu C<br><input type="checkbox"/> Emp D <input type="checkbox"/> Edu D<br><input type="checkbox"/> Emp_ |
| 33.         | Ability to develop methods of data retrieval and display utilized by staff.  |                               | <input type="checkbox"/> Emp A <input type="checkbox"/> Edu A<br><input type="checkbox"/> Emp B <input type="checkbox"/> Edu B<br><input type="checkbox"/> Emp C <input type="checkbox"/> Edu C<br><input type="checkbox"/> Emp D <input type="checkbox"/> Edu D<br><input type="checkbox"/> Emp_ |

**Medical Record Director  
TRAINING & EXPERIENCE EXAMINATION**

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

| <b>ITEM</b> | <b>EXPERIENCE / EDUCATION SCALE</b><br>I have applied this knowledge, skills, and/or abilities for:<br><br><b>4</b> - More than three years<br><b>3</b> - More than two years and up to three years<br><b>2</b> - More than one year and up to two years<br><b>1</b> - More than six months and up to one year<br><b>0</b> - Zero to six months | <b>EXPERIENCE / EDUCATION</b> | <b>VERIFICATION</b><br>Employment (Emp)/<br>Education (Edu)   |
|-------------|---|-------------------------------|---|
| <b>34.</b>  | Ability to effectively promote equal opportunity in employment and maintain a work environment that is free of discrimination and harassment.   |                               | <input type="checkbox"/> Emp A <input type="checkbox"/> Edu A<br><input type="checkbox"/> Emp B <input type="checkbox"/> Edu B<br><input type="checkbox"/> Emp C <input type="checkbox"/> Edu C<br><input type="checkbox"/> Emp D <input type="checkbox"/> Edu D<br><input type="checkbox"/> Emp_ |

## Section 4: Conditions of Employment

DEPARTMENT OF STATE HOSPITALS  
CONDITIONS OF EMPLOYMENT  
FORM 631(11/12)

### Medical Record Director TRAINING & EXPERIENCE EXAMINATION

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

If you are successful in this examination, your name will be placed on an active employment list for 12 months and utilized to fill vacancies. Before you mark this form, please consider relocation and distance. 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 great distance from your residence. You may choose multiple locations.

### TYPE OF APPOINTMENT YOU WILL ACCEPT

Select at least one of the following types of appointment options:

**1. On a permanent basis, I am willing to work:**

- Full-Time  Intermittent (Not more than 1500 hours per year, equivalent to 9 months at 40 hours/week)
- Part-Time (12 months per year, less than 40 hours/week)

**2. On a temporary basis, I am willing to work:**

- Full-Time  Intermittent (Not more than 1500 hours per year, equivalent to 9 months at 40 hours/week)
- Part-Time (12 months per year, less than 40 hours/week)

### LOCATIONS IN WHICH YOU ARE WILLING TO WORK

- DSH – Coalinga  
Coalinga, CA
- DSH – Napa  
Napa, CA
- DSH – Patton  
Patton, CA



Please notify the Department of State Hospitals, Selection Services Unit promptly of address or location preference changes at 1600 9<sup>th</sup> Street, Room 121, Sacramento CA 95814 or (916) 651-8832.