



# DEPARTMENT OF STATE HOSPITALS

## Training and Experience Assessment Instruction

### EXAMINATION INFORMATION

All parts of this examination belong to the Department of State Hospitals. Copying or making any record of any parts of this examination is against the law.

### HOW TO COMPLETE YOUR TRAINING & EXPERIENCE ASSESSMENT

- Read the instructions on the Training and Experience Assessment carefully before you begin.
- Fill out all of your personal information truthfully and to the best of your knowledge.
- Include any previous and current Employment and/or Education References.
- Make sure you answer all items AND ensure an Employment and/or Education box is checked in the appropriate box for each item.
- Use the rating scales provided to indicate under the column “Experience,” the number of years you have performed each statement.
- Use the rating scales provided to indicate under the column “Frequency,” the number of times you have performed each statement.
- Under the column “References,” identify an Employment(s) and/or Education reference(s) for each statement.
- Make sure you do not skip any pages in the assessment. Check the page and item numbers as you work through the assessment.
- **NOTE: INCORRECT MARKS OR BLANK REPSONSES WILL NOT BE SCORED AND MAY AFFECT YOUR OVERALL SCORE.**

Please submit your completed Training and Experience Assessment, along with a standard State Application Form, 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

**\*Remember to sign your Training and Experience Assessment as well as your standard State Application Form, STD. 678.**

An example to fill out your Training and Experience Assessment has been provided on the next page.



# Training Program Specialist

## Training and Experience Assessment

### 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 and Experience Assessment 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 facilities to fill their existing positions.

This Training and Experience Assessment 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 hiring process, your phone numbers are required\*\*\***

Home Phone Number: 123-555-555

Work Phone Number: 123-456-7890

Cellular Phone Number: 123-233-4455

**\*\*\*Verification References\*\*\***

Provide references that correspond with the ratings you provide in this examination. Prior to receiving an offer for employment, these references may be contacted to confirm that you have paid or unpaid experience pertaining to the duties and requirements listed in this examination. List all references that apply.

### EMPLOYMENT

#### Employment Reference 1

Job Title: Training Coordinator

Organization Name and Address: ABZ Corporate Agency

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 Reference 1

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 AND EXPERIENCE ASSESSMENT**

**WORK EXPERIENCE**

**Section 1: Task Ratings**

**Instructions:**

Using the rating scales provided below, you will rate your experience performing specific job-related tasks.

Respond to each of the following statements by indicating how the statement applies to you. You are required to respond to every statement by marking one option from the scale(s) provided.

In responding to each statement, you may refer to your FORMAL EDUCATION, FORMAL TRAINING COURSES, and WORK EXPERIENCE whether paid or volunteer.

**Note to Applicant:** Please read carefully. Utilizing the scales provided, for items 1-2, indicate under “Experience” the number of years you have performed each statement. Indicate under “Frequency,” the number of times you have performed each statement. Under “References,” identify an employment(s) and/or education reference(s) for each statement.

ITEM	Experience I have performed this task for:  4 - More than five years 3 - More than three years and up to five years 2 - More than one year and up to three years 1 - More than six months and up to one year 0 - Zero to six months	Frequency I have performed this task:  4 - More than 30 times 3 - At least 21-30 times 2 - At least 11-20 times 1 - At Least 1-10 times 0 - 0 times	EXPERIENCE	FREQUENCY	REFERENCES: 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 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <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 1 <input checked="" type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP __

**Training Program Specialist  
TRAINING AND EXPERIENCE ASSESSMENT**

**WORK EXPERIENCE**

**Section 2: KSA Ratings**

**Instructions:**

Using the rating scale provided below, you will rate your experience in accordance to specific job-related knowledge and abilities.

Respond to each of the following statements by indicating how the statement applies to you. You are required to respond to every statement by marking one option from the scale(s) provided.

In responding to each statement, you may refer to your FORMAL EDUCATION, FORMAL TRAINING COURSES, and WORK EXPERIENCE whether paid or volunteer.

**Note to Applicant:** Please read carefully. Utilizing the scales provided, for items 3-4, indicate under "Experience," the number of years you have performed each statement. Under "References," identify an employment(s) and/or education reference(s) for each statement.

<b>ITEM</b>	<b>Experience</b> I have performed this task for:  4 - More than five years 3 - More than three years and up to five years 2 - More than one year and up to three years 1 - More than six months and up to one year 0 - Zero to six months	<b>EXPERIENCE</b>	<b>REFERENCES: EMPLOYMENT (EMP) EDUCATION (EDU)</b>
<b>3.</b>	Knowledge of training techniques to ensure informative and engaging discussions for various audiences.	<b>3</b>	<input checked="" type="checkbox"/> EMP 1 <input checked="" type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP__
<b>4.</b>	Ability to effectively conduct and convey training objectives to audiences with varying levels of understanding.	<b>2</b>	<input checked="" type="checkbox"/> EMP 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP__



# Pharmacist II

## Training and Experience Assessment

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### Read instructions carefully

The California civil service selection system is merit-based and eligibility for appointment is established through a formal examination process. The Pharmacist II examination consists of a Training and Experience Assessment 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 facilities to fill their existing positions.

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

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

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

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

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

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

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

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

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### **\*\*\*Verification References\*\*\***

Provide references that correspond with the ratings you provide in this examination. Prior to receiving an offer for employment, these references may be contacted to confirm that you have paid or unpaid experience pertaining to the duties and requirements listed in this examination. List all references that apply.

#### **EMPLOYMENT**

##### **Employment Reference 1**

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 Reference 2**

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 Reference 3

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 Reference 4

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 Reference 5

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 Reference 6

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 Reference 1

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

### Education Reference 2

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

### Education Reference 3

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

#### Education Reference 4

School Name and Address: \_\_\_\_\_

Degree(s) Earned: \_\_\_\_\_

Date(s) Attended (mm/dd/yyyy): From: \_\_\_\_\_ To: \_\_\_\_\_

**VERY IMPORTANT: PLEASE READ THIS ENTIRE SECTION CAREFULLY.**

Before a hiring decision will be made, your responses to exam questions will be verified. A hiring manager or personnel staff member may contact the references you have provided to confirm job dates, experiences, duties, achievements, and/or possession of knowledge, skills, and abilities. Failure to provide adequate references AND contact information may significantly limit our ability to make a job offer.

If it is determined at any time that you have made any false or inaccurate representations in any of the information you have provided, you may be disqualified from this process, 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 the statements I have made in this assessment is true and complete to the best of my knowledge and contains no willful misrepresentation of falsifications. (ORIGINAL SIGNATURE REQUIRED)**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***FILING INSTRUCTIONS:***

Please submit your completed Training and Experience Assessment, along with a standard State Application Form, 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

**Pharmacist II  
TRAINING AND EXPERIENCE ASSESSMENT**

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

**MINIMUM QUALIFICATIONS**

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

Possession of a valid certificate of registration as a licentiate in pharmacy issued by the State Board of Pharmacy.

**and**

**Either I**

One year performing the duties of a Pharmacist I in the California state service.

**Or II**

Two years of experience as a registered pharmacist, preferably including one year in a hospital pharmacy.

**Pharmacist II  
TRAINING AND EXPERIENCE ASSESSMENT**

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

**WORK EXPERIENCE**

**Section 1: Task Ratings**

**Instructions:**

Using the rating scales provided below, you will rate your experience performing specific job-related tasks.

Respond to each of the following statements by indicating how the statement applies to you. You are required to respond to every statement by marking one option from the scale(s) provided.

In responding to each statement, you may refer to your FORMAL EDUCATION, FORMAL TRAINING COURSES, and WORK EXPERIENCE whether paid or volunteer.

**Note to Applicant:** Please read carefully. Utilizing the scales provided, for items 1-14, indicate under "Experience," the number of years you have performed each statement. Indicate under "Frequency," the number of times you have performed each statement. Under "References," identify an employment(s) and/or education reference(s) for each statement.

ITEM	<b>Experience</b> I have performed this task for:  4 - More than five years 3 - More than three years and up to five years 2 - More than one year and up to three years 1 - More than six months and up to one year 0 - Zero to six months	<b>Frequency</b> I have performed this task:  4 - More than 30 times 3 - At least 21-30 times 2 - At least 11-20 times 1 - At Least 1-10 times 0 - 0 times	EXPERIENCE	FREQUENCY	<b>REFERENCES:</b> EMPLOYMENT (EMP) EDUCATION (EDU)
1.	Manage pharmacy services to maintain efficient pharmacy operations utilizing state and federal regulations, Administrative Directives (AD's), departmental policies and procedures, and the Joint Commission requirements.				<input type="checkbox"/> EMP 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP_
2.	Develop and update the medication distribution system and related policies and procedures in order to standardize and/or optimize the system.				<input type="checkbox"/> EMP 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP__
3.	Facilitate a Quality Performance Improvement Program utilizing periodic audits in order to maintain efficient and qualitative pharmacy distribution and/or clinical activities.				<input type="checkbox"/> EMP 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP__
4.	Coordinate, update, and monitor the utilization of various automated pharmacy systems (e.g., packaging/repackaging) in order to optimize drug distribution utilizing repackaging equipment and dispensing cabinets.				<input type="checkbox"/> EMP 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP__

**Pharmacist II  
TRAINING AND EXPERIENCE ASSESSMENT**

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

ITEM	<b>Experience</b> I have performed this task for:  4 - More than five years 3 - More than three years and up to five years 2 - More than one year and up to three years 1 - More than six months and up to one year 0 - Zero to six months	<b>Frequency</b> I have performed this task:  4 - More than 30 times 3 - At least 21-30 times 2 - At least 11-20 times 1 - At Least 1-10 times 0 - 0 times	EXPERIENCE	FREQUENCY	<b>REFERENCES:</b> EMPLOYMENT (EMP) EDUCATION (EDU)
5.	Direct and/or participate in Patient Education Programs in order to enhance patients knowledge of their medication and encourage adherence to therapy utilizing audio/visual aids and handouts for participation.				<input type="checkbox"/> EMP 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP__
6.	Coordinate and monitor drug recalls in order to cease the utilization and distribution of recalled medications.				<input type="checkbox"/> EMP 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP__
7.	Direct, develop, and/or participate in Drug Use Evaluations (DUE) in order to evaluate the appropriate and effective medication usage utilizing the pharmacy computer system, generated reports, lab data, literature, and medication guidelines.				<input type="checkbox"/> EMP 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP__
8.	Direct and/or participate in patient Medication Therapy Management (MTM) in order to assess the appropriate and effective medication usage for the patient utilizing the pharmacy computer system, generated reports, lab data, literature, and medication guidelines.				<input type="checkbox"/> EMP 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP__
9.	Supervise and/or coordinate pharmacy operations (e.g., processing medication orders, packaging and distribution of medication) in order to promote an effective medication distribution system.				<input type="checkbox"/> EMP 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP__
10.	Supervise and/or coordinate clinical services for the pharmacy (e.g., Medication Therapy Management (MTM), Drug Use Evaluation (DUE), Adverse Drug Reactions (ADR), Quality Improvement) in order to promote positive therapeutic outcomes for patients.				<input type="checkbox"/> EMP 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP__

**Pharmacist II  
TRAINING AND EXPERIENCE ASSESSMENT**

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

<b>ITEM</b>	<b>Experience</b> I have performed this task for:  4 - More than five years 3 - More than three years and up to five years 2 - More than one year and up to three years 1 - More than six months and up to one year 0 - Zero to six months	<b>Frequency</b> I have performed this task:  4 - More than 30 times 3 - At least 21-30 times 2 - At least 11-20 times 1 - At Least 1-10 times 0 - 0 times	<b>EXPERIENCE</b>	<b>FREQUENCY</b>	<b>REFERENCES: EMPLOYMENT (EMP) EDUCATION (EDU)</b>
11.	Coordinate and/or participate in patient Adverse Drug Reactions (ADR) reporting by conducting evaluations, maintaining records, and amending profiles as necessary (e.g., add allergy to patient profile, document ADR in patient's record as needed) to provide a more thorough profile and/or record of the patient.				<input type="checkbox"/> EMP 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP__
12.	Direct and/or participate in clinical pharmacy in-service education programs to ensure effective and successful conveyance of educational materials to various staff (e.g., clinical, nursing, level of care) utilizing various clinical information sources.				<input type="checkbox"/> EMP 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP__
13.	Direct pharmacy procurement activities which includes both drug budget monitoring and prime vendor purchasing (e.g., monitoring of medication purchasing, preparation of medication budgets and projections) in order to stay within allotted budget and to maintain records.				<input type="checkbox"/> EMP 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP__
14.	Maintain and update the pharmacy computer system to keep the formulary, pricing, and dosing schedule tables current utilizing wholesale price lists, physicians order, and Pharmacy and Therapeutics (P&T) Committee findings.				<input type="checkbox"/> EMP 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP__

**Pharmacist II  
TRAINING AND EXPERIENCE ASSESSMENT**

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

**WORK EXPERIENCE**

**Section 2: KSA Ratings**

**Instructions:**

Using the rating scale provided below, you will rate your experience in accordance to specific job-related knowledge and abilities.

Respond to each of the following statements by indicating how the statement applies to you. You are required to respond to every statement by marking one option from the scale(s) provided.

In responding to each statement, you may refer to your FORMAL EDUCATION, FORMAL TRAINING COURSES, and WORK EXPERIENCE whether paid or volunteer.

**Note to Applicant:** Please read carefully. Utilizing the scales provided, for items 15-32, indicate under “Experience,” the number of years you have performed each statement. Under “References,” identify an employment(s) and/or education reference(s) for each statement.

<b>ITEM</b>	<b>Experience</b> I have performed this task for:  <b>4</b> - More than five years <b>3</b> - More than three years and up to five years <b>2</b> - More than one year and up to three years <b>1</b> - More than six months and up to one year <b>0</b> - Zero to six months	<b>EXPERIENCE</b>	<b>REFERENCES:</b> <b>EMPLOYMENT (EMP)</b> <b>EDUCATION (EDU)</b>
<b>15.</b>	Knowledge of the medications required in the operation of a pharmacy to ensure appropriate medications are stocked and used in daily operations.		<input type="checkbox"/> EMP 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP __
<b>16.</b>	Knowledge of clinical data (e.g., evaluations, drug interactions, disease states, laboratory data, chart review) in order to evaluate results of drug therapies and improve patient outcomes.		<input type="checkbox"/> EMP 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP __
<b>17.</b>	Knowledge of principles of effective supervision in order to direct and manage the pharmacy, staff work activities, and promote a work environment free of discrimination and harassment.		<input type="checkbox"/> EMP 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP __
<b>18.</b>	Knowledge of the operation of a large pharmacy in order to direct workflow and apply the department’s policies and procedures.		<input type="checkbox"/> EMP 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP __

**Pharmacist II  
TRAINING AND EXPERIENCE ASSESSMENT**

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

<b>ITEM</b>	<b>Experience</b> I have performed this task for:  <b>4</b> - More than five years <b>3</b> - More than three years and up to five years <b>2</b> - More than one year and up to three years <b>1</b> - More than six months and up to one year <b>0</b> - Zero to six months	<b>EXPERIENCE</b>	<b>REFERENCES: EMPLOYMENT (EMP)/ EDUCATION (EDU)</b>
<b>19.</b>	Knowledge of laws pertaining to the dispensing and use of medications.		<input type="checkbox"/> EMP 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP__
<b>20.</b>	Knowledge of medication discharge counseling processes to ensure patient understanding of medication usage.		<input type="checkbox"/> EMP 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP__
<b>21.</b>	Knowledge of the department's Equal Employment Opportunity (EEO) program and a manager's role in order to make adequate evaluations and take further action if deemed necessary.		<input type="checkbox"/> EMP 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP__
<b>22.</b>	Ability to manage a pharmacy that provides one or more major pharmacy programs to ensure the efficient workflow of the pharmacy.		<input type="checkbox"/> EMP 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP__
<b>23.</b>	Ability to lead, supervise, and instruct others in pharmaceutical work in order to direct the workflow of staff (e.g., Pharmacist I, Pharmacy Technician).		<input type="checkbox"/> EMP 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP__
<b>24.</b>	Knowledge of correct methods for controlling the spread of pathogens appropriate to job class and assignment.		<input type="checkbox"/> EMP 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP__
<b>25.</b>	Ability to maintain technical proficiency with the operation and development of the medication distribution system (e.g., packaging machinery, dispensing equipment) to ensure optimal timely distribution.		<input type="checkbox"/> EMP 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP__
<b>26.</b>	Knowledge of various medication distribution systems in order to ensure that optimal patient care is provided and to determine the most appropriate system(s).		<input type="checkbox"/> EMP 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP__

**Pharmacist II  
TRAINING AND EXPERIENCE ASSESSMENT**

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

<b>ITEM</b>	<b>Experience</b> I have performed this task for:  <b>4</b> - More than five years <b>3</b> - More than three years and up to five years <b>2</b> - More than one year and up to three years <b>1</b> - More than six months and up to one year <b>0</b> - Zero to six months	<b>EXPERIENCE</b>	<b>REFERENCES: EMPLOYMENT (EMP)/ EDUCATION (EDU)</b>
<b>27.</b>	Knowledge of the quality improvement process (e.g., medication pass observation, medication error reduction) to comply with State Board of Pharmacy requirements.		<input type="checkbox"/> EMP 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP __
<b>28.</b>	Knowledge of administration of biological injections (e.g., immunizations, insulin) in order to appropriately treat patients.		<input type="checkbox"/> EMP 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP __
<b>29.</b>	Knowledge of the requirements for compounding medications (e.g., parenteral) in order to comply with Federal and State laws, rules and regulations.		<input type="checkbox"/> EMP 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP __
<b>30.</b>	Knowledge of pharmaceutical waste management in order to achieve proper disposition and to comply with Federal and State laws, rules and regulations.		<input type="checkbox"/> EMP 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP __
<b>31.</b>	Ability to apply mathematical principles in order to fill accurate prescriptions.		<input type="checkbox"/> EMP 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP __
<b>32.</b>	Ability to evaluate patient specific data in order to appropriately interpret drug therapy.		<input type="checkbox"/> EMP 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP __

**Pharmacist II  
TRAINING AND EXPERIENCE ASSESSMENT**

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**

- Permanent/Full Time
- Other than Permanent/Full Time
- Both

**LOCATIONS IN WHICH YOU ARE WILLING TO WORK**

- (4001) DSH – Atascadero  
Atascadero, CA
- (1002) DSH – Coalinga  
Coalinga, CA
- (1945) DSH – Metropolitan  
Norwalk, CA
- (2802) DSH – Napa  
Napa, CA
- (3619) DSH – Patton State Hospital  
Patton, CA



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