



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 9TH 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.

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	EXPERIENCE	REFERENCES: EMPLOYMENT (EMP) EDUCATION (EDU)
3.	Knowledge of training techniques to ensure informative and engaging discussions for various audiences.	3	<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__
4.	Ability to effectively conduct and convey training objectives to audiences with varying levels of understanding.	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__



Pharmacist I

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 Pharmacist I 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: _____

Social Security Number: _____

Address: _____

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

Home Phone Number: _____

Work Phone Number: _____

Cellular Phone Number: _____

*****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 9TH STREET, ROOM 121
SACRAMENTO, CA 95814
(916) 651-8832

**Pharmacist I
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. (Individuals in their final semester of an accredited school of pharmacy or have graduated from an accredited school of pharmacy may be admitted to the exam, however, they must secure a valid certificate of registration as a licentiate in pharmacy before they will be considered eligible for appointment.)

**Pharmacist I
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 1-19, 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.	Prepare and dispense drugs and pharmaceuticals utilizing a packaging machine (e.g., automated dispensing units, packaging machines, unit dosing, traditional vial) in order to dispense medications to 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_
2.	Compound intravenous (I.V.) and other drugs and pharmaceuticals to be dispensed to patients upon request utilizing common compounding tools.				<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.	Evaluate and approve physician's orders utilizing the pharmacy computer operating system to consider a variety of clinical and other issues (e.g., the quantity of medications to put in, what specific medications to put in, facility guidelines, clarity and completeness of order, length of 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__
4.	Perform proper handling and education of cytotoxic medications to ensure health and safety utilizing knowledge and training.				<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 I
TRAINING AND EXPERIENCE ASSESSMENT**

Name: _____

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)
5.	Perform clinical reviews of patient charts and medication regimens to ensure safety and appropriate use of medication utilizing case-specific information.				<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.	Establish monitoring programs for high risk medications (e.g., clozapine, anticoagulant medications) to ensure safety and efficacy of the treatment utilizing an electronic monitoring 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__
7.	Monitor, evaluate, and report medication errors or adverse drug reactions to minimize and/or remove such errors from all facets of the 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__
8.	Assist in the formation and development of Drug Use Evaluations (DUE) in order to ensure the appropriate use of drugs utilizing information from various sources (e.g., literature, lab reports, professional standards).				<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.	Consult with patients at discharge from the facility regarding the importance of medications and their correct usage to maintain health during and after their stay.				<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.	Prepare and deliver nursing education lecture presentations for the purposes of providing professional staff with information on various products (e.g. I.V. systems, automated dispensing machinery, medication education).				<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__
11.	Assimilate and disseminate results of Drug Regimen Review (DRR) data collection to ensure correct and effective patient treatment minimizing adverse reactions (to optimize treatment) utilizing laboratory resources.				<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.	Maintain accountability of all controlled substances within the pharmacy to ensure proper dispensing of controlled substances, accurate ordering, receipt, and preparation 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__

**Pharmacist I
TRAINING AND EXPERIENCE ASSESSMENT**

Name: _____

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)
13.	Conduct periodic (e.g., monthly, annual) inspection of controlled substances issued to the units to ensure accurate inventory of all controlled substances to minimize the loss and/or theft of controlled substances.				<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 computerized patient medication profiles to provide a complete medication history utilizing the pharmacy computer operating 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__
15.	Review physicians medication orders for various interactions (e.g., potential allergy, Drug-Drug Interaction (DDI), Drug-Food Interaction (DFI)) in order to fill the most therapeutically correct medication order.				<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__
16.	Compound sterile intravenous (I.V.) products as prescribed by an authorized prescriber in order to deliver medication utilizing proper aseptic technique, I.V. compounding references, and I.V. products/equipment.				<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__
17.	Dispense medication for patient use via the Pharmacy unit dose system, floor stock system, or automated 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__
18.	Verify that labeling for all medication leaving the pharmacy complies with all professional and legal standards to ensure compliance with medication utilizing the pharmacy computer operating 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__
19.	Restock and inspect all medication storage areas (e.g., after-hours Night Locker, emergency supplies, satellite pharmacies) to ensure proper supplies are maintained.				<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 I
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 20-39, 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.

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	EXPERIENCE	REFERENCES: EMPLOYMENT (EMP) EDUCATION (EDU)
20.	Knowledge of drugs, pharmaceuticals, and supplies required in the practice of a 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__
21.	Knowledge of the chemical composition, structure, and properties of substances and of the chemical processes and transformations that they undergo, which includes uses of chemicals and their interactions, danger signs, production techniques, and disposal methods.		<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__
22.	Knowledge of laws pertaining to the dispensing and use of drugs and pharmaceuticals required in the practice of a 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__
23.	Knowledge of the information and techniques needed to treat human injuries, diseases, and deformities, which includes symptoms, treatment alternatives, drug properties and interactions, and preventive health-care measures.		<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 I
TRAINING AND EXPERIENCE ASSESSMENT**

Name: _____

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	EXPERIENCE	REFERENCES: EMPLOYMENT (EMP)/ EDUCATION (EDU)
24.	Knowledge of the department's Equal Employment Opportunity (EEO) program objectives to ensure and maintain efficient workflow and productivity.		<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__
25.	Ability to keep records (e.g., patient profiles) to ensure compliance with State Licensing, Administrative Directives, departmental policies and procedures and state and federal 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__
26.	Ability to prepare reports to ensure compliance with State Licensing, Administrative Directives, departmental policies and procedures and state and federal 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__
27.	Ability to identify, analyze, and evaluate situations or problems to determine and implement appropriate courses of action.		<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__
28.	Ability to provide information on medications to patients and other healthcare professionals in order to optimize the use of medication.		<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__
29.	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__
30.	Knowledge of any unique requirement (e.g., dosage adjustment, disease state) of medications used in the geriatric and adult populations.		<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__
31.	Knowledge of psychopharmacology to ensure proper use of medication.		<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__
32.	Knowledge of disease-specific treatments to ensure proper care of 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__

**Pharmacist I
TRAINING AND EXPERIENCE ASSESSMENT**

Name: _____

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	EXPERIENCE	REFERENCES: EMPLOYMENT (EMP)/ EDUCATION (EDU)
33.	Knowledge of electronic medication ordering systems to ensure accuracy in storage and transmission of information.		<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__
34.	Knowledge of the drug distribution system (including automated systems) to optimize pharmaceutical care.		<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__
35.	Ability to perform aseptic technique required to compound sterile intravenous (I.V.) solutions.		<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__
36.	Ability to review new physician orders prior to dispensing to the patient to ensure completeness, clinical appropriateness, and minimize and/or remove errors.		<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__
37.	Ability to conduct medication room inspection to comply with the State Board of Pharmacy and Licensing.		<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__
38.	Knowledge of Drug Use Evaluations (DUE) in order to evaluate the effectiveness (e.g., efficacy, side effects) 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__
39.	Ability to complete various clinical tasks (e.g., medication profile screening, patient lab review) involved in Medication Therapy Management (MTM) to maintain effective treatment.		<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 I
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 9th Street, Room 121, Sacramento CA 95814 or (916) 651-8832.