



# DEPARTMENT OF STATE HOSPITALS

## Training and Experience Assessment Instructions

### EXAM INFORMATION

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

### 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.
- Read and complete each page and section in the assessment.
  - **Section 1:** Verification References
    - Provide any previous and current Employment and/or Education References.
  - **Section 2:** Task Ratings
    - Score all items using the Experience and Frequency scales provided AND mark the boxes for References.
  - **Section 3:** Knowledge, Skills, and Abilities (KSAs) Ratings
    - Score all items using the Experience scale provided AND mark the boxes for References.
  - **Section 4:** Conditions of Employment
    - Include Type of Appointment and Locations in which you are willing to work.

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

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. Failure to include original signature may result in disqualification.**

An example on how 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 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 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: Verification References

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

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 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 Reference 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 AND EXPERIENCE ASSESSMENT**

**WORK EXPERIENCE**

**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, Frequency, References) provided below, you will rate your experience performing specific job-related tasks.

In responding to each item, use your EMPLOYMENT and/or EDUCATION whether paid or volunteer as listed in **Section 1: Verification References**.

For items 1-2, provide responses regarding your:

- “Experience” - the number of years you have performed the item.
- “Frequency” - the number of times you have performed the item.
- “References” - mark the “Emp” and “Edu” boxes that match your employment and/or education listed in **Section 1: Verification References**.

| ITEM | <b>EXPERIENCE</b><br>I have performed this task 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 | <b>FREQUENCY</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</b> | <b>FREQUENCY</b> | <b>REFERENCES</b><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 AND EXPERIENCE ASSESSMENT**

**WORK EXPERIENCE**

**Section 3: KSA 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 and References) provided below, you will rate your experience in accordance to specific job-related knowledge, skills, and/or abilities.

In responding to each item, use your EMPLOYMENT and/or EDUCATION whether paid or volunteer as listed in **Section 1: Verification References**.

For items 3-4, provide responses regarding your:

- “Experience” - the number of years you have applied the item.
- “References” - mark the “Emp” and “Edu” boxes that match your employment and/or education listed in **Section 1: Verification References**.

| <b>ITEM</b> | <b>EXPERIENCE</b><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 | <b>EXPERIENCE</b> | <b>REFERENCES</b><br>Employment (Emp)/<br>Education (Edu)  |
|-------------|--|-------------------|--|
| <b>3.</b>   | 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__ |
| <b>4.</b>   | 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__            |



# Respiratory Care Practitioner

## 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 Respiratory Care Practitioner 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 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 examination process, your phone numbers are required\*\*\***

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

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

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

### Section 1: Verification References

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

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 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 Reference 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 Reference 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 Reference 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 Reference 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 Reference 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 Reference A**

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

### **Education Reference B**

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

### **Education Reference C**

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

## Education Reference E

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 assessment may be rejected.**

Before a final score is determined, your responses to exam questions will be verified. An exams manager or personnel staff member may contact the references you have provided to confirm job dates, experience, duties, achievements, and/or possession of knowledge, skills, and abilities. Failure to provide adequate references AND contact 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 assessment, 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 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. Failure to include original signature may result in disqualification.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***FILING INSTRUCTIONS:***

Please submit your completed Training and Experience Assessment, and a 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

**Respiratory Care Practitioner  
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:**

Education: Graduation from a school of respiratory therapy approved by the American Medical Association Council on Medical Education for Training of Respiratory Therapists or one supported by the Joint Review Committee for Respiratory Therapy Education.

AND

A certificate to practice Respiratory Care issued by the Division of Allied Health Profession of the Board of Medical Quality Assurance of the State of California.

**Respiratory Care Practitioner  
TRAINING AND EXPERIENCE ASSESSMENT**

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

**WORK EXPERIENCE**

**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, Frequency, References) provided below, you will rate your experience performing specific job-related tasks.

In responding to each item, use your EMPLOYMENT and/or EDUCATION whether paid or volunteer as listed in **Section 1: Verification References**.

For items 1-19, provide responses regarding your:

- “Experience” - the number of years you have performed the item.
- “Frequency” - the number of times you have performed the item.
- “References” - mark the “Emp” and “Edu” boxes that match your employment and/or education listed in **Section 1: Verification References**.

| <b>ITEM</b> | <b>EXPERIENCE</b><br>I have performed this task 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 | <b>FREQUENCY</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</b> | <b>FREQUENCY</b> | <b>REFERENCES</b><br>Employment (Emp)/<br>Education (Edu)   |
|-------------|---|---|-------------------|------------------|---|
| <b>1.</b>   | Provide therapeutic care by administering chest physical therapy (e.g., percussion, respiratory therapy) through the use of oxygen or compressed air, with or without nebulized pharmacological agents as directed by medical 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_ |
| <b>2.</b>   | Test and measure respiratory dysfunction in patients with pulmonary disorders through spirometry to support overall patient health and wellness.  |   |                   |                  | <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_ |
| <b>3.</b>   | Provide assistance to conscious and unconscious patients as necessary and refer them to Emergency Room (ER), Intensive Care Unit (ICU), or acute care hospitals as appropriate.   |   |                   |                  | <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_ |
| <b>4.</b>   | Provide therapeutic care for airways in patients with endotracheal tubes or tracheostomies to support overall patient health and wellness.  |   |                   |                  | <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_ |

**Respiratory Care Practitioner  
TRAINING AND EXPERIENCE ASSESSMENT**

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

| ITEM | <b>EXPERIENCE</b><br>I have performed this task 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 | <b>FREQUENCY</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 | EXPERIENCE | FREQUENCY | <b>REFERENCES</b><br>Employment (Emp)/<br>Education (Edu)   |
|------|---|---|------------|-----------|---|
| 5.   | Observe patient reaction to respiratory care treatment and report any unusual occurrences to appropriate medical staff as necessary.  |   |            |           | <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.   | Assess patient response to treatments and modify treatments according to protocol as necessary to support overall patient health and wellness.  |   |            |           | <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.   | Provide training to patients in methods of improved breathing mechanics, practices, and bronchial hygiene to support overall patient health and wellness.   |   |            |           | <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.   | Provide training and support to nursing personnel in the use of positive pressure breathing apparatus and administering oxygen to patients to ensure efficient unit 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_ |
| 9.   | Assist in the identification of unit level nursing service training needs and in the provision of in-service training related to respiratory 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.  | Prepare reports for quality assurance reviews in order to comply with standards of reporting utilizing patient medical and respiratory treatment records as required by licensing agencies.   |   |            |           | <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_ |
| 11.  | Ensure sufficient working equipment (e.g., breathing circuit bags, Intermittent Positive Pressure Breathing (IPPB) machines, medical oxygen masks) to provide respiratory care to patients.   |   |            |           | <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.  | Coordinate the maintenance (i.e., repair, cleaning, culturing and upkeep) of respiratory equipment to facilitate standard of care and infection control in respiratory therapy by utilizing manufacture's specifications.                                       |   |            |           | <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_ |

**Respiratory Care Practitioner  
TRAINING AND EXPERIENCE ASSESSMENT**

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

| <b>ITEM</b> | <b>EXPERIENCE</b><br>I have performed this task 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 | <b>FREQUENCY</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</b> | <b>FREQUENCY</b> | <b>REFERENCES</b><br>Employment (Emp)/<br>Education (Edu)   |
|-------------|---|---|-------------------|------------------|---|
| <b>13.</b>  | Communicate with patients to obtain cooperation during care and intervene if necessary to avoid injuries or property damage to ensure the safety and security of self and 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_ |
| <b>14.</b>  | Recognize symptoms requiring respiratory attention and analyze situations quickly and accurately to apply effective action.   |   |                   |                  | <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_ |
| <b>15.</b>  | Assure adequate medical supplies and equipment are available to provide appropriate patient care by collaborating with vendors, facility procurement staff and appropriate health care services staff to meet the health care needs of the patient population.  |   |                   |                  | <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_ |
| <b>16.</b>  | Collaborate with interdisciplinary health care staff in the identification of transfer requirements, development and implementation of interventions in regards to respiratory care to support overall patient health and wellness.                             |   |                   |                  | <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_ |
| <b>17.</b>  | Participate in quality improvement activities such as audits on Chronic Obstructive Pulmonary Disease (COPD) and asthma to ensure efficient unit 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_ |
| <b>18.</b>  | Intervene in instances of disruptive or assaultive behavior among patients, to ensure safety and well-being of self, patients and staff, using visual observation, safety training, and Personal Protection Equipment, as required by facility.                 |   |                   |                  | <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_ |
| <b>19.</b>  | Facilitate sleep studies on patients to achieve Continuous Positive Airway Pressure (CPAP) and support overall patient health and wellness.   |   |                   |                  | <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_ |

**Respiratory Care Practitioner  
TRAINING AND EXPERIENCE ASSESSMENT**

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

**WORK EXPERIENCE**

**Section 3: KSA 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 and References) provided below, you will rate your experience in accordance to specific job-related knowledge, skills, and/or abilities.

In responding to each item, use your EMPLOYMENT and/or EDUCATION whether paid or volunteer as listed in **Section 1: Verification References**.

For items 20-35, provide responses regarding your:

- “Experience” - the number of years you have applied the item.
- “References” - mark the “Emp” and “Edu” boxes that match your employment and/or education listed in **Section 1: Verification References**.

| <b>ITEM</b> | <b>EXPERIENCE</b><br>I have applied this knowledge, skills, and/or abilities for:<br><br><b>4</b> - More than five years<br><b>3</b> - More than three years and up to five years<br><b>2</b> - More than one year and up to three years<br><b>1</b> - More than six months and up to one year<br><b>0</b> - Zero to six months | <b>EXPERIENCE</b> | <b>REFERENCES</b><br>Employment (Emp)/<br>Education (Edu)   |
|-------------|---|-------------------|---|
| <b>20.</b>  | Knowledge of procedures for evaluating pulmonary dysfunction (e.g., pulse oximetry, spirometry, respiratory pattern).   |                   | <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_ |
| <b>21.</b>  | Knowledge of procedures for providing ventilatory assistance to conscious and unconscious individuals safely and effectively.   |                   | <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_ |
| <b>22.</b>  | Knowledge of respiratory disorders and appropriate therapeutic methods and practices.   |                   | <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_ |
| <b>23.</b>  | Knowledge of use and care of respiratory equipment (e.g., pulmonary function testing equipment) to provide quality 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_ |
| <b>24.</b>  | Knowledge of procedures (e.g., positioning, suctioning) for keeping an individual's airway free from obstruction.   |                   | <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_ |

**Respiratory Care Practitioner  
TRAINING AND EXPERIENCE ASSESSMENT**

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

| <b>ITEM</b> | <b>EXPERIENCE</b><br>I have applied this knowledge, skills, and/or abilities for:<br><br><b>4</b> - More than five years<br><b>3</b> - More than three years and up to five years<br><b>2</b> - More than one year and up to three years<br><b>1</b> - More than six months and up to one year<br><b>0</b> - Zero to six months | <b>EXPERIENCE</b> | <b>REFERENCES</b><br>Employment (Emp)/<br>Education (Edu)   |
|-------------|---|-------------------|---|
| <b>25.</b>  | Knowledge of basic pathology of respiratory disorders and nursing 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_ |
| <b>26.</b>  | Knowledge of the characteristics of mental, emotional, physical and developmental disorders to provide effective treatment.   |                   | <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_ |
| <b>27.</b>  | Knowledge of infection control procedures required for respiratory therapy in order to prevent the spread of infectious disease.  |                   | <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_ |
| <b>28.</b>  | Knowledge of training methods, techniques, and training aides in order to effectively provide updated training to applicable 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_ |
| <b>29.</b>  | Knowledge of computer usage (e.g. software programs, etc.) to maintain accurate records and retrieve patient records, communicate effectively, and contribute to the department's needs.  |                   | <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_ |
| <b>30.</b>  | Knowledge of methodologies and standard protocol for keeping sensitive data confidential and secure including the Health Insurance Portability and Accountability Act (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_ |
| <b>31.</b>  | Ability to perform various respiratory therapy procedures safely and effectively, apply emergency methods of cardiopulmonary resuscitation.   |                   | <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_ |
| <b>32.</b>  | Ability to employ appropriate tests and measures for evaluation of pulmonary dysfunction and to properly interpret results.   |                   | <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_ |
| <b>33.</b>  | Ability to evaluate ongoing assessments and relay clinically relevant information to share with clinical and nursing 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_ |

**Respiratory Care Practitioner  
TRAINING AND EXPERIENCE ASSESSMENT**

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

| <b>ITEM</b> | <b>EXPERIENCE</b><br>I have applied this knowledge, skills, and/or abilities for:<br><br><b>4</b> - More than five years<br><b>3</b> - More than three years and up to five years<br><b>2</b> - More than one year and up to three years<br><b>1</b> - More than six months and up to one year<br><b>0</b> - Zero to six months | <b>EXPERIENCE</b> | <b>REFERENCES</b><br>Employment (Emp)/<br>Education (Edu)   |
|-------------|---|-------------------|---|
| <b>34.</b>  | Ability to observe clinical data and accurately record such data systematically.  |                   | <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_ |
| <b>35.</b>  | Ability to organize and keep records of relevant materials (e.g., treatment plans, progress notes) and prepare appropriate reports.   |                   | <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)

### Respiratory Care Practitioner 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

- DSH – Coalinga  
Coalinga, CA
- DSH – Metropolitan  
Norwalk, CA
- DSH – Napa  
Napa, 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.