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

SAMPLE

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 perf*ormed 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	☒ EMP 1 ☐ EMP 2 ☐ EMP 3 ☐ EMP 4 ☐ EMP__ ☐ EDU 1 ☐ EDU 2 ☐ EDU 3 ☐ EDU 4
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	☒ EMP 1 ☐ EMP 2 ☐ EMP 3 ☐ EMP 4 ☐ EMP__ ☒ EDU 1 ☐ EDU 2 ☐ EDU 3 ☐ EDU 4

SAMPLE

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: EMPOLUMENT (EMP) EDUCATION (EDU)
3.	Knowledge of training techniques to ensure informative and engaging discussions for various audiences.	3	☒ EMP 1 ☒ EDU 1 ☐ EMP 2 ☐ EDU 2 ☐ EMP 3 ☐ EDU 3 ☐ EMP 4 ☐ EDU 4 ☐ EMP__
4.	Ability to effectively conduct and convey training objectives to audiences with varying levels of understanding.	2	☒ EMP 1 ☐ EDU 1 ☐ EMP 2 ☐ EDU 2 ☐ EMP 3 ☐ EDU 3 ☐ EMP 4 ☐ EDU 4 ☐ EMP__

SAMPLE

Nurse Practitioner (Safety)

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 Nurse Practitioner (Safety) 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: 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: 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: 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: 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: 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: 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: From: _____ To: _____

Education Reference 2

School Name and Address: _____
Degree(s) Earned: _____
Date(s) Attended: From: _____ To: _____

Education Reference 3

School Name and Address: _____
Degree(s) Earned: _____
Date(s) Attended: From: _____ To: _____

Education Reference 4

School Name and Address: _____
Degree(s) Earned: _____
Date(s) Attended: 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.

_____
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

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 license to practice as a professional registered nurse in the State of California.

AND

Completion of the requirements for Nurse Practitioner as specified in the regulations of the Board of Registered Nursing, California Administrative Code, Title 16, Chapter 14, Article 8, Section 1482.

Nurse Practitioner (Safety)
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 1-12, 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.	Plan and evaluate health care services to provide appropriate treatment and resources that allows the patient to achieve their health plans and goals utilizing appropriate instruments, tools (e.g., stethoscope, reflex hammer, otoscope, ophthalmoscope), and chart reviews.				☐ EMP 1 ☐ EDU 1 ☐ EMP 2 ☐ EDU 2 ☐ EMP 3 ☐ EDU 3 ☐ EMP 4 ☐ EDU 4 ☐ EMP_
2.	Interpret patients' medical history and physical exam in order to determine the need for early intervention, appropriateness of treatment plans, and consideration for housing needs or transfers to a higher level of care.				☐ EMP 1 ☐ EDU 1 ☐ EMP 2 ☐ EDU 2 ☐ EMP 3 ☐ EDU 3 ☐ EMP 4 ☐ EDU 4 ☐ EMP__
3.	Perform physical examination related to admissions, clinic visits and/or urgent treatment visits, including noting patients' general appearance, reviewing vital signs, palpation, percussion, auscultation, and reflexes in order to identify and diagnose new health problems, and evaluate status of acute and chronic health problems.				☐ EMP 1 ☐ EDU 1 ☐ EMP 2 ☐ EDU 2 ☐ EMP 3 ☐ EDU 3 ☐ EMP 4 ☐ EDU 4 ☐ EMP__

Nurse Practitioner (Safety)
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)
4.	Evaluate and/or treat forensic patients behavior (e.g., results of objective and subjective findings) to determine their medical and environmental needs utilizing appropriate tools and instruments (e.g., stethoscope, reflex hammer, otoscope, ophthalmoscope), medical knowledge, training, experience, standardized procedures, communication skills, and chart reviews.				☐ EMP 1 ☐ EDU 1 ☐ EMP 2 ☐ EDU 2 ☐ EMP 3 ☐ EDU 3 ☐ EMP 4 ☐ EDU 4 ☐ EMP__
5.	Develop and implement treatment plans (e.g., incorporating presenting complaints, history of present illness, chronic care illnesses) for patients during various visits (e.g., admissions, clinic, treatment, urgent care), of which the plans include, but are not limited to: medications (based on facility formulary), diagnostic testing (e.g., EKGs, pulmonary function tests, X-Rays, labs), health education, disease prevention, and appropriate referrals.				☐ EMP 1 ☐ EDU 1 ☐ EMP 2 ☐ EDU 2 ☐ EMP 3 ☐ EDU 3 ☐ EMP 4 ☐ EDU 4 ☐ EMP__
6.	Account for all utensils, tools, equipment, and medications in order to prevent use by patients as weapons or bartering tools and to prevent physical harm to patients utilizing inventory lists.				☐ EMP 1 ☐ EDU 1 ☐ EMP 2 ☐ EDU 2 ☐ EMP 3 ☐ EDU 3 ☐ EMP 4 ☐ EDU 4 ☐ EMP__
7.	Provide health care instruction to the appropriate staff as it relates to patient needs utilizing individual and/or group educational sessions.				☐ EMP 1 ☐ EDU 1 ☐ EMP 2 ☐ EDU 2 ☐ EMP 3 ☐ EDU 3 ☐ EMP 4 ☐ EDU 4 ☐ EMP__
8.	Provide counseling and education to the patient pertinent to the clinic visits and/or any healthcare contacts (e.g., smoking and alcohol cessation, weight reduction, nutrition choices, blood-borne pathogens, personal hygiene, contraband) to allow patients to make responsible decisions regarding the risks and benefits of behavior and how it impacts their health and life.				☐ EMP 1 ☐ EDU 1 ☐ EMP 2 ☐ EDU 2 ☐ EMP 3 ☐ EDU 3 ☐ EMP 4 ☐ EDU 4 ☐ EMP__

Nurse Practitioner (Safety)
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)
9.	Provide education to the patients about the interactions and side effects of pain treatments related to pain management.				☐ EMP 1 ☐ EDU 1 ☐ EMP 2 ☐ EDU 2 ☐ EMP 3 ☐ EDU 3 ☐ EMP 4 ☐ EDU 4 ☐ EMP__
10.	Perform pre-employment physical examinations of applicants to identify health risk factors and/or determine their fitness to perform the duties indicated utilizing appropriate tools and instruments (e.g., stethoscope, reflex hammer, otoscope, ophthalmoscope).				☐ EMP 1 ☐ EDU 1 ☐ EMP 2 ☐ EDU 2 ☐ EMP 3 ☐ EDU 3 ☐ EMP 4 ☐ EDU 4 ☐ EMP__
11.	Prescribe, order, discontinue, and/or renew medications, treatments, procedures, and diagnostics to patients to ensure timely and appropriate evidence-based care.				☐ EMP 1 ☐ EDU 1 ☐ EMP 2 ☐ EDU 2 ☐ EMP 3 ☐ EDU 3 ☐ EMP 4 ☐ EDU 4 ☐ EMP__
12.	Create and maintain accurate documentation for patient records (e.g., entries, dictations, verbal, and transcribed orders) to ensure quality and safety of patient care.				☐ EMP 1 ☐ EDU 1 ☐ EMP 2 ☐ EDU 2 ☐ EMP 3 ☐ EDU 3 ☐ EMP 4 ☐ EDU 4 ☐ EMP__

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 13-28, 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)
13.	Knowledge of nursing practice professional requirements (e.g., Continuing Education (CEU) requirements, certifications) to meet professional standards.		☐ EMP 1 ☐ EDU 1 ☐ EMP 2 ☐ EDU 2 ☐ EMP 3 ☐ EDU 3 ☐ EMP 4 ☐ EDU 4 ☐ EMP__
14.	Knowledge of laws and regulations relating to medicine and nursing in order to safely and legally practice within the scope of practice.		☐ EMP 1 ☐ EDU 1 ☐ EMP 2 ☐ EDU 2 ☐ EMP 3 ☐ EDU 3 ☐ EMP 4 ☐ EDU 4 ☐ EMP__
15.	Knowledge of focused and/or clinical assessment to provide accurate and timely identification/diagnosis of medical and/or psychiatric issues.		☐ EMP 1 ☐ EDU 1 ☐ EMP 2 ☐ EDU 2 ☐ EMP 3 ☐ EDU 3 ☐ EMP 4 ☐ EDU 4 ☐ EMP__
16.	Knowledge of the appropriate process for making referrals and requesting clinical consultation as indicated for further diagnosis, diagnostic clarification, and treatment.		☐ EMP 1 ☐ EDU 1 ☐ EMP 2 ☐ EDU 2 ☐ EMP 3 ☐ EDU 3 ☐ EMP 4 ☐ EDU 4 ☐ EMP__
17.	Knowledge of fundamentals of research and levels of evidence to maintain evidence-based foundational practice.		☐ EMP 1 ☐ EDU 1 ☐ EMP 2 ☐ EDU 2 ☐ EMP 3 ☐ EDU 3 ☐ EMP 4 ☐ EDU 4 ☐ EMP__

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)
18.	Knowledge of assessment of the physical, psychosocial, and psychiatric status of the patients.		☐ EMP 1 ☐ EDU 1 ☐ EMP 2 ☐ EDU 2 ☐ EMP 3 ☐ EDU 3 ☐ EMP 4 ☐ EDU 4 ☐ EMP__
19.	Knowledge of the principles of mental health for effectively and therapeutically communicating with patients with psychiatric disorders.		☐ EMP 1 ☐ EDU 1 ☐ EMP 2 ☐ EDU 2 ☐ EMP 3 ☐ EDU 3 ☐ EMP 4 ☐ EDU 4 ☐ EMP__
20.	Knowledge of the prevention and treatment of communicable diseases, acute and chronic diseases, disability, mental illness, and other conditions to identify, diagnose, and form a treatment plan.		☐ EMP 1 ☐ EDU 1 ☐ EMP 2 ☐ EDU 2 ☐ EMP 3 ☐ EDU 3 ☐ EMP 4 ☐ EDU 4 ☐ EMP__
21.	Knowledge of the principles of medical care continuity to provide appropriate care throughout the continuum of care including discharge and/or transfer.		☐ EMP 1 ☐ EDU 1 ☐ EMP 2 ☐ EDU 2 ☐ EMP 3 ☐ EDU 3 ☐ EMP 4 ☐ EDU 4 ☐ EMP__
22.	Knowledge of principles of community aspects of health services to ensure continuity of patient care upon discharge, parole, and/or transfer to a community acute-care facility.		☐ EMP 1 ☐ EDU 1 ☐ EMP 2 ☐ EDU 2 ☐ EMP 3 ☐ EDU 3 ☐ EMP 4 ☐ EDU 4 ☐ EMP__
23.	Ability to provide education to patients regarding the etiology, prevention, and treatment of diseases to optimize the health and minimize the onset of acute and chronic conditions.		☐ EMP 1 ☐ EDU 1 ☐ EMP 2 ☐ EDU 2 ☐ EMP 3 ☐ EDU 3 ☐ EMP 4 ☐ EDU 4 ☐ EMP__
24.	Ability to assess (i.e., physical, psychiatric), diagnose (e.g., X-Rays, laboratory tests), and interpret medical history.		☐ EMP 1 ☐ EDU 1 ☐ EMP 2 ☐ EDU 2 ☐ EMP 3 ☐ EDU 3 ☐ EMP 4 ☐ EDU 4 ☐ EMP__
25.	Ability to perform physical assessment, interpret lab tests and/or other diagnostic tools to develop and implement treatment plans.		☐ EMP 1 ☐ EDU 1 ☐ EMP 2 ☐ EDU 2 ☐ EMP 3 ☐ EDU 3 ☐ EMP 4 ☐ EDU 4 ☐ EMP__
26.	Ability to apply correct methods for controlling the spread of pathogens appropriate to job class and assignment.		☐ EMP 1 ☐ EDU 1 ☐ EMP 2 ☐ EDU 2 ☐ EMP 3 ☐ EDU 3 ☐ EMP 4 ☐ EDU 4 ☐ EMP__

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)
27.	Ability to provide site-specific and age-appropriate services incorporating the established protocols.		☐ EMP 1 ☐ EDU 1 ☐ EMP 2 ☐ EDU 2 ☐ EMP 3 ☐ EDU 3 ☐ EMP 4 ☐ EDU 4 ☐ EMP__
28.	Knowledge of diagnosis and treatment of common podiatry problems (i.e. corns, calluses, nail disorders) or initiate referrals.		☐ EMP 1 ☐ EDU 1 ☐ EMP 2 ☐ EDU 2 ☐ EMP 3 ☐ EDU 3 ☐ EMP 4 ☐ EDU 4 ☐ EMP__

Nurse Practitioner (Safety)
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

☐ (2705) DSH – Salinas Valley
Soledad, CA

☐ (4810) DSH – Vacaville
Vacaville, 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.