



# Department of State Hospitals

## Training & Experience Examination Instructions

### EXAMINATION INFORMATION

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

### HOW TO COMPLETE YOUR TRAINING & EXPERIENCE EXAMINATION

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

#### Section 1: Employment/Education Verification

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

#### Section 2: Task Ratings

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

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

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

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

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



# Department of State Hospitals

## Training & Experience Examination Instructions

**Section 4: Conditions of Employment**

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

**Signature**

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

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

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

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

**Mail or Hand Deliver to:**

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



# Training Program Specialist

## Training & Experience Examination

### Read instructions carefully

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

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

Candidate's Name: John Doe

Social Security Number: 555-00-5555

Address: 1123 Mather Road, Sunny City, CA 91215

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

Home Phone Number: 123-555-555

Work Phone Number: 123-456-7890

Cellular Phone Number: 123-233-4455

## Section 1: Employment/Education Verification

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

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

### EMPLOYMENT Employment A

Job Title: Training Coordinator

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

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

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

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

### EDUCATION Education A

School Name and Address: University of California, Sunny City

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

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

**Training Program Specialist  
TRAINING & EXPERIENCE EXAMINATION**

**Section 2: Task Ratings**

**Instructions:**

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

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

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

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

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

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

**Training Program Specialist  
TRAINING & EXPERIENCE EXAMINATION**

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

**Instructions:**

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

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

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

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

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

| <b>ITEM</b> | <b>EXPERIENCE / EDUCATION SCALE</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 / EDUCATION</b> | <b>VERIFICATION</b><br>Employment (Emp)/<br>Education (Edu)  |
|-------------|--|-------------------------------|--|
| <b>3.</b>   | Knowledge of training techniques to ensure informative and engaging discussions for various audiences.   | <b>3</b>                      | <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.   | <b>2</b>                      | <input checked="" type="checkbox"/> Emp A <input type="checkbox"/> Edu A<br><input type="checkbox"/> Emp B <input type="checkbox"/> Edu B<br><input type="checkbox"/> Emp C <input type="checkbox"/> Edu C<br><input type="checkbox"/> Emp D <input type="checkbox"/> Edu D<br><input type="checkbox"/> Emp__            |

SAMPLE

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



## Health Services Specialist (Safety)

### Training & Experience Examination

#### Read instructions carefully

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

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

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

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

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

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

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

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

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

### Section 1: Employment/Education Verification

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

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

#### EMPLOYMENT

##### Employment A

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

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

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

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

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

##### Employment B

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

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

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

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

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

### **Employment C**

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

### **Employment D**

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

### **Employment E**

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

### **Employment F**

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

### **EDUCATION**

#### **Education A**

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

#### **Education B**

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

#### **Education C**

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

**Education D**

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

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

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

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

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***FILING INSTRUCTIONS:***

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

**Mail or Hand Deliver to:**

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

**Health Services Specialist (Safety)  
TRAINING & EXPERIENCE EXAMINATION**

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

**MINIMUM QUALIFICATIONS**

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

Possession of the legal requirements to practice as a professional Registered Nurse in California as determined by the California Board of Registered Nursing. (Applicants who are in the process of securing approval of their qualifications by the California Board of Registered Nursing will be admitted to the examination, but they must possess all legal requirements as determined by that Board before they will be eligible for appointment.)

**AND**

Either I Education/Experience: Bachelor of science degree with a major in a health-related field and one year of nursing experience working with developmentally or mentally disabled persons.

**OR II**

Experience: One year of experience performing the duties of a nursing classification comparable in level of responsibility to a Registered Nurse, Range B, in a California developmental center or State hospital working with developmentally or mentally disabled persons.

**OR III**

Experience: One year of experience directing the nursing services of a developmental center or State hospital level-of-care unit during an eight-hour shift working with developmentally or mentally disabled persons.

**Health Services Specialist (Safety)  
TRAINING & EXPERIENCE EXAMINATION**

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

**Section 2: Task Ratings**

**Instructions:**

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

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

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

**For items 1-12, provide responses regarding your:**

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

| ITEM | EXPERIENCE / EDUCATION SCALE   | FREQUENCY SCALE   | EXPERIENCE / EDUCATION | FREQUENCY | VERIFICATION  |
|------|--|---|------------------------|-----------|---|
|      | I have performed this task for:<br><br>4 - More than five years<br>3 - More than three years and up to five years<br>2 - More than one year and up to three years<br>1 - More than six months and up to one year<br>0 - Zero to six months | I have performed this task:<br><br>4 - More than 30 times<br>3 - At least 21-30 times<br>2 - At least 11-20 times<br>1 - At Least 1-10 times<br>0 - 0 times |                        |           | Employment (Emp)/<br>Education (Edu)  |
| 1.   | Monitor the quality and delivery of nursing services by reporting changes in patient condition on an ongoing basis to ensure the standard of care is met.  |   |                        |           | <input type="checkbox"/> Emp A <input type="checkbox"/> Edu A<br><input type="checkbox"/> Emp B <input type="checkbox"/> Edu B<br><input type="checkbox"/> Emp C <input type="checkbox"/> Edu C<br><input type="checkbox"/> Emp D <input type="checkbox"/> Edu D<br><input type="checkbox"/> Emp_ |
| 2.   | Assess the maintenance of quality nursing services by direct observation of patients on an ongoing basis to determine the primary biopsychosocial care needs of 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_ |
| 3.   | Provide recommendations for the maintenance of quality nursing services to emphasize the biopsychosocial care needs of 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_ |
| 4.   | Monitor the use of seclusion and/or restraint to meet the operational needs of a State hospital.   |   |                        |           | <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_ |

**Health Services Specialist (Safety)  
TRAINING & EXPERIENCE EXAMINATION**

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

| <b>ITEM</b> | <b>EXPERIENCE / EDUCATION SCALE</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 SCALE</b><br>I have performed this task:<br><br>4 - More than 30 times<br>3 - At least 21-30 times<br>2 - At least 11-20 times<br>1 - At Least 1-10 times<br>0 - 0 times | <b>EXPERIENCE / EDUCATION</b> | <b>FREQUENCY</b> | <b>VERIFICATION</b><br>Employment (Emp)/<br>Education (Edu)   |
|-------------|---|---|-------------------------------|------------------|---|
| 5.          | Perform nursing audits for the purpose of providing knowledge, expertise, and performance improvement.  |   |                               |                  | <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.          | Report significant changes in a patient's condition for the purpose of communicating patient care via twenty-four hour HSS report.  |   |                               |                  | <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.          | Initiate and monitor quality improvement processes for the purpose of providing knowledge and technical expertise.  |   |                               |                  | <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.          | Assist in providing ongoing training and orientation by providing knowledge and technical expertise to unit nursing staff on updated information or changes.  |   |                               |                  | <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.          | Participate in the prevention, detection, and control of communicable diseases for the purpose of providing a safe and secure work environment.   |   |                               |                  | <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.         | Report security breaches that may lead to patient escape by primary observation and initial notification to hospital officers.  |   |                               |                  | <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.         | Assist in instances of disruptive or assaultive behavior to maintain a safe and secure work environment.  |   |                               |                  | <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.         | Perform nursing assessment of patients as indicated for the purpose of meeting patient needs in a State hospital.   |   |                               |                  | <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_ |

**Health Services Specialist (Safety)  
TRAINING & EXPERIENCE EXAMINATION**

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

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

**Instructions:**

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

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

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

**For items 13-22, provide responses regarding your:**

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

| ITEM | EXPERIENCE / EDUCATION SCALE<br>I have applied this knowledge, skills, and/or abilities for:<br><br>4 - More than five years<br>3 - More than three years and up to five years<br>2 - More than one year and up to three years<br>1 - More than six months and up to one year<br>0 - Zero to six months | EXPERIENCE / EDUCATION | VERIFICATION<br>Employment (Emp)/<br>Education (Edu)  |
|------|---|------------------------|---|
| 13.  | Knowledge of regulations pertaining to hospital licensing in order to assist the hospital in maintaining its certification and accreditation.   |                        | <input type="checkbox"/> Emp A <input type="checkbox"/> Edu A<br><input type="checkbox"/> Emp B <input type="checkbox"/> Edu B<br><input type="checkbox"/> Emp C <input type="checkbox"/> Edu C<br><input type="checkbox"/> Emp D <input type="checkbox"/> Edu D<br><input type="checkbox"/> Emp_ |
| 14.  | Knowledge of principles and practices used in training nursing services staff of a treatment program.   |                        | <input type="checkbox"/> Emp A <input type="checkbox"/> Edu A<br><input type="checkbox"/> Emp B <input type="checkbox"/> Edu B<br><input type="checkbox"/> Emp C <input type="checkbox"/> Edu C<br><input type="checkbox"/> Emp D <input type="checkbox"/> Edu D<br><input type="checkbox"/> Emp_ |
| 15.  | Knowledge of professional nursing principles and techniques to ensure nursing service staff adhere to standards of practice.  |                        | <input type="checkbox"/> Emp A <input type="checkbox"/> Edu A<br><input type="checkbox"/> Emp B <input type="checkbox"/> Edu B<br><input type="checkbox"/> Emp C <input type="checkbox"/> Edu C<br><input type="checkbox"/> Emp D <input type="checkbox"/> Edu D<br><input type="checkbox"/> Emp_ |
| 16.  | Knowledge of concepts and methods of consultation to better serve as liaison between multiple levels of the hospital organization including unit staff, program management, and Central Nursing Services.   |                        | <input type="checkbox"/> Emp A <input type="checkbox"/> Edu A<br><input type="checkbox"/> Emp B <input type="checkbox"/> Edu B<br><input type="checkbox"/> Emp C <input type="checkbox"/> Edu C<br><input type="checkbox"/> Emp D <input type="checkbox"/> Edu D<br><input type="checkbox"/> Emp_ |

**Health Services Specialist (Safety)  
TRAINING & EXPERIENCE EXAMINATION**

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

| <b>ITEM</b> | <b>EXPERIENCE / EDUCATION SCALE</b><br>I have applied this knowledge, skills, and/or abilities for:<br><br><b>4</b> - More than 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 / EDUCATION</b> | <b>VERIFICATION</b><br>Employment (Emp)/<br>Education (Edu)   |
|-------------|---|-------------------------------|---|
| <b>17.</b>  | Knowledge of principles of specialized treatment and training techniques as they relate to mentally ill 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_ |
| <b>18.</b>  | Knowledge of computer skills in order to complete daily tasks (e.g., compose emails, prepare daily shift 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_ |
| <b>19.</b>  | Knowledge of nursing skills, such as cardiopulmonary resuscitation (CPR) and use of medical equipment towards the day-to-day care of 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_ |
| <b>20.</b>  | Ability to evaluate and monitor the quality of care being provided by nursing services personnel.   |                               | <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>  | Ability to plan, conduct, and evaluate training for the nursing services 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>22.</b>  | Ability to perform evaluations and write 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)

### Health Services Specialist (Safety) TRAINING & EXPERIENCE EXAMINATION

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

If you are successful in this examination, your name will be placed on an active employment list for 12 months and utilized to fill vacancies. Before you mark this form, please consider relocation and distance. If you are not planning to relocate or are not willing to travel to a distant job location, do not select locations that are a great distance from your residence. You may choose multiple locations.

### TYPE OF APPOINTMENT YOU WILL ACCEPT

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

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

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

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

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

### LOCATIONS IN WHICH YOU ARE WILLING TO WORK

- San Luis Obispo County  
DSH – Atascadero
- Fresno County  
DSH – Coalinga
- Los Angeles County  
DSH – Metropolitan (Norwalk, CA)
- Napa County  
DSH – Napa
- San Bernardino County  
DSH – Patton
- Monterey County  
DSH – Salinas Valley
- Solano County  
DSH – Vacaville



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