



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 Column: Mark the appropriate box for the level of experience you have performing the item. (YOU CAN ONLY MARK ONE BOX FOR EXPERIENCE).
- VERIFICATION column: Mark the appropriate Verification Employment and/or Education box that corresponds to the answer you provided under the Experience column for each item.

EXPERIENCE				VERIFICATION				
Extensive Experience – I have performed this task independently. Moderate Experience – I have occasionally performed this task, but may require assistance. Basic Experience – I have only received basic education/formal training in performing this task. No Experience – I do not have any experience performing this task.				Extensive Experience	Moderate Experience	Basic Experience	No Experience	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.	x				<input checked="" type="checkbox"/> Emp A <input type="checkbox"/> Emp B <input type="checkbox"/> Emp C <input type="checkbox"/> Emp D <input type="checkbox"/> Emp__	<input type="checkbox"/> Edu A <input type="checkbox"/> Edu B <input type="checkbox"/> Edu C <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.		x			<input checked="" type="checkbox"/> Emp A <input type="checkbox"/> Emp B <input type="checkbox"/> Emp C <input type="checkbox"/> Emp D <input type="checkbox"/> Emp__	<input checked="" type="checkbox"/> Edu A <input type="checkbox"/> Edu B <input type="checkbox"/> Edu C <input type="checkbox"/> Edu D	

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

- KNOWLEDGE column: Mark the appropriate box for the level of Knowledge you have performing the item. (YOU CAN ONLY MARK ONE BOX FOR KNOWLEDGE).
- VERIFICATION column: Mark the appropriate Verification Employment and/or Education box that corresponds to the answer you provided under the Experience column for each item.

KNOWLEDGE				VERIFICATION				
Extensive Knowledge – I have knowledge at a level to perform this statement independently. Moderate Knowledge – I have knowledge to perform this statement, but may require assistance. Basic Knowledge – I have limited knowledge of how to perform this statement. No Knowledge – I do not have knowledge of how to perform this statement.				Extensive Knowledge	Moderate Knowledge	Basic Knowledge	No Knowledge	Employment (Emp)/ Education (Edu)
3.	Training techniques to ensure informative and engaging discussions for various audiences.	x				<input checked="" type="checkbox"/> Emp A <input type="checkbox"/> Emp B <input type="checkbox"/> Emp C <input type="checkbox"/> Emp D <input type="checkbox"/> Emp__	<input checked="" type="checkbox"/> Edu A <input type="checkbox"/> Edu B <input type="checkbox"/> Edu C <input type="checkbox"/> Edu D	
4.	Conduct and convey training objectives to audiences with varying levels of understanding.		x			<input checked="" type="checkbox"/> Emp A <input type="checkbox"/> Emp B <input type="checkbox"/> Emp C <input type="checkbox"/> Emp D <input type="checkbox"/> Emp__	<input type="checkbox"/> Edu A <input type="checkbox"/> Edu B <input type="checkbox"/> Edu C <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 9TH 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.

For items 1-2, provide responses regarding your:

- “Experience” - Mark the appropriate box for the level of experience you have performing the item. (YOU CAN ONLY MARK ONE BOX FOR EXPERIENCE).
- “Verification” - Mark the appropriate Verification Employment and/or Education box that corresponds to the answer you provided under the Experience column for each item.

Note to Applicant: Please read carefully. You must refer to the scale description below and mark the appropriate box for Experience (YOU CAN ONLY MARK ONE BOX FOR EXPERIENCE).

EXPERIENCE				VERIFICATION		
		Extensive Experience	Moderate Experience	Basic Experience	No Experience	Employment (Emp)/ Education (Edu)
<p>Extensive Experience – I have performed this task independently.</p> <p>Moderate Experience – I have occasionally performed this task, but may require assistance.</p> <p>Basic Experience – I have only received basic education/formal training in performing this task.</p> <p>No Experience – I do not have any experience performing this task.</p>						
1.	Develop Human Resources training curriculum (e.g. classification & pay, exam development, survey) to ensure a comprehensive class using PowerPoint, manuals, and handouts.		x			<input checked="" type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <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.			x		<input checked="" type="checkbox"/> Emp A <input checked="" type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <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.

For items 3-4, provide responses regarding your:

- “Knowledge” - Mark the appropriate box for the level of knowledge you have performing the item. (YOU CAN ONLY MARK ONE BOX FOR KNOWLEDGE).
- “Verification” - Mark the appropriate Verification Employment and/or Education box that corresponds to the answer you provided under the knowledge column for each item.

Note to Applicant: Please read carefully. You must refer to the scale description below and mark the appropriate box for Knowledge (YOU CAN ONLY MARK ONE BOX FOR KNOWLEDGE).

KNOWLEDGE				VERIFICATION		
		Extensive Knowledge	Moderate Knowledge	Basic Knowledge	No Knowledge	Employment (Emp)/ Education (Edu)
<p>Extensive Knowledge – I have knowledge at a level to perform this statement independently.</p> <p>Moderate Knowledge – I have knowledge to perform this statement, but may require assistance.</p> <p>Basic Knowledge – I have limited knowledge of how to perform this statement.</p> <p>No Knowledge – I do not have knowledge of how to perform this statement.</p>						
3.	Training techniques to ensure informative and engaging discussions for various audiences.	x				<input checked="" type="checkbox"/> Emp A <input checked="" type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp__
4.	Conduct and convey training objectives to audiences with varying levels of understanding.		x			<input checked="" type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp__

****INTENTIONALLY LEFT BLANK****



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

**Radiologic Technologist (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:

EITHER I

Two years of experience, including training in radiologic techniques and methods, under an accredited medical radiologist. (Successful completion of the work required for a graduate nurse may be substituted for one year of this required experience and training.)

OR II

Successful completion of a two-year training program in radiologic technology approved by the Council on Medical Education and Hospitals of the American Medical Association, in collaboration with the American College of Radiology.

**Radiologic Technologist (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.

For items 1-21, provide responses regarding your:

- “Experience” - Mark the appropriate box for the level of experience you have performing the item. (YOU CAN ONLY MARK ONE BOX FOR EXPERIENCE).
- “Verification” - Mark the appropriate Verification Employment and/or Education box that corresponds to the answer you provided under the Experience column for each item.

Note to Applicant: Please read carefully. You must refer to the scale description below and mark the appropriate box for Experience (YOU CAN ONLY MARK ONE BOX FOR EXPERIENCE).

EXPERIENCE					VERIFICATION	
		Extensive Experience	Moderate Experience	Basic Experience	No Experience	Employment (Emp)/ Education (Edu)
	<p>Extensive Experience – I have performed this task independently.</p> <p>Moderate Experience – I have occasionally performed this task, but may require assistance.</p> <p>Basic Experience – I have only received basic education/formal training in performing this task.</p> <p>No Experience – I do not have any experience performing this task.</p>					
1.	Schedule routine examinations for patients to receive diagnostic services from physicians using scheduling systems.					<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp_
2.	Obtain the necessary signatures on the radiology report in order to disburse a copy to the unit and ordering physician.					<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp_
3.	Reconcile clinic calendar by tracking incomplete or completed appointments in order to re-schedule exams.					<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp_
4.	Send radiology images of patient x-rays to be reviewed and composition of an official report.					<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp_
5.	Notify appropriate level-of-care staff of missed appointments to reschedule services and prompt patient counseling and compliance.					<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp_
6.	Prepare patients for diagnostic/radiologic examinations by pulling patient records and informing clinic nurse of appropriate diet and clothing prior to their arrival.					<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp_

**Radiologic Technologist (Safety)
TRAINING & EXPERIENCE EXAMINATION**

Name: _____

EXPERIENCE					VERIFICATION					
<p>Extensive Experience – I have performed this task independently.</p> <p>Moderate Experience – I have occasionally performed this task, but may require assistance.</p> <p>Basic Experience – I have only received basic education/formal training in performing this task.</p> <p>No Experience – I do not have any experience performing this task.</p>					Extensive Experience	Moderate Experience	Basic Experience	No Experience	Employment (Emp)/ Education (Edu)	
7.	Instruct and assess patient during portable x-ray machine and/or standard x-ray machine examinations to provide a safe, protective environment and ensure the safety of the patient.								<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp_	
8.	Determine the most suitable anatomical patient posture and positions to ensure clarity of x-rays for film reading.								<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp_	
9.	Take x-rays of various body structures to produce images for medical diagnosis (e.g., chest- for upper respiratory, abdomen- for any obstructive issues, bone x-rays for fractures, dislocation, etc.).								<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp_	
10.	Provide protection from radiation using protective devices to shield patient's reproductive systems in all exams.								<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp_	
11.	Process x-rays by downloading into a computerized Picture Archived Computer System (PACs) on every patient to make copies as necessary for review.								<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp_	
12.	Track the inspection, maintenance, and repair of all equipment on a calendaring system by maintaining all records for any licensing (e.g., State Board of Radiology, Joint Commission, etc.) review.								<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp_	
13.	Set-up, clean, and care for radiology equipment and apparatus according to facility policies and procedures and manufacturer guidelines.								<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp_	
14.	Sanitize all radiographic equipment, instruments, and work surfaces after each appointment utilizing appropriate cleaning solutions to ensure cleanliness and maintain the health and safety of staff and patients.								<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp_	

**Radiologic Technologist (Safety)
TRAINING & EXPERIENCE EXAMINATION**

Name: _____

EXPERIENCE					VERIFICATION					
<p>Extensive Experience – I have performed this task independently.</p> <p>Moderate Experience – I have occasionally performed this task, but may require assistance.</p> <p>Basic Experience – I have only received basic education/formal training in performing this task.</p> <p>No Experience – I do not have any experience performing this task.</p>					Extensive Experience	Moderate Experience	Basic Experience	No Experience	Employment (Emp)/ Education (Edu)	
15.	Schedule preventative maintenance on all equipment to ensure equipment is clean and in proper working condition (e.g., wires are not loose, buttons working, bolts are tight, etc.)								<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp_	
16.	Schedule a Physicist to check radiation output for safe levels to ensure appropriate radiation standards in accordance with Title 17 and State and federal guidelines.								<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp_	
17.	Store and maintain appropriate supply (e.g., towels, pillow-case, gowns, films, processors, etc.) in order to ensure adequate inventory.								<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp_	
18.	Dispense supplies as needed per patients to avoid cross contamination and cleanliness.								<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp_	
19.	Maintain clear, concise, and comprehensive records of all relevant information, including equipment and workload records, to ensure quality assurance according to facility policies and procedures.								<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp_	
20.	Write and generate monthly reports reflecting patient workload, patient refusals, any incorrect body part, and positive findings for tracking purposes and documentation.								<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp_	
21.	Provide guidance and training to staff as necessary in order to meet regulatory, mandated, and departmental requirements.								<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp_	

**Radiologic Technologist (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.

For items 22-40, provide responses regarding your:

- “Knowledge” - Mark the appropriate box for Knowledge (YOU CAN ONLY MARK ONE BOX FOR KNOWLEDGE).
- “Verification” - Mark the appropriate Verification Employment and/or Education box that corresponds to the answer you provided under the knowledge column for each item.

Note to Applicant: Please read carefully. You must refer to the scale description below and mark the appropriate box for Knowledge (YOU CAN ONLY MARK ONE BOX FOR KNOWLEDGE).

KNOWLEDGE						VERIFICATION		
<p>Extensive Knowledge – I have knowledge at a level to perform this statement independently.</p> <p>Moderate Knowledge – I have knowledge to perform this statement, but may require assistance.</p> <p>Basic Knowledge – I have limited knowledge of how to perform this statement.</p> <p>No Knowledge – I do not have knowledge of how to perform this statement.</p>		Extensive Knowledge	Moderate Knowledge	Basic Knowledge	No Knowledge	Employment (Emp)/ Education (Edu)		
		22.	Knowledge of radiologic equipment and techniques to obtain images.					<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp_
		23.	Knowledge of regional gross anatomy to identify areas of the human body.					<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp_
		24.	Knowledge of standardized radiologic procedures to perform them efficiently and safely.					<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp_
		25.	Knowledge of radiation precautions to ensure patient safety and prevent over exposure.					<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp_
26.	Knowledge of safety precautions to maintain a safe and secure environment for patients and staff.					<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp_		
27.	Knowledge of inventory to account and replenish supplies.					<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp_		

**Radiologic Technologist (Safety)
TRAINING & EXPERIENCE EXAMINATION**

Name: _____

KNOWLEDGE					VERIFICATION	
	Extensive Knowledge	Moderate Knowledge	Basic Knowledge	No Knowledge	Employment (Emp)/ Education (Edu)	
<p>Extensive Knowledge – I have knowledge at a level to perform this statement independently.</p> <p>Moderate Knowledge – I have knowledge to perform this statement, but may require assistance.</p> <p>Basic Knowledge – I have limited knowledge of how to perform this statement.</p> <p>No Knowledge – I do not have knowledge of how to perform this statement.</p>						
28. Knowledge of proper spelling, grammar, punctuation, and sentence structure in order to prepare complete and concise written materials.					<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp_	
29. Knowledge of Health Insurance Portability and Accountability Act (HIPAA) and standard protocol for keeping sensitive data confidential and secure.					<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp_	
30. Knowledge of filing and records systems in order to maintain important information.					<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp_	
31. Ability to communicate clearly and effectively to provide accurate verbal instructions and directions to audiences with varying levels of understanding.					<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp_	
32. Ability to administer aid for shock in emergency situations.					<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp_	
33. Ability to prepare the necessary equipment for processing images.					<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp_	
34. Ability to effectively conduct radiologic examinations with patients to ensure efficiency and safety.					<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp_	
35. Ability to maintain and organize simple records of relevant materials to easily access and reference them upon request.					<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp_	
36. Ability to prepare and compile reports to share a variety of data and relevant information.					<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp_	

**Radiologic Technologist (Safety)
TRAINING & EXPERIENCE EXAMINATION**

Name: _____

KNOWLEDGE					VERIFICATION					
<p>Extensive Knowledge – I have knowledge at a level to perform this statement independently.</p> <p>Moderate Knowledge – I have knowledge to perform this statement, but may require assistance.</p> <p>Basic Knowledge – I have limited knowledge of how to perform this statement.</p> <p>No Knowledge – I do not have knowledge of how to perform this statement.</p>					Extensive Knowledge	Moderate Knowledge	Basic Knowledge	No Knowledge	Employment (Emp)/ Education (Edu)	
37.	Ability to read and comprehend various documents to reference and cite policies, procedures, standards, and reports.								<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp_	
38.	Ability to operate computer software (e.g., Microsoft Word) in order to create and format written documents, such as letters, reports, memos, policies, and procedures.								<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp_	
39.	Ability to use judgment and discretion with regard to confidential records, documents, and information.								<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp_	
40.	Ability to work independently on projects or assignments without close supervision or detailed instructions to maximize organizational performance and productivity.								<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp_	

Section 4: Conditions of Employment

DEPARTMENT OF STATE HOSPITALS
CONDITIONS OF EMPLOYMENT
FORM 631(11/12)

Radiologic Technologist (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



**Radiologic Technologist (Safety)
TRAINING & EXPERIENCE EXAMINATION**

Name: _____

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