



# 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\*\***



## Rehabilitation Therapist, State Facilities (Art-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 Rehabilitation Therapist, State Facilities (Art-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

Rehabilitation Therapist, State Facilities (Art-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:

**All Therapists:**

Completion of an approved clinical internship in the appropriate rehabilitation specialty in an approved hospital or rehabilitation center affiliated with the college.

(Individuals who are registered or certified with the appropriate therapy association but who have not completed a clinical internship because it was not a component of the academic program at the time are required to have completed a minimum of two years' full-time paid experience in a clinical, residential, or community-based setting after receipt of the required degree to be admitted into the exam.)

**Art**

Possession of a Master's Degree in Art Therapy or in Art with emphasis in Art Therapy, or registration with the American Art Therapy Association, or eligibility for such registration.

**Rehabilitation Therapist, State Facilities (Art-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 1-10, 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><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><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.   | Assess patient needs and interests in order to complete written assessments and identify recommended groups and treatment interventions utilizing interviews and assessment activities (e.g., art therapy directive, group observation, record reviews).                   |  |                        |           | <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.   | Determine appropriate rehabilitative objectives in order to engage the patient in treatment and assign them to interventions.  |  |                        |           | <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_ |

**Rehabilitation Therapist, State Facilities (Art-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)   |
|-------------|---|---|-------------------------------|------------------|---|
| 3.          | Develop new and innovate interventions/protocols based on the patient's needs and/or hospital-wide needs in order to generate lesson plans that are customizable to the needs of patients using course outlines, activity requests, existing lesson plans and lesson plan templates.                      |   |                               |                  | <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.          | Evaluate and document patient response and progress to make available in the clinical summary of the treatment plan for interdisciplinary 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_ |
| 5.          | Provide a range of services, assessment and treatment using specialized art therapy techniques to ensure the patient is engaged in the art therapy directive according to the individualized treatment plan.  |   |                               |                  | <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.          | Gather information on assigned patients' needs through attendance in shift changes, treatment teams, group observation, patient interview, chart review and consultations, conducting, reviewing and updating various assessments to establish treatment objectives and facilitate the treatment process. |   |                               |                  | <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.          | Prepare assessment tools per written instructions on each patient and make recommendations as to the patient's rehabilitation treatment plan as appropriate to meet various goals of the patient (e.g., reason for admission, commitment type, diagnosis).  |   |                               |                  | <input type="checkbox"/> Emp A <input type="checkbox"/> Edu A<br><input type="checkbox"/> Emp B <input type="checkbox"/> Edu B<br><input type="checkbox"/> Emp C <input type="checkbox"/> Edu C<br><input type="checkbox"/> Emp D <input type="checkbox"/> Edu D<br><input type="checkbox"/> Emp_ |
| 8.          | Provide written documentation on patient progress pertaining to their rehabilitation therapy program in their Medical Record.   |   |                               |                  | <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_ |

**Rehabilitation Therapist, State Facilities (Art-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)   |
|-------------|---|---|-------------------------------|------------------|---|
| <b>9.</b>   | Organize, plan and conduct rehabilitation therapy/leisure skill groups to include a minimum number of hours of focused treatment activities in order to recognize and integrate the patient's strengths, interests and therapeutic goals.   |   |                               |                  | <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>10.</b>  | Account for equipment and/or supplies to maintain the safety of patients and staff utilizing various forms and/or checklists (e.g., sign in/out sheets, inventory lists, badge hold) as frequently as needed.   |   |                               |                  | <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_ |

**Rehabilitation Therapist, State Facilities (Art-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 11-22, 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)  |
|------|---|------------------------|---|
| 11.  | Knowledge of the principles, procedures, techniques, trends, and literature of rehabilitation services, especially those relating to developmental, psychiatric, physical or geriatric disorders to provide treatment to the many aspects of various disorders.   |                        | <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.  | Knowledge of the process of restoration, maintenance and development of the patients' capabilities.   |                        | <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_ |
| 13.  | Knowledge of the characteristics of mental, emotional, physical and developmental disorders to provide effective treatment.   |                        | <input type="checkbox"/> Emp A <input type="checkbox"/> Edu A<br><input type="checkbox"/> Emp B <input type="checkbox"/> Edu B<br><input type="checkbox"/> Emp C <input type="checkbox"/> Edu C<br><input type="checkbox"/> Emp D <input type="checkbox"/> Edu D<br><input type="checkbox"/> Emp_ |
| 14.  | Knowledge of current trends in art therapy, mental health, public health and public welfare to incorporate more effective treatment as needed.  |                        | <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_ |

**Rehabilitation Therapist, State Facilities (Art-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>15.</b>  | Ability to collaborate with other professionals involved in the patients' care to facilitate the patients' successful transition to the community or the next level of care.  |                               | <input type="checkbox"/> Emp A <input type="checkbox"/> Edu A<br><input type="checkbox"/> Emp B <input type="checkbox"/> Edu B<br><input type="checkbox"/> Emp C <input type="checkbox"/> Edu C<br><input type="checkbox"/> Emp D <input type="checkbox"/> Edu D<br><input type="checkbox"/> Emp_ |
| <b>16.</b>  | Ability to provide patient assessments to conduct treatment planning, implementation and evaluation.  |                               | <input type="checkbox"/> Emp A <input type="checkbox"/> Edu A<br><input type="checkbox"/> Emp B <input type="checkbox"/> Edu B<br><input type="checkbox"/> Emp C <input type="checkbox"/> Edu C<br><input type="checkbox"/> Emp D <input type="checkbox"/> Edu D<br><input type="checkbox"/> Emp_ |
| <b>17.</b>  | Ability to evaluate ongoing assessments and relay clinically relevant information to share with clinical and nursing staff.   |                               | <input type="checkbox"/> Emp A <input type="checkbox"/> Edu A<br><input type="checkbox"/> Emp B <input type="checkbox"/> Edu B<br><input type="checkbox"/> Emp C <input type="checkbox"/> Edu C<br><input type="checkbox"/> Emp D <input type="checkbox"/> Edu D<br><input type="checkbox"/> Emp_ |
| <b>18.</b>  | Ability to provide accurate and concise reports and documentation in accordance with professional standards, hospital documentation policies and State guidelines.  |                               | <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>  | Ability to provide services to the various members of the patient population (e.g., age, commitment code, disorder) as various factors change.  |                               | <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 apply the knowledge of the psychological growth and development of patients in the adult and geriatric age categories to better understand the patients and to provide treatment for them.   |                               | <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 provide constructive team input based on direct observation of patients' behavior and the process and content of patient artwork.  |                               | <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 maintain professional therapeutic relationships with patients to assist them with problem solving and to teach/model principles of the norm of non-violence.   |                               | <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)

### Rehabilitation Therapist, State Facilities (Art-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



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.