



# State of California

## Training and Experience Assessment Instructions

All parts of this examination belong to the State of California.

### HOW TO COMPLETE YOUR TRAINING & EXPERIENCE ASSESSMENT

- Read the instructions on the Training and Experience Assessment carefully before you begin.
- Fill out your personal information and respond to the exam items truthfully and to the best of your knowledge.
- Read and complete each page and section in the assessment.
  - **Section 1: Task Ratings**
    - Respond to all exam items using the Experience and Level at which the task was performed scales provided.
  - **Section 2: Knowledge, Skills, and Abilities (KSAs) Ratings**
    - Respond to all exam items using the Experience scale provided.
  - **Section 3: Conditions of Employment**
    - Select the Type of Appointment and Locations in which you are willing to work.

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

Please submit your completed Training and Experience Assessment, and a Standard State Application Form (STD. 678) as follows:

**Email to**

[Careers@dsh.ca.gov](mailto:Careers@dsh.ca.gov)

**Mail or Hand Deliver to:**

DEPARTMENT OF STATE HOSPITALS - SACRAMENTO  
SELECTION SERVICES UNIT  
1215 O Street, MS 14  
SACRAMENTO, CA 95814  
(916) 651-8832

**\*Remember to sign your Training and Experience Assessment as well as your Standard State Application Form, STD. 678. Failure to include signature may result in disqualification or delay in processing.**

An example on how to fill out a Training and Experience Assessment has been provided on the next several pages.



Sample Test  
TRAINING AND EXPERIENCE ASSESSMENT

## SAMPLE Test

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### Training and Experience Assessment

**Read instructions carefully**

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

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

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Candidate's Name: John Doe

Address: 1123 Mather Road, Sunny City, CA 91215

Phone Number: 123-555-555

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SAMPLE

**WORK EXPERIENCE**

**Section 1: 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 and Level at which the task was performed) provided below, you will rate your experience performing specific job-related tasks.

For items 1-2, provide responses regarding your:

- “Experience” - the number of months or years you have performed the item. Enter your response under the **EXPERIENCE** column.
- “Level at which the task was performed” - the level at which you have performed the item. Enter your response under the **LEVEL** column.

ITEM	<b>Experience</b>  I have performed this task for:  4 – More than two years 3 – More than one year and up to two years 2 – More than six months and up to one year 1 – Up to six months 0 - Zero experience	<b>Level at which the task was performed</b>  4 – Supervised and/or trained others on task 3 – Performed task as a lead or as an expert 2 – Worked independently on task 1 – Worked under direction on or assisted with task 0 – Not performed	EXPERIENCE	LEVEL
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
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

**WORK EXPERIENCE**

**Section 2: KSA Ratings**

**Instructions:**

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

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

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

- **“Experience applying knowledge, skill, and ability” - the amount of experience you have applying the item. Enter your response under the EXPERIENCE column.**

<b>ITEM</b>	<b>Experience applying knowledge, skill, and ability</b>	<b>EXPERIENCE</b>
	<p><b>3</b> – Extensive experience: I have extensive experience applying this knowledge, skill, or ability and could train others.</p> <p><b>2</b> – Adequate experience: I have adequate experience applying this knowledge, skill, or ability and can apply this independently.</p> <p><b>1</b> – Limited experience: I have limited experience applying this knowledge, skill, or ability and may require supervision.</p> <p><b>0</b> – No experience: I have no experience applying this knowledge, skill, or ability and will require training.</p>	
<b>3.</b>	Knowledge of training techniques to ensure informative and engaging discussions for various audiences.	3
<b>4.</b>	Ability to effectively conduct and convey training objectives to audiences with varying levels of understanding.	2



## Staff Psychiatrist (Safety)

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### Training and Experience Assessment

#### Read instructions carefully

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

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

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

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

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

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**Staff Psychiatrist (Safety)  
TRAINING AND EXPERIENCE ASSESSMENT**

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

Please keep in mind that all information provided on your application, curriculum vitae (CV), resume and the Training and Experience examination is subject to verification at any time during the selection process as defined by 2 CCR § 78. An exams manager or personnel staff member may contact the references you have provided to confirm job dates, experience, duties, achievements, and/or possession of knowledge, skills, and abilities. Failure to provide adequate references AND contact information may result in a low score or disqualification from this examination.

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

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

**I certify and understand that all the statements I have made in this assessment is true and complete to the best of my knowledge and contains no willful misrepresentation of falsifications.**

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Signature

Date

***FILING INSTRUCTIONS:***

Please submit your completed Training and Experience Assessment, and a Standard State Application Form (STD. 678) as follows:

**Email to:**

[Careers@dsh.ca.gov](mailto:Careers@dsh.ca.gov)

**Mail or Hand Deliver to:**

DEPARTMENT OF STATE HOSPITALS-SACRAMENTO  
SELECTION SERVICES UNIT  
1215 O Street, MS 14  
SACRAMENTO, CA 95814  
(916) 651-8832

**Staff Psychiatrist (Safety)**  
**TRAINING AND EXPERIENCE ASSESSMENT**

**MINIMUM QUALIFICATIONS**

Each candidate must meet the minimum qualifications on his/her application by the established cut-off date/Final Filing Date (FFD). If not, the candidate's application in the examination process will be rejected and his/her Training and Experience Assessment will not be scored. Please ensure that your Standard State Application (STD. Form 678) clearly indicates your education, experience, and licensure information reflective of the minimum qualifications for this examination process as stated below.

Applications **MUST** include "to" and "from" dates (month/day/year), time base, civil service class title(s), and range (if applicable) for all work experience. College course information **MUST** include title, number of semester or quarter units, name of institution, completion dates, and degree (if applicable). Applications received without this information may have delays in processing and/or may be rejected. Please contact the Testing Department if you have any questions related to the exam process.

**PATTERN I**

Possession of the legal requirements for the practice of medicine in California as determined by the California Board of Medical Quality Assurance or the California Board of Osteopathic Examiners. (Applicants who are in the process of securing approval of their qualifications by the California Board of Medical Quality Assurance or the California Board of Osteopathic Examiners will be admitted to the examination, but the Board to which application is made must determine that all legal requirements have been met before candidates will be eligible for appointment.)

**AND**

One year of experience in the practice of psychiatry or completion of one year of an approved residency in psychiatry.

**Staff Psychiatrist (Safety)  
TRAINING AND EXPERIENCE ASSESSMENT**

**WORK EXPERIENCE**

**Section 1: Task Ratings**

**Instructions:** Respond to each of the following items by indicating how the statement applies to you. In responding to each item, you may reference any paid and/or unpaid experience (e.g. education, employment, volunteer work, training, etc.). You are required to respond to every item.

Using the scales (Experience and Level at which the task was performed) provided below, you will rate your experience performing specific job-related tasks.

**For items 1-20, provide responses regarding your:**

- **“Experience” - the number of months or years you have performed the item. Enter your response under the EXPERIENCE column.**
- **“Level at which the task was performed” - the level at which you have performed the item. Enter your response under the LEVEL column.**

<b>ITEM</b>	<b>Experience</b> I have performed this task for: <b>4</b> – More than two years <b>3</b> – More than one year and up to two years <b>2</b> – More than six months and up to one year <b>1</b> – Up to six months <b>0</b> - Zero experience	<b>Level at which the task was performed</b> <b>4</b> – Supervised and/or trained others on task <b>3</b> – Performed task as a lead or as an expert <b>2</b> – Worked independently on task <b>1</b> – Worked under direction on or assisted with task <b>0</b> – Not performed	<b>EXPERIENCE</b>	<b>LEVEL</b>
<b>1.</b>	Gather subjective and objective information, examination findings, test results, assessment of the current clinical condition and future treatment needed to treat mental, emotional, or behavioral disorders.			
<b>2.</b>	Conduct face-to-face (in person or via telepsychiatry) evaluations to assess patients’ symptoms of mental illness, side effects to medication(s), problematic behavior and medical issues that need to be addressed.			
<b>3.</b>	Write orders for admission, transfer, discharge, medications, laboratory tests, restraints, and seclusion, and/or enhance observations.			
<b>4.</b>	Interact with unit staff and patients on a variety of daily psychiatric issues.			
<b>5.</b>	Assess patients' mental and physical status based on the presenting symptoms, complaints, and findings from examinations, data, and assessments.			



**Staff Psychiatrist (Safety)  
TRAINING AND EXPERIENCE ASSESSMENT**

<b>ITEM</b>	<b>Experience</b>  I have performed this task for:  <b>4</b> – More than two years <b>3</b> – More than one year and up to two years <b>2</b> – More than six months and up to one year <b>1</b> – Up to six months <b>0</b> - Zero experience	<b>Level at which the task was performed</b>  <b>4</b> – Supervised and/or trained others on task <b>3</b> – Performed task as a lead or as an expert <b>2</b> – Worked independently on task <b>1</b> – Worked under direction on or assisted with task <b>0</b> – Not performed	<b>EXPERIENCE</b>	<b>LEVEL</b>
<b>6.</b>	Diagnose and examine patients to evaluate response to a variety of treatments.			
<b>7.</b>	Meet with patients to review their clinical condition, diagnosis, and treatment to help patients understand their disease, process, and treatment expectations.			
<b>8.</b>	Discuss risks and benefits of treatment to obtain informed consent, monitor patients for side effects from medications, and evaluate and treat any side effects.			
<b>9.</b>	Determine types of psychiatric and general medical treatment needed based on previous and current examinations.			
<b>10.</b>	Maintain proper documentation by integrating patient information and records obtained from patients, family, or other professionals.			
<b>11.</b>	Complete required documentation and forms, such as progress and admission notes, Discharge Summaries, treatment plans, transfer notes, and legal documents.			
<b>12.</b>	Record patients' condition in the psychiatric/medical record (e.g., paper and/or electronic) to document clinical observations and evaluations.			
<b>13.</b>	Analyze and interpret data from test findings (e.g., laboratory, medical procedures, etc.).			
<b>14.</b>	Order laboratory studies, x-rays, medications, and consultations (e.g., Dental, Medical, Neurological, Psychological), including specialized studies, for the diagnosis of mental or emotional disorder.			

**Staff Psychiatrist (Safety)  
TRAINING AND EXPERIENCE ASSESSMENT**

<b>ITEM</b>	<b>Experience</b>  I have performed this task for:  <b>4</b> – More than two years <b>3</b> – More than one year and up to two years <b>2</b> – More than six months and up to one year <b>1</b> – Up to six months <b>0</b> - Zero experience	<b>Level at which the task was performed</b>  <b>4</b> – Supervised and/or trained others on task <b>3</b> – Performed task as a lead or as an expert <b>2</b> – Worked independently on task <b>1</b> – Worked under direction on or assisted with task <b>0</b> – Not performed	<b>EXPERIENCE</b>	<b>LEVEL</b>
<b>15.</b>	Review clinical records that include patients' histories, examination findings, diagnosis, and legal court records to formulate initial treatment plan and/or modification.			
<b>16.</b>	Conduct initial evaluations upon patients' admission to obtain information about functional status of areas such as cognitive abilities and mental status.			
<b>17.</b>	Develop and administer individualized treatment plan based on psychiatric and physical diagnoses and evaluation of factors such as general health, risk factors, skills, and limitations.			
<b>18.</b>	Review and evaluate treatment procedures and test results.			
<b>19.</b>	Conduct daily rounds to address patient concerns and assist patients with their mental and physical stability.			
<b>20.</b>	Evaluate the Medical and/or Psychiatric aspects of treatment programs for quality and conformance with regulatory requirements.			

**Staff Psychiatrist (Safety)  
TRAINING AND EXPERIENCE ASSESSMENT**

**WORK EXPERIENCE**

**Section 2: KSA Ratings**

**Instructions:** Respond to each of the following items by indicating how the statement applies to you. In responding to each item, you may reference any paid and/or unpaid experience (e.g. education, employment, volunteer work, training, etc.). You are required to respond to every item.

Using the scale (Experience applying knowledge, skill, and ability) provided below, you will rate your experience in accordance to specific job-related knowledge, skills, and/or abilities.

**For items 21-32, provide responses regarding your:**

- **“Experience applying knowledge, skill, and ability” - the amount of experience you have applying the item.  
Enter your response under the EXPERIENCE column.**

<b>ITEM</b>	<b>Experience applying knowledge, skill, and ability</b>  <b>3</b> – Extensive experience: I have extensive experience applying this knowledge, skill, or ability and could train others. <b>2</b> – Adequate experience: I have adequate experience applying this knowledge, skill, or ability and can apply this independently. <b>1</b> – Limited experience: I have limited experience applying this knowledge, skill, or ability and may require supervision. <b>0</b> – No experience: I have no experience applying this knowledge, skill, or ability and will require training.	<b>EXPERIENCE</b>
<b>21.</b>	Knowledge of principles and methods of psychiatry, general medicine, and surgery, and skill in their application.	
<b>22.</b>	Knowledge of performing a mental capacity evaluation to obtain consent to or refusal of a particular medical or surgical intervention.	
<b>23.</b>	Knowledge of safety policies and procedures to maintain the safety and security of self, staff, and patients.	
<b>24.</b>	Knowledge of current developments in the field of psychiatry and mental health.	
<b>25.</b>	Knowledge of principles and application of psychiatric social work, clinical psychology, physical therapy, various rehabilitation therapies, and other ancillary medical services.	
<b>26.</b>	Ability to understand various classes of medications, their effect on different disease processes, drug-drug interactions, and their potential side effects to accurately prescribe medication.	

**Staff Psychiatrist (Safety)  
TRAINING AND EXPERIENCE ASSESSMENT**

<b>ITEM</b>	<b>Experience applying knowledge, skill, and ability</b>  <b>3</b> – Extensive experience: I have extensive experience applying this knowledge, skill, or ability and could train others. <b>2</b> – Adequate experience: I have adequate experience applying this knowledge, skill, or ability and can apply this independently. <b>1</b> – Limited experience: I have limited experience applying this knowledge, skill, or ability and may require supervision. <b>0</b> – No experience: I have no experience applying this knowledge, skill, or ability and will require training.	<b>EXPERIENCE</b>
<b>27.</b>	Ability to interpret medical records, laboratory studies, and imaging reports to treat mental, emotional, or behavioral disorders.	
<b>28.</b>	Ability to assess situations and take effective action.	
<b>29.</b>	Ability to read and comprehend basic written materials (e.g., report, summaries, memos, letters) to apply information and determine appropriate courses of action.	
<b>30.</b>	Ability to maintain tact, patience, and emotional stability to provide professional treatment and maintain safety.	
<b>31.</b>	Ability to communicate with other health care professionals and provide adequate documentation (e.g., procedures, signs, symptoms) to ensure continuity of care.	
<b>32.</b>	Ability to prepare and monitor the preparation of case reports and the maintenance of pertinent hospital records.	

### **Section 3: Conditions of Employment**

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

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

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

Staff Psychiatrist (Safety)  
TRAINING AND EXPERIENCE ASSESSMENT

**LOCATIONS IN WHICH YOU ARE WILLING TO WORK**

- |  |   |
|--|---|
| <input type="checkbox"/> <b>Anywhere in the State</b> – If checked no further selection is necessary. If you select more than 15 counties below, you may be considered available for work anywhere in the State. | <input type="checkbox"/> 2000 Madera  |
| <input type="checkbox"/> <b>8004 Anywhere in the Northern Region or select Northern Region county choice(s) below</b>  | <input type="checkbox"/> 2100 Marin   |
| <input type="checkbox"/> 0400 Butte  | <input type="checkbox"/> 2200 Mariposa  |
| <input type="checkbox"/> 0600 Colusa   | <input type="checkbox"/> 2400 Merced  |
| <input type="checkbox"/> 0800 Del Norte  | <input type="checkbox"/> 2700 Monterey  |
| <input type="checkbox"/> 1100 Glen   | <input type="checkbox"/> 2800 Napa  |
| <input type="checkbox"/> 1200 Humboldt   | <input type="checkbox"/> 3400 Sacramento  |
| <input type="checkbox"/> 1700 Lake   | <input type="checkbox"/> 3500 San Benito  |
| <input type="checkbox"/> 1800 Lassen   | <input type="checkbox"/> 3800 San Francisco   |
| <input type="checkbox"/> 2300 Mendocino  | <input type="checkbox"/> 3900 San Joaquin   |
| <input type="checkbox"/> 2500 Modoc  | <input type="checkbox"/> 4100 San Mateo   |
| <input type="checkbox"/> 2900 Nevada   | <input type="checkbox"/> 4300 Santa Clara   |
| <input type="checkbox"/> 3100 Placer   | <input type="checkbox"/> 4400 Santa Cruz  |
| <input type="checkbox"/> 3200 Plumas   | <input type="checkbox"/> 4800 Solano  |
| <input type="checkbox"/> 4500 Shasta   | <input type="checkbox"/> 4900 Sonoma  |
| <input type="checkbox"/> 4600 Sierra   | <input type="checkbox"/> 5000 Stanislaus  |
| <input type="checkbox"/> 4700 Siskiyou   | <input type="checkbox"/> 5500 Tuolumne  |
| <input type="checkbox"/> 5100 Sutter   | <input type="checkbox"/> 5700 Yolo  |
| <input type="checkbox"/> 5200 Tehama   | <input type="checkbox"/> <b>8011 Anywhere in the Southern Region or select Southern Region county choice(s) below</b> |
| <input type="checkbox"/> 5800 Yuba   | <input type="checkbox"/> 1300 Imperial  |
| <input type="checkbox"/> <b>8001 Anywhere in the Central Region or select Central Region county choice(s) below</b>  | <input type="checkbox"/> 1400 Inyo  |
| <input type="checkbox"/> 0100 Alameda  | <input type="checkbox"/> 1500 Kern  |
| <input type="checkbox"/> 0200 Alpine   | <input type="checkbox"/> 1600 Kings   |
| <input type="checkbox"/> 0300 Amador   | <input type="checkbox"/> 1900 Los Angeles   |
| <input type="checkbox"/> 0500 Calaveras  | <input type="checkbox"/> 2600 Mono  |
| <input type="checkbox"/> 0700 Contra Costa   | <input type="checkbox"/> 3000 Orange  |
| <input type="checkbox"/> 0900 El Dorado  | <input type="checkbox"/> 3300 Riverside   |
| <input type="checkbox"/> 1000 Fresno   | <input type="checkbox"/> 3600 San Bernardino  |
|  | <input type="checkbox"/> 3700 San Diego   |
|  | <input type="checkbox"/> 4000 San Luis Obispo   |
|  | <input type="checkbox"/> 4200 Santa Barbara   |
|  | <input type="checkbox"/> 5400 Tulare  |
|  | <input type="checkbox"/> 5600 Ventura   |

**Staff Psychiatrist (Safety)  
TRAINING AND EXPERIENCE ASSESSMENT**



*Please notify the Department of State Hospitals, Human Resources Branch promptly of address or location preference changes at 1215 O Street, MS 14, Sacramento CA 95814 or (916) 651-8832.*