

**CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION  
SELECTION SERVICES SECTION**

**SUPPLEMENTAL APPLICATION EXAMINATION FOR ASSOCIATE HEALTH PROGRAM ADVISER**

**Please read and follow these instructions carefully**

This supplemental application will provide you with an opportunity to demonstrate significant aspects of your qualifications for Associate Health Program Adviser with the Department of Corrections and Rehabilitation (CDCR). The information you provide will be rated based on objective criteria created by Subject Matter Experts. That rating will be used to determine your final score in this examination. If successful, your name will be merged onto a list based on your final score, and that list will be used by CDCR facilities statewide to fill their existing positions. A "Conditions of Employment" form is included in this supplemental application that will allow you to select the location(s) and time bases in which you are interested in working.

This supplemental application will account for 100% of the weight of your examination for this classification. Therefore, please be sure to follow the instructions carefully as **missing or incomplete information may delay the processing of your examination.**

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

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

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

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

Home/Cellular Phone Number: \_\_\_\_\_

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**I certify that all the statements I have made in this application are true and correct.**

***MAILING INSTRUCTIONS:***

Mail your completed Supplemental Application, along with a standard State Application Form, STD. 678 (you may download a copy of the STD. 678 from the State Personnel Board's website at [www.spb.ca.gov](http://www.spb.ca.gov)) to the address below:

**MAIL COMPLETED  
STD. 678 AND  
SUPPLEMENTAL  
APPLICATION TO:**

California Department of Corrections and Rehabilitation  
Selection Services Section  
P. O. Box 942883  
Sacramento, CA 94283-0001

**ASSOCIATE HEALTH PROGRAM ADVISER  
SUPPLEMENTAL APPLICATION**

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

**MINIMUM QUALIFICATIONS**

All candidates must meet the minimum qualifications before they will be admitted into this examination. Please ensure that your state application (STD form 678) clearly indicates all education, experience, and licensure information which may be required to meet the minimum qualifications for this exam.

**Either Pattern I**

One year of experience in the California state service performing duties comparable to Health Analyst, Range C. (Applicants who have completed six months of service performing the duties as specified above will be admitted to the examination, but they must satisfactorily complete one year of this experience before they can be eligible for appointment.)

**OR**

**Pattern II**

**Experience:** Three years of progressively responsible experience in health program administration, at least one year of which shall have included significant responsibility in a program such as is normally found in a complex or departmentalized medical care delivery setting or health institution or organization. (Possession of a Master's Degree in Public Health, Health Administration, Hospital Administration, Comprehensive Health Planning, Public Administration or a closely related health professional field may be substituted for one year of the required general experience.) (Possession of a Doctoral Degree in Public Health, Health Administration, Health Planning, Public Administration or a closely related field may be substituted for the two years of the required general experience.)

**And**

**Education:** Equivalent to graduation from college. (Additional qualifying experience in public health or health program administration may be substituted for the required education on a year-for-year basis.)

**ASSOCIATE HEALTH PROGRAM ADVISER  
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Name: \_\_\_\_\_

**JOB REQUIREMENTS**

The following are job requirements. Please respond to each question by marking the appropriate box. If you are unwilling or unable to comply with any of the following job requirements, it will be grounds for elimination from the examination process.

1. Are you willing to work at correctional facilities in the Department of Corrections and Rehabilitation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you willing to act in a professional, ethical, and tactful manner toward inmates/youthful offenders?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are you willing to maintain privacy and confidentiality regarding individual patient/client/inmate health information?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are you willing to abide by and adhere to institutional safety and security policies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are you willing to promote positive, collaborative, professional working relations among co-workers and peace officers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Are you willing to comply with tuberculosis screening requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Are you willing to abide by and adhere to the institutional dress code?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Are you willing to work around peace officers armed with chemical agents and/or weapons?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Are you willing to work around inmates/parolees/youthful offenders?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**DEGREES, CERTIFICATIONS AND EXPERIENCE**

Please indicate if you have any of the following degrees, certifications or experience by marking the appropriate box(es).

10. Training/experience in using statistical methods.	<input type="checkbox"/>
11. Training/experience in using computerized data management software.	<input type="checkbox"/>
12. Experience working with and interpreting state and federal laws and regulations regarding institutional health care.	<input type="checkbox"/>
13. Experience developing training materials and/or presenting training.	<input type="checkbox"/>
14. Experience working in a complex health care setting or organization.	<input type="checkbox"/>
15. Masters Degree or PhD in Public Health, Health Administration, Hospital Administration, Comprehensive Health Planning, Public Administration, or a closely related health professional field.	<input type="checkbox"/>

**ASSOCIATE HEALTH PROGRAM ADVISER  
SUPPLEMENTAL APPLICATION**

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

**WORK EXPERIENCE**

	REGENCY			FREQUENCY			LEVEL OF SKILL		
	I have performed this task within the last 24 months	I have performed this task on a Daily or Weekly basis	I have performed this task on a Monthly basis	I have performed this task Annually	I have performed task for less than a year	I have performed this task for more than one year but less than three years	I have performed this task for over three years		
<p><b>Note to Applicant:</b> Please read carefully. Under "Work Experience," for items #16-30, indicate:</p> <p><b>1. Recency Performing Task</b> If you have performed this task within the last 24 months; <b>AND</b></p> <p><b>2. Frequency Performing Task</b> How often you perform this task (e.g. select one box from "weekly" "monthly" or "annually" column) <b>AND</b></p> <p><b>3. Level of Skill (No. of Years Performing Task)</b> Indicate the level of skill (No. of years) that you have in performing this task (e.g., select one box from the "level of skill" column)</p>									
16. Consult with all staff levels and other agencies concerning sensitive issues in order to gather, compile, coordinate and disseminate information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Participate in the development of policies and procedures and best practices to ensure appropriate and timely treatment is provided to patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Participate in the planning and implementation of health care policies and procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Identify, gather, and summarize data on performance measures and outcomes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. Make recommendations on performance measures and outcomes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21. Develop training materials on new or revised health care programs, policies and procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22. Conduct training on revised health care programs, policies and procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23. Assist with the development and the monitoring of health care programs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24. Assist with the evaluation of health care programs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25. Maintain automated data systems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26. Compile and tabulate statistical and/or management data.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27. Prepare documents/reports/correspondence about health care issues, programs, or policies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28. Participate on project teams related to health care programs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29. Participate in meetings, management committees or health care related training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30. Participate as a member of an inter-disciplinary committee.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**ASSOCIATE HEALTH PROGRAM ADVISER  
SUPPLEMENTAL APPLICATION**

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

**CONDITIONS OF EMPLOYMENT - CDCR ADULT FACILITY LISTING ONLY**

PLEASE MARK THE APPROPRIATE BOX(ES) OF YOUR CHOICE - YOU WILL NOT BE OFFERED A JOB IN LOCATIONS NOT MARKED.

If you are successful in this examination, your name will be placed on an active employment list and referred to fill vacancies according to the conditions you specify on this form. If, after you are contacted for a job, you are unwilling to accept work you will be charged with a waiver. **After three such waivers and/or you do not reply promptly to the contact, your name will be made inactive. ON OPEN EMPLOYMENT LISTS, once your name is placed inactive, it cannot be reactivated.** Therefore, before you mark this form, there are some things you should consider. 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 long way from your residence. You may choose up to 15 different locations. If you choose more than 15, you will be certified for anywhere in the State.

**TYPE OF APPOINTMENT YOU WILL ACCEPT**

Please mark the appropriate box(es) - you may check "(A) Any" if you are willing to accept any type of employment.

(D) Permanent Full-Time       (R) Permanent Part-Time       (K) Limited-Term Full-Time       (A) Any

If all are marked and you receive an appointment other than permanent full-time, your name will continue to be considered for permanent full-time positions.

(5) ANYWHERE IN THE STATE - If this box is marked, no further selection is necessary.

**NOTE:** California State Prison has been abbreviated to "CSP." This classification is currently not utilized in the Youth Facilities.

7231 **NORTHERN REGION** – If this box is marked, no further selection is necessary.

0309 **Mule Creek State Prison**  
Ione, Amador County

0802 **Pelican Bay State Prison**  
Crescent City, Del Norte County

1802 **California Correctional Center**  
Susanville, Lassen County

1805 **High Desert State Prison**  
Susanville, Lassen County

2102 **CSP, San Quentin**  
San Quentin, Marin County

3417 **Richard A. McGee Correctional Training Center,**  
Galt, Sacramento County

3423 **CSP, Sacramento**  
Represa, Sacramento County

3901 **Deuel Vocational Institution**  
Tracy, San Joaquin County

4804 **California Medical Facility**  
Vacaville, Solano County

3400 **Headquarters**  
Sacramento, Sacramento County

3404 **Folsom State Prison**  
Represa, Sacramento County

5505 **Sierra Conservation Center**  
Jamestown, Tuolumne County

4811 **CSP, Solano**  
Vacaville, Solano County

7232 **CENTRAL REGION** – If this box is marked, no further selection is necessary.

1015 **Pleasant Valley State Prison**  
Coalinga, Fresno County

1513 **Wasco State Prison**  
Wasco, Kern County

1514 **North Kern State Prison**  
Delano, Kern County

1522 **Kern Valley State Prison**  
Delano, Kern County

1605 **Avenal State Prison**  
Avenal, Kings County

2003 **Central California Women's Facility**  
Chowchilla, Madera County

2004 **Valley State Prison for Women**  
Chowchilla, Madera County

2701 **Correctional Training Facility**  
Soledad, Monterey County

2708 **Salinas Valley State Prison**  
Soledad, Monterey County

4005 **California Men's Colony**  
San Luis Obispo, San Luis Obispo County

1606 **CSP, Corcoran**  
Corcoran, Kings County

1608 **California Substance Abuse Treatment Facility,**  
Corcoran, Kings County

7233 **SOUTHERN REGION** – If this box is marked, no further selection is necessary.

1307 **Calipatria State Prison**  
Calipatria, Imperial County (North)

1308 **Centinela State Prison**  
Imperial, Imperial County (South)

1503 **California Correctional Institution**  
Tehachapi, Kern County

1995 **CSP, Los Angeles**  
Lancaster, Los Angeles County

3313 **Chuckawalla Valley State Prison**  
Blythe, Riverside County

3329 **Ironwood State Prison**  
Blythe, Riverside County

3612 **California Institution for Men**  
Chino, San Bernardino County

3613 **California Institution for Women**  
Corona, San Bernardino County

3310 **California Rehabilitation Center**  
Norco, Riverside County

3715 **R. J. Donovan Correctional Facility at Rock Mountain**  
San Diego, San Diego County

Please notify CDCR promptly of any address changes or availability for employment at the following address:

CDCR, Human Resources, Office of Personnel Services, P.O. Box 942883, Sacramento, CA 94283-0001, Attn: Customer Service Center

**ASSOCIATE HEALTH PROGRAM ADVISER  
SUPPLEMENTAL APPLICATION**

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

**RECRUITMENT QUESTIONNAIRE**

**These questions are not part of the examination but are for the hiring authority's information.**

**HOW DID YOU HEAR ABOUT THE ASSOCIATE HEALTH PROGRAM ADVISER EXAMINATION?**

Check the box that best describes how you found out about the Associate Health Program Adviser Examination?  
Other

**1. How did you hear about the position?**

- College Recruitment
- CDCR Employee/Relative
- CDCR Website
- Job Fair/Career Event (California)
- Job Fair/Career Event (Out-side California)
- Advertisement in Magazine/Journal
- Mailer
- Newspaper
- Internet Search (Career Builder, Google, AOL, etc.)
- State Personnel Board (SPB)

**2. What was your reason for selecting CDCR as your place of employment?**

- Competitive Salary
- Benefits
- Retirement
- Career Challenge
- Gain Experience in a Correctional Setting
- Flexible Shifts
- Opportunity
- All of the above

**3. How likely are you to recommend our Department to others?**

- Not Likely 1 2 3 4 5 Highly Likely