Read instructions carefully

This supplemental application will provide you with an opportunity to demonstrate significant aspects of your qualifications for Physician and Surgeon, Correctional Facility (CF) 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. 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: _________________________________________________________________________________________

Home Phone Number: ______________________________________________________________________________

Work Phone Number: ______________________________________________________________________________

Residency Training:

<table>
<thead>
<tr>
<th>Post Graduate Year 1</th>
<th>Post Graduate Year 2</th>
<th>Post Graduate Year 3</th>
</tr>
</thead>
</table>

Medical License: _____________________________________

<table>
<thead>
<tr>
<th>Number</th>
<th>Expiration date</th>
<th>State</th>
</tr>
</thead>
</table>

Specialty Board Certification: _________________________________________________________________________

<table>
<thead>
<tr>
<th>Number</th>
<th>Specialty</th>
<th>Expiration Date</th>
</tr>
</thead>
</table>

Board Re-certification date: ____________________________________________

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 California Human Resources Department’s website at http://www.cdcr.ca.gov/Career_Opportunities/HR/OPS/Exams) to the address listed below:

MAIL COMPLETED
STD. 678 AND
SUPPLEMENTAL
APPLICATION TO:
California Department of Corrections and Rehabilitation
Office of Workforce Planning
P. O. Box 942883
Sacramento, CA 94283-0001
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 your education, experience, and licensure information that meet the minimum qualifications for this exam.

Possession of the legal requirements for the practice of medicine in California as determined by the Medical Board of California or the Osteopathic Medical Board of California. (Applicants who are in the process of securing approval of their qualifications by the Medical Board of California or the Osteopathic Medical Board of California 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.)

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 in a State correctional facility? ☐ Yes ☐ No
2. Are you willing to provide medical care to inmates? ☐ Yes ☐ No
3. Are you willing to comply with the Department’s safety and security procedures? ☐ Yes ☐ No
4. Are you willing to participate in departmental legal activities (e.g., serve as an expert witness, material witness, defendant)? ☐ Yes ☐ No
5. Are you willing to work Physician-on-Call or Medical Officer-of-the-Day assignments (e.g. evenings, nights), which may extend beyond regular working hours? ☐ Yes ☐ No
6. Are you willing to work various schedules (e.g., day shift, swing shift, night shift)? ☐ Yes ☐ No
7. Are you willing to actively participate in the peer review and clinical quality review process? ☐ Yes ☐ No
8. Are you willing to comply with tuberculosis screening requirements? ☐ Yes ☐ No

LICENSE REQUIREMENTS

Please respond to each question by marking the appropriate box.

9. Is your license to practice medicine currently restricted? ☐ Yes ☐ No
10. Have you been convicted of any felony crime related to the practice of medicine that has restricted your ability to practice or your scope of practice? ☐ Yes ☐ No
11. Are there currently any pending disciplinary charges against you? ☐ Yes ☐ No
12. Have there been any disciplinary actions completed against you that have restricted your ability to practice medicine? ☐ Yes ☐ No
13. Have there been any settlements, malpractice judgments, or arbitration awards rendered against you? ☐ Yes ☐ No
14. Have any disciplinary actions been taken against you by another state or jurisdiction? ☐ Yes ☐ No
15. Have you been convicted of any misdemeanor related to the practice of medicine that has restricted your ability to practice or your scope of practice? ☐ Yes ☐ No
16. Is your license to practice medicine currently subject to probationary conditions? ☐ Yes ☐ No
17. Have your clinical privileges at any hospital or health care institution ever been revoked? ☐ Yes ☐ No
18. Has your medical staff membership or medical staff status at any hospital ever been revoked? ☐ Yes ☐ No
Name: _____________________________________________

**WORK EXPERIENCE**

Under "Work Experience," for items #19 - 31, please indicate:

**Frequency:**
- a). If you have performed this task **within the last 12 months**; and
- b). How often you perform this task
  *(Please select one box from "weekly," "monthly," and "annually" column)*

**Level of Skill:**
- a). The level of skill that you have in performing this task
  *(Please select one box from the "level of skill" column)*

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Level of skill</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Performed task within last 12 months</td>
<td>Weekly</td>
</tr>
<tr>
<td>19. Interview patients to establish symptoms and medical history.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>20. Physically examine patients to determine symptoms, evaluate health status, and determine diagnosis.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>21. Interpret medical charts, lab reports, and other documents to determine next step in patients’ treatments.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>22. Order appropriate lab studies, X-rays/imaging scans, and other diagnostic tests to determine patient’s condition or illness.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>23. Diagnose patients’ diseases or conditions to determine treatment methods, needed referrals, etc.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>24. Order medical interventions (e.g., medication, special diets, physical therapy, etc.) appropriate to treat patients’ conditions.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>25. Make rounds to facilitate continuity of care and management of patients’ conditions.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>26. Schedule follow-up appointments with chronically ill patients to facilitate continuity of care and management of patients’ conditions.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>27. Administer treatments (e.g., medications, dressing, injections, etc).</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>28. Perform procedures (e.g., suturing incision and drainage, endotracheal intubation, and/or excision, etc.).</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>29. Educate patients about their diagnosis, treatment, condition, and prognosis.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>30. Clinically supervise Registered Nurses, Physician Assistants, Interns/Residents and/or Nurse Practitioners.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>31. Write progress notes, patient histories, correspondence, etc.</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
### DEGREES, RESIDENCIES, AND CERTIFICATIONS
Please indicate if you have completed any of the following degrees, residencies, or certifications.

<table>
<thead>
<tr>
<th>Number</th>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>32</td>
<td>Successfully completed an approved 36-month residency program in either family practice or internal medicine.</td>
</tr>
<tr>
<td>33</td>
<td>Successfully completed an approved 36-month residency program in pediatrics or adolescent medicine.</td>
</tr>
<tr>
<td>34</td>
<td>Board certified in either family practice or internal medicine.</td>
</tr>
<tr>
<td>35</td>
<td>Board certified in pediatrics or adolescent medicine</td>
</tr>
<tr>
<td>36</td>
<td>Advanced Cardiac Life Support (ACLS) Certified</td>
</tr>
<tr>
<td>37</td>
<td>Master’s degree/Ph.D. in a health-care related field</td>
</tr>
</tbody>
</table>
Physician and Surgeon, Correctional Facility
Supplemental Application

Name: _____________________________________________

Authorization to Work in the United States of America
This question is not part of the examination but is for the hiring authority's information. If you answer 'yes' to question 2, please provide your Visa information below.

1. Are you a citizen or permanent resident of the United States of America? □ Yes □ No

2. If not, are you in possession of a Visa that permits you to work in the United States of America? □ Yes □ No

Visa type _______________________________________

Visa expiration date _____________________________
PHYSICIAN AND SURGEON, CORRECTIONAL FACILITY
SUPPLEMENTAL APPLICATION

Name: _____________________________________________

CONDITIONS OF EMPLOYMENT - CDCR ADULT/YOUTH FACILITY & HEADQUARTERS

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 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.” Youth Correctional Facility has been abbreviated to “YCF.

☐ 7231 NORTHERN REGION

☐ 3400 - Sacramento County – Headquarters

ADULT FACILITIES: YOUTH FACILITIES:

☐ 0309 Mule Creek State Prison ☐ 3423 CSP, Sacramento Represa, Sacramento County ☐ 3907 Northern California YCF Stockton, San Joaquin County

☐ 1802 California Correctional Center ☐ 3404 Folsom State Prison Represa, Sacramento County

Susanville, Lassen County

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

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

☐ 7232 CENTRAL REGION

ADULT FACILITIES:

☐ 4804 California Medical Facility ☐ 2003 Central California Women’s Facility Vacaville, Solano County Chowchilla, Madera County

☐ 4811 CSP, Solano ☐ 4005 California Men’s Colony Vacaville, Solano County San Luis Obispo, San Luis Obispo County

☐ 7233 SOUTHERN REGION

ADULT FACILITIES:

☐ 1503 California Correctional Institution ☐ 3329 Ironwood State Prison Tehachapi, Kern County Blythe, Riverside County

☐ 1522 Kern Valley State Prison ☐ 3715 R. J. Donovan Correctional Delano, Kern County Facility at Rock Mountain, San Diego County

☐ 3310 California Rehabilitation Center Norco, Riverside County

Please notify CDCR promptly of any address changes or availability for employment at the following address:
CDCR, Human Resources, Office of Workforce Planning, P.O. Box 942883, Sacramento, CA 94283-0001, Attn: Certification Unit

California Department of Corrections and Rehabilitation
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RECRUITMENT QUESTIONNAIRE
These questions are not part of the examination but are for the hiring authority’s information.

How did you hear about the Physician and Surgeon, CF examination?
Check the box that best describes how you found out about the Physician and Surgeon, CF examination.

☐ Professional Journal
☐ Professional Colleague
☐ Newspaper/Magazine Advertisement
☐ Internet
☐ California Department of Corrections and Rehabilitation employee
☐ Job Fair/Career Fair
☐ Recruitment Mailing
☐ College/School
☐ Other