

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
OFFICE OF SELECTION SERVICES

**SUPPLEMENTAL APPLICATION EXAMINATION
FOR PHYSICIAN AND SURGEON, CORRECTIONAL FACILITY**

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: _____

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

Home/Cellular Phone Number: _____

Work Phone Number: _____

Residency Training:

Post Graduate Year 1

Post Graduate Year 2

Post Graduate Year 3

Medical License: _____
Number Expiration date State

Specialty Board Certification: _____
Number Specialty Expiration Date

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 to the address listed below. You may print the State Application (STD 678) from the State Personnel Board's website at www.spb.ca.gov

**MAIL COMPLETED STD. 678 AND SUPPLEMENTAL APPLICATION TO:
California Department of Corrections and Rehabilitation
P.O. Box 942883
Sacramento, CA 94283-0001**

**PHYSICIAN AND SURGEON, CORRECTIONAL FACILITY
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 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you willing to provide medical care to inmates?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are you willing to comply with the Department's safety and security procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are you willing to participate in departmental legal activities (e.g., serve as an expert witness, material witness, defendant)?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Are you willing to work various schedules (e.g., day shift, swing shift, night shift)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Are you willing to actively participate in the peer review and clinical quality review process?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Are you willing to comply with tuberculosis screening requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No

LICENSE REQUIREMENTS

Please respond to each question by marking the appropriate box.

9. Is your license to practice medicine currently restricted?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Are there currently any pending disciplinary charges against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Have there been any disciplinary actions completed against you that have restricted your ability to practice medicine?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Have there been any settlements, malpractice judgments, or arbitration awards rendered against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Have any disciplinary actions been taken against you by another state or jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Is your license to practice medicine currently subject to probationary conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Have your clinical privileges at any hospital or health care institution ever been revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Has your medical staff membership or medical staff status at any hospital ever been revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**PHYSICIAN AND SURGEON, CORRECTIONAL FACILITY
SUPPLEMENTAL APPLICATION**

Name: _____

WORK EXPERIENCE								
Under "Work Experience," for items #19 – 31, please indicate: Frequency of Task: 1. Indicate if you have performed the below tasks within the last 12 months; <u>and</u> 2. Indicate how often you performed the below tasks (e.g., select one box from "daily, weekly, monthly" column.) Level of Skill: 1. Indicate the level of skill that you have in performing this task (e.g., select one box from the "level of skill" column) <i>(Please select one box from the "level of skill" column)</i>	Frequency				Level of skill			
	Performed task within last 12 months	Weekly	Monthly	Annually	Have not performed this task	Performed task during training ONLY	Performed task as a regular work duty AFTER licensure	
19. Interview patients to establish symptoms and medical history.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. Physically examine patients to determine symptoms, evaluate health status, and determine diagnosis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21. Interpret medical charts, lab reports, and other documents to determine next step in patients' treatments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22. Order appropriate lab studies, X-rays/imaging scans, and other diagnostic tests to determine patient's condition or illness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23. Diagnose patients' diseases or conditions to determine treatment methods, needed referrals, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24. Order medical interventions (e.g., medication, special diets, physical therapy, etc.) appropriate to treat patients' conditions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25. Make rounds to facilitate continuity of care and management of patients' conditions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26. Schedule follow-up appointments with chronically ill patients to facilitate continuity of care and management of patients' conditions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27. Administer treatments (e.g., medications, dressing, injections, etc).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28. Perform procedures (e.g., suturing incision and drainage, endotracheal intubation, and/or excision, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29. Educate patients about their diagnosis, treatment, condition, and prognosis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30. Clinically supervise Registered Nurses, Physician Assistants, Interns/Residents and/or Nurse Practitioners.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
31. Write progress notes, patient histories, correspondence, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**PHYSICIAN AND SURGEON, CORRECTIONAL FACILITY
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Name: _____

DEGREES, RESIDENCIES, AND CERTIFICATIONS

Please indicate if you have completed any of the following degrees, residencies, or certifications.

<input type="checkbox"/>	32. Successfully completed an approved 36-month residency program in either family practice or internal medicine.
<input type="checkbox"/>	33. Successfully completed an approved 36-month residency program in pediatrics or adolescent medicine.
<input type="checkbox"/>	34. Board certified in either family practice or internal medicine.
<input type="checkbox"/>	35. Board certified in pediatrics or adolescent medicine
<input type="checkbox"/>	36. Advanced Cardiac Life Support (ACLS) Certified
<input type="checkbox"/>	37. Master's degree/Ph.D. in a health-care related field

**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 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.

NOTE: California State Prison has been abbreviated to "CSP." Youth Correctional Facility has been abbreviated to "YCF."

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

7238 **UPPER NORTHERN REGION** – If this box is marked, no further selection is necessary.

ADULT FACILITIES:

<input type="checkbox"/> 0802 Pelican Bay State Prison Crescent City, Del Norte County	<input type="checkbox"/> 1802 California Correctional Center Susanville, Lassen County	<input type="checkbox"/> 1805 High Desert State Prison Susanville, Lassen County
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7231 **NORTHERN REGION** – If this box is marked, no further selection is necessary.

ADULT FACILITIES:

<input type="checkbox"/> 0309 Mule Creek State Prison Ione, Amador County	<input type="checkbox"/> 3417 Richard A. McGee Correctional Training Center, Galt, Sacramento County
<input type="checkbox"/> 3423 CSP, Sacramento Represa, Sacramento County	<input type="checkbox"/> 3901 Deuel Vocational Institution Tracy, San Joaquin County
<input type="checkbox"/> 4804 California Medical Facility Vacaville, Solano County	<input type="checkbox"/> 4811 CSP, Solano Vacaville, Solano County
<input type="checkbox"/> 2102 CSP, San Quentin San Quentin, Marin County	<input type="checkbox"/> 5505 Sierra Conservation Center Conservation Camp Facility Jamestown, Tuolumne County
<input type="checkbox"/> 3400 Headquarters Sacramento, Sacramento County	
<input type="checkbox"/> 3404 Folsom State Prison Represa, Sacramento County	

YOUTH FACILITIES:

<input type="checkbox"/> 0307 Preston YCF Ione, Amador County
<input type="checkbox"/> 3908 O.H. Close YCF Stockton, San Joaquin County
<input type="checkbox"/> 3917 N.A. Chaderjian YCF Stockton, San Joaquin County
<input type="checkbox"/> 3907 Northern California YCF Stockton, San Joaquin County
<input type="checkbox"/> 0311 Pine Grove Youth Pine Grove, Amador County

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

ADULT FACILITIES:

<input type="checkbox"/> 1015 Pleasant Valley State Prison Coalinga, Fresno County	<input type="checkbox"/> 2003 Central California Women's Facility Chowchilla, Madera County
<input type="checkbox"/> 1513 Wasco State Prison Reception Center, Wasco, Kern County	<input type="checkbox"/> 2004 Valley State Prison for Women Chowchilla, Madera County
<input type="checkbox"/> 1514 North Kern State Prison Delano, Kern County	<input type="checkbox"/> 2701 Correctional Training Facility Soledad, Monterey County
<input type="checkbox"/> 1522 Kern Valley State Prison Delano, Kern County	<input type="checkbox"/> 2708 Salinas Valley State Prison Soledad, Monterey County
<input type="checkbox"/> 1605 Avenal State Prison Avenal, Kings County	<input type="checkbox"/> 4005 California Men's Colony San Luis Obispo, San Luis Obispo County
<input type="checkbox"/> 1606 CSP, Corcoran Corcoran, Kings County	<input type="checkbox"/> 1608 California Substance Abuse Treatment Facility, Corcoran, Kings County

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

ADULT FACILITIES:

<input type="checkbox"/> 1307 Calipatria State Prison Calipatria, Imperial County (North)	<input type="checkbox"/> 3313 Chuckawalla Valley State Prison Blythe, Riverside County
<input type="checkbox"/> 1308 Centinela State Prison Imperial, Imperial County (South)	<input type="checkbox"/> 3329 Ironwood State Prison Blythe, Riverside County
<input type="checkbox"/> 1503 California Correctional Institution Tehachapi, Kern County	<input type="checkbox"/> 3612 California Institution for Men Chino, San Bernardino County
<input type="checkbox"/> 1995 CSP, Los Angeles Lancaster, Los Angeles County	<input type="checkbox"/> 3613 California Institution for Women Corona, San Bernardino County
<input type="checkbox"/> 3310 California Rehabilitation Center Norco, Riverside County	<input type="checkbox"/> 3715 R. J. Donovan Correctional Facility at Rock Mountain San Diego, San Diego County

YOUTH FACILITIES:

<input type="checkbox"/> 3628 Heman G. Stark YCF Chino, San Bernardino County
<input type="checkbox"/> 1967 Southern Youth Correctional Reception Center & Clinic Norwalk, Los Angeles County
<input type="checkbox"/> 5610 Ventura YCF Camarillo, Ventura 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.

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Name: _____

RECRUITMENT QUESTIONNAIRE

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

HOW DID YOU HEAR ABOUT THE PHYSICIAN & SURGEON, CORRECTIONAL FACILITY EXAMINATION?

1. Check the box that best describes how you found out about the PHYSICIAN & SURGEON, CORRECTIONAL FACILITY Examination?

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

2. Check the box that best describes the reason for selecting CDCR as your place of employment:

<input type="checkbox"/>	Competitive Salary
<input type="checkbox"/>	Benefits
<input type="checkbox"/>	Retirement
<input type="checkbox"/>	Career Challenge
<input type="checkbox"/>	Gain Experience in a Correctional Setting
<input type="checkbox"/>	Flexible Shifts
<input type="checkbox"/>	Opportunity
<input type="checkbox"/>	All of the above