

**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 |

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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)

	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"/>

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DEGREES, RESIDENCIES, AND CERTIFICATIONS

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

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

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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 _____

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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**
Ione, Amador County

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

3907 **Northern California YCF**
Stockton, San Joaquin County

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

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

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

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

7232 CENTRAL REGION

ADULT FACILITIES:

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

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

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

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

7233 SOUTHERN REGION

ADULT FACILITIES:

YOUTH FACILITIES:

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

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

5610 **Ventura YCF**
Camarillo, Ventura County

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

3715 **R. J. Donovan Correctional 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

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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