



DEPARTMENT OF STATE HOSPITALS

Training and Experience Assessment Instructions

EXAM INFORMATION

All parts of this examination belong to the Department of State Hospitals.

HOW TO COMPLETE YOUR TRAINING & EXPERIENCE ASSESSMENT

- Read the instructions on the Training and Experience Assessment carefully before you begin.
- Fill out all of your personal information truthfully and to the best of your knowledge.
- Read and complete each page and section in the assessment.
 - **Section 1:** Verification References
 - Provide any previous and current Employment and/or Education References.
 - **Section 2:** Task Ratings
 - Score all items using the Experience and Frequency scales provided AND mark the boxes for References.
 - **Section 3:** Knowledge, Skills, and Abilities (KSAs) Ratings
 - Score all items using the Experience scale provided AND mark the boxes for References.
 - **Section 4:** Conditions of Employment
 - Include 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, along with a standard State Application Form, STD. 678 as follows:

Mail or Hand Deliver to:

DEPARTMENT OF STATE HOSPITALS - SACRAMENTO
SELECTION SERVICES UNIT
1600 9TH STREET, ROOM 121
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 original signature may result in disqualification.**

An example on how to fill out your Training and Experience Assessment has been provided on the next page.



Training Program Specialist

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 Department of State Hospitals 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.

Candidate's Name: John Doe

Social Security Number: 555-00-5555

Address: 1123 Mather Road, Sunny City, CA 91215

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

Home Phone Number: 123-555-555

Work Phone Number: 123-456-7890

Cellular Phone Number: 123-233-4455

Section 1: Verification References

Complete the Verification References below. Include any previous and current Employment and/or Education References that may apply to this examination. You will use this information to complete Sections 2 and 3.

These references may be contacted to confirm that you have paid or unpaid experience pertaining to the duties and requirements listed in this examination. List all references that apply.

EMPLOYMENT

Employment Reference A

Job Title: Training Coordinator

Organization Name and Address: ABZ Corporate Agency, 123 Oak Ave, Sacramento, CA 95814

Dates Worked: From: 7/1/2010 To: 7/30/2013

Name of Supervisor(s) or Person(s) Who Can Verify Your Job Responsibilities: Dana Clark

Contact Phone Number(s) of the above Individual(s): 555-565-5656

EDUCATION

Education Reference A

School Name and Address: University of California, Sunny City

Degree(s) Earned: Business Administration with Concentration in Communications

Date(s) Attended: From: 9/1/2005 To: 5/1/2010

**Training Program Specialist
TRAINING AND EXPERIENCE ASSESSMENT**

WORK EXPERIENCE

Section 2: 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, Frequency, References) provided below, you will rate your experience performing specific job-related tasks.

In responding to each item, use your EMPLOYMENT and/or EDUCATION whether paid or volunteer as listed in **Section 1: Verification References**.

For items 1-2, provide responses regarding your:

- “Experience” - the number of years you have performed the item.
- “Frequency” - the number of times you have performed the item.
- “References” - mark the “Emp” and “Edu” boxes that match your employment and/or education listed in **Section 1: Verification References**.

ITEM	EXPERIENCE I have performed this task for: 4 - More than five years 3 - More than three years and up to five years 2 - More than one year and up to three years 1 - More than six months and up to one year 0 - Zero to six months	FREQUENCY I have performed this task: 4 - More than 30 times 3 - At least 21-30 times 2 - At least 11-20 times 1 - At Least 1-10 times 0 - 0 times	EXPERIENCE	FREQUENCY	REFERENCES Employment (Emp)/ Education (Edu)
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	<input checked="" type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp__
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	<input checked="" type="checkbox"/> Emp A <input checked="" type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp__

**Training Program Specialist
TRAINING AND EXPERIENCE ASSESSMENT**

WORK EXPERIENCE

Section 3: 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 scales (Experience and References) provided below, you will rate your experience in accordance to specific job-related knowledge, skills, and/or abilities.

In responding to each item, use your EMPLOYMENT and/or EDUCATION whether paid or volunteer as listed in **Section 1: Verification References**.

For items 3-4, provide responses regarding your:

- “Experience” - the number of years you have applied the item.
- “References” - mark the “Emp” and “Edu” boxes that match your employment and/or education listed in **Section 1: Verification References**.

ITEM	EXPERIENCE I have applied this knowledge, skills, and/or abilities for: 4 - More than five years 3 - More than three years and up to five years 2 - More than one year and up to three years 1 - More than six months and up to one year 0 - Zero to six months	EXPERIENCE	REFERENCES Employment (Emp)/ Education (Edu)
3.	Knowledge of training techniques to ensure informative and engaging discussions for various audiences.	3	<input checked="" type="checkbox"/> Emp A <input checked="" type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp__
4.	Ability to effectively conduct and convey training objectives to audiences with varying levels of understanding.	2	<input checked="" type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp__



Rehabilitation Therapist, State Facilities (Occupational Safety)

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 Rehabilitation Therapist, State Facilities (Occupational 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 Department of State Hospitals 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.

Candidate's Name: _____

Social Security Number: _____

Address: _____

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

Home Phone Number: _____

Work Phone Number: _____

Cellular Phone Number: _____

Section 1: Verification References

Complete the Verification References below. Include any previous and current Employment and/or Education References that may apply to this examination. You will use this information to complete Sections 2 and 3.

These references may be contacted to confirm that you have paid or unpaid experience pertaining to the duties and requirements listed in this examination. List all references that apply.

EMPLOYMENT

Employment Reference A

Job Title: _____

Organization Name and Address: _____

Dates Worked (mm/dd/yyyy): From: _____ To: _____

Name of Supervisor(s) or Person(s) Who Can Verify Your Job Responsibilities: _____

Contact Phone Number(s) of the above Individual(s): _____

Employment Reference B

Job Title: _____

Organization Name and Address: _____

Dates Worked (mm/dd/yyyy): From: _____ To: _____

Name of Supervisor(s) or Person(s) Who Can Verify Your Job Responsibilities: _____

Contact Phone Number(s) of the above Individual(s): _____

Employment Reference C

Job Title: _____
Organization Name and Address: _____
Dates Worked (mm/dd/yyyy): From: _____ To: _____
Name of Supervisor(s) or Person(s) Who Can Verify Your Job Responsibilities: _____
Contact Phone Number(s) of the above Individual(s): _____

Employment Reference D

Job Title: _____
Organization Name and Address: _____
Dates Worked (mm/dd/yyyy): From: _____ To: _____
Name of Supervisor(s) or Person(s) Who Can Verify Your Job Responsibilities: _____
Contact Phone Number(s) of the above Individual(s): _____

Employment Reference E

Job Title: _____
Organization Name and Address: _____
Dates Worked (mm/dd/yyyy): From: _____ To: _____
Name of Supervisor(s) or Person(s) Who Can Verify Your Job Responsibilities: _____
Contact Phone Number(s) of the above Individual(s): _____

Employment Reference F

Job Title: _____
Organization Name and Address: _____
Dates Worked (mm/dd/yyyy): From: _____ To: _____
Name of Supervisor(s) or Person(s) Who Can Verify Your Job Responsibilities: _____
Contact Phone Number(s) of the above Individual(s): _____

EDUCATION

Education Reference A

School Name and Address: _____
Degree(s) Earned: _____
Date(s) Attended (mm/dd/yyyy): From: _____ To: _____

Education Reference B

School Name and Address: _____
Degree(s) Earned: _____
Date(s) Attended (mm/dd/yyyy): From: _____ To: _____

Education Reference C

School Name and Address: _____
Degree(s) Earned: _____
Date(s) Attended (mm/dd/yyyy): From: _____ To: _____

Education Reference E

School Name and Address: _____

Degree(s) Earned: _____

Date(s) Attended (mm/dd/yyyy): From: _____ To: _____

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

Before a final score is determined, your responses to exam questions will be verified. 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. Failure to include original signature may result in disqualification.

Signature

Date

FILING INSTRUCTIONS:

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

Mail or Hand Deliver to:

DEPARTMENT OF STATE HOSPITALS-SACRAMENTO
SELECTION SERVICES UNIT
1600 9TH STREET, ROOM 121
SACRAMENTO, CA 95814
(916) 651-8832

**Rehabilitation Therapist, State Facilities (Occupational Safety)
TRAINING AND EXPERIENCE ASSESSMENT**

Name: _____

MINIMUM QUALIFICATIONS

Each candidate must meet the minimum qualifications on his/her application by the established cut-off date. 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 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:

All Therapists:

Completion of an approved clinical internship in the appropriate rehabilitation specialty in an approved hospital or rehabilitation center affiliated with the college.

(Individuals who are registered or certified with the appropriate therapy association but who have not completed a clinical internship because it was not a component of the academic program at the time are required to have completed a minimum of two years' full-time paid experience in a clinical, residential, or community-based setting after receipt of the required degree to be admitted into the exam.)

Occupational:

Equivalent to graduation from a recognized college with major work in occupational therapy, or certification as an occupational therapist registered by the American Occupational Therapy Association, or eligibility for such certification.

**Rehabilitation Therapist, State Facilities (Occupational Safety)
TRAINING AND EXPERIENCE ASSESSMENT**

Name: _____

WORK EXPERIENCE

Section 2: 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, Frequency, References) provided below, you will rate your experience performing specific job-related tasks.

In responding to each item, use your EMPLOYMENT and/or EDUCATION whether paid or volunteer as listed in **Section 1: Verification References**.

For items 1-18, provide responses regarding your:

- “Experience” - the number of years you have performed the item.
- “Frequency” - the number of times you have performed the item.
- “References” - mark the “Emp” and “Edu” boxes that match your employment and/or education listed in **Section 1: Verification References**.

ITEM	EXPERIENCE I have performed this task for: 4 - More than five years 3 - More than three years and up to five years 2 - More than one year and up to three years 1 - More than six months and up to one year 0 - Zero to six months	FREQUENCY I have performed this task: 4 - More than 30 times 3 - At least 21-30 times 2 - At least 11-20 times 1 - At Least 1-10 times 0 - 0 times	EXPERIENCE	FREQUENCY	REFERENCES Employment (Emp)/ Education (Edu)
1.	Plan and schedule individual and group therapy sessions and rehabilitative activities/services utilizing adaptive strategies to maximize patient independence.				<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp_
2.	Conduct individual and group therapy sessions and rehabilitative activities/services based on patients' emotional, cognitive, physical and social level of functioning utilizing therapeutic strategies and or adaptive equipment to support physical and psychosocial growth and development.				<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp_
3.	Provide occupational rehabilitative services utilizing various treatment modalities (e.g., self-help skills, language and educational techniques, sensory motor integration, physical restoration methods, independent living skills, prevocational explorations) to support physical and psychosocial growth and development.				<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp_

**Rehabilitation Therapist, State Facilities (Occupational Safety)
TRAINING AND EXPERIENCE ASSESSMENT**

Name: _____

ITEM	EXPERIENCE I have performed this task for: 4 - More than five years 3 - More than three years and up to five years 2 - More than one year and up to three years 1 - More than six months and up to one year 0 - Zero to six months	FREQUENCY I have performed this task: 4 - More than 30 times 3 - At least 21-30 times 2 - At least 11-20 times 1 - At Least 1-10 times 0 - 0 times	EXPERIENCE	FREQUENCY	REFERENCES Employment (Emp)/ Education (Edu)
4.	Provide initial and periodic rehabilitation therapy assessments and develop rehabilitation treatment objectives and plans to support physical and psychosocial growth and development.				<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp_
5.	Provide individual or group orientation for all new patients regarding rehabilitation groups and leisure activities to ensure efficient unit operations.				<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp_
6.	Develop and maintain a monthly activity calendar of all rehabilitation therapy programs offered on the unit board to ensure efficient unit operations.				<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp_
7.	Promote and assist in the coordination of events (e.g., holiday recognition, special events) by meeting regularly with patient activity coordinator to help plan unit parties and leisure activities and enhance patient quality of life.				<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp_
8.	Evaluate patient response and progress to the various rehabilitative therapy programs and services to determine program effectiveness and identify areas that require improvement as necessary.				<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp_
9.	Provide written documentation on patient progress pertaining to their rehabilitation therapy program in their Medical Record to ensure efficient unit operations.				<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp_
10.	Write patient progress notes that display attendance, behavior and progress in meeting therapeutic objectives/goals in accordance with licensing and administrative directives to ensure best practice documentation of patient treatment.				<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp_

**Rehabilitation Therapist, State Facilities (Occupational Safety)
TRAINING AND EXPERIENCE ASSESSMENT**

Name: _____

ITEM	EXPERIENCE I have performed this task for: 4 - More than five years 3 - More than three years and up to five years 2 - More than one year and up to three years 1 - More than six months and up to one year 0 - Zero to six months	FREQUENCY I have performed this task: 4 - More than 30 times 3 - At least 21-30 times 2 - At least 11-20 times 1 - At Least 1-10 times 0 - 0 times	EXPERIENCE	FREQUENCY	REFERENCES Employment (Emp)/ Education (Edu)
11.	Participate in program development meetings, program rehabilitation meetings, shift change meetings, and other program staff meetings as assigned to support communication and information sharing with peers.				<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp_
12.	Participate in clinical meetings with psychiatrists, social workers, psychologists, rehabilitation therapists and nursing staff as necessary to review treatment cases and unit treatment issues.				<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp_
13.	Participate in professional development activities by completing all facility core training as scheduled, attending meetings, special workshops, seminars, conferences, continuing education, individual study or other avenues of professional development to maintain knowledge on current and new treatment modalities.				<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp_
14.	Participate in the development of curriculum and lesson plans for the facility to support physical and psychosocial growth and development.				<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp_
15.	Assist staff in the counting, distribution, and accounting for all items to prevent their use as weapons and ensure the safety and security of the facility.				<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp_
16.	Provide input to management regarding the patient population, treatment needs, treatment resources and staff development needs for the purpose of improving quality of care as needed.				<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp_
17.	Procure therapy/activity program supplies and equipment needed to conduct rehabilitation therapy program and activities to ensure efficient unit operations.				<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp_

**Rehabilitation Therapist, State Facilities (Occupational Safety)
TRAINING AND EXPERIENCE ASSESSMENT**

Name: _____

ITEM	EXPERIENCE I have performed this task for: 4 - More than five years 3 - More than three years and up to five years 2 - More than one year and up to three years 1 - More than six months and up to one year 0 - Zero to six months	FREQUENCY I have performed this task: 4 - More than 30 times 3 - At least 21-30 times 2 - At least 11-20 times 1 - At Least 1-10 times 0 - 0 times	EXPERIENCE	FREQUENCY	REFERENCES Employment (Emp) Education (Edu)										
18.	Maintain equipment and supplies utilized in rehabilitation therapy program and activities to ensure efficient unit operations.				<table border="0"> <tr> <td><input type="checkbox"/> Emp A</td> <td><input type="checkbox"/> Edu A</td> </tr> <tr> <td><input type="checkbox"/> Emp B</td> <td><input type="checkbox"/> Edu B</td> </tr> <tr> <td><input type="checkbox"/> Emp C</td> <td><input type="checkbox"/> Edu C</td> </tr> <tr> <td><input type="checkbox"/> Emp D</td> <td><input type="checkbox"/> Edu D</td> </tr> <tr> <td><input type="checkbox"/> Emp_</td> <td></td> </tr> </table>	<input type="checkbox"/> Emp A	<input type="checkbox"/> Edu A	<input type="checkbox"/> Emp B	<input type="checkbox"/> Edu B	<input type="checkbox"/> Emp C	<input type="checkbox"/> Edu C	<input type="checkbox"/> Emp D	<input type="checkbox"/> Edu D	<input type="checkbox"/> Emp_	
<input type="checkbox"/> Emp A	<input type="checkbox"/> Edu A														
<input type="checkbox"/> Emp B	<input type="checkbox"/> Edu B														
<input type="checkbox"/> Emp C	<input type="checkbox"/> Edu C														
<input type="checkbox"/> Emp D	<input type="checkbox"/> Edu D														
<input type="checkbox"/> Emp_															

**Rehabilitation Therapist, State Facilities (Occupational Safety)
TRAINING AND EXPERIENCE ASSESSMENT**

Name: _____

WORK EXPERIENCE

Section 3: 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 scales (Experience and References) provided below, you will rate your experience in accordance to specific job-related knowledge, skills, and/or abilities.

In responding to each item, use your EMPLOYMENT and/or EDUCATION whether paid or volunteer as listed in **Section 1: Verification References**.

For items 19-31, provide responses regarding your:

- “Experience” - the number of years you have applied the item.
- “References” - mark the “Emp” and “Edu” boxes that match your employment and/or education listed in **Section 1: Verification References**.

ITEM	EXPERIENCE I have applied this knowledge, skills, and/or abilities for: 4 - More than five years 3 - More than three years and up to five years 2 - More than one year and up to three years 1 - More than six months and up to one year 0 - Zero to six months	EXPERIENCE	REFERENCES Employment (Emp)/ Education (Edu)
19.	Knowledge of the principles, techniques, trends, and literature of rehabilitation services, especially those relating to developmental, mental, or physical disordered patients to provide effective treatment.		<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp_
20.	Knowledge of the process of restoration, maintenance, and development of capabilities to treat developmental, mental, or physical disordered patients.		<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp_
21.	Knowledge of the characteristics of mental, emotional, physical and developmental disorders to provide effective treatment.		<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp_
22.	Knowledge of scope and activities of private and public health and welfare agencies related to the treatment of developmental, mental, or physical disordered patients.		<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp_
23.	Knowledge of current trends in occupational therapy, mental health, public health and public welfare to incorporate effective treatment as needed.		<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp_

**Rehabilitation Therapist, State Facilities (Occupational Safety)
TRAINING AND EXPERIENCE ASSESSMENT**

Name: _____

ITEM	EXPERIENCE I have applied this knowledge, skills, and/or abilities for: 4 - More than five years 3 - More than three years and up to five years 2 - More than one year and up to three years 1 - More than six months and up to one year 0 - Zero to six months	EXPERIENCE	REFERENCES Employment (Emp)/ Education (Edu)
24.	Ability to collaborate with other professionals involved in patient care to facilitate the successful transition to the community or next level of care.		<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp_
25.	Ability to provide patient assessments to conduct treatment planning, implementation and evaluation.		<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp_
26.	Ability to evaluate ongoing assessments and relay clinically relevant information to share with clinical and nursing staff.		<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp_
27.	Ability to provide accurate and concise reports and documentation in accordance with professional standards, facility documentation policies and government guidelines.		<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp_
28.	Ability to observe clinical data and accurately record such data systematically.		<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp_
29.	Ability to organize and keep records of relevant materials (e.g., treatment plans, progress notes) and prepare appropriate reports.		<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp_
30.	Ability to verbally explain and clarify policies, procedures, and other issues for patients with varying levels of understanding and communication needs.		<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp_
31.	Ability to apply the knowledge of the psychological growth and development of patients in the adult and geriatric age categories to better understand the patients and to provide treatment.		<input type="checkbox"/> Emp A <input type="checkbox"/> Edu A <input type="checkbox"/> Emp B <input type="checkbox"/> Edu B <input type="checkbox"/> Emp C <input type="checkbox"/> Edu C <input type="checkbox"/> Emp D <input type="checkbox"/> Edu D <input type="checkbox"/> Emp_

Section 4: Conditions of Employment

DEPARTMENT OF STATE HOSPITALS
CONDITIONS OF EMPLOYMENT
FORM 631(11/12)

Rehabilitation Therapist, State Facilities (Occupational Safety) TRAINING AND EXPERIENCE ASSESSMENT

Name: _____

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

- Permanent/Full Time
- Other than Permanent/Full Time
- Both

LOCATIONS IN WHICH YOU ARE WILLING TO WORK

- DSH – Atascadero
Atascadero, CA
- DSH – Coalinga
Coalinga, CA
- DSH – Metropolitan
Norwalk, CA
- DSH – Napa
Napa, CA
- DSH – Patton
Patton, CA
- DSH – Salinas Valley
Soledad, CA



Please notify the Department of State Hospitals, Human Resources Branch promptly of address or location preference changes at 1600 9th Street, Room 121, Sacramento CA 95814 or (916) 651-8832.