Print Form

California Department of Public Health
Supplemental Application
Nurse Consultant II

Please read and follow these instructions carefully

This supplemental application will provide you with an opportunity to demonstrate significant aspects of your qualifications for Nurse Consultant II with the California Department of Public Health (CDPH). 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 CDPH 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:_____

Easy ID Number (SPB application 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.jobs.ca.gov) to the address below:

MAIL COMPLETED STD. 678 AND SUPPLEMENTAL APPLICATION TO:	California Department of Public Health Human Resources P. O. Box 997378, MS 1700-1702 Sacramento, CA 95899-7378

Nurse Consultant II
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.

Possession of an active valid license as a registered nurse in California. (Applicants who do not meet this requirement will be admitted to the examination, but they must secure the required license before they will be considered eligible for appointment.) **And**

A baccalaureate or higher degree in nursing from a school of nursing approved by the National League for Nursing (NLN) or its equivalent for foreign graduates. Applicants who received a baccalaureate degree in a health-related field prior to 1990 and possess a California State Public Health Nurse Certificate may be substituted for the baccalaureate in nursing (BSN). Thereafter, the baccalaureate or higher degree must be in nursing from a school of nursing accredited by the NLN or its equivalent for foreign graduates. **And**

Possession of a master's degree in a health-related field such as: nursing, public health, health care services, health care administration, or hospital administration. All degrees must be from an accredited institution approved by the Council for Private Postsecondary and Vocational Education under the provisions of California Education Code, Chapter 3, Part 59, and Division 10. **And**

Either I
Two years of experience performing the duties of a Nurse Consultant I in the California state service.

Or II
Four years of professional registered nursing experience at least two years of which shall have been in an administrative, consultative, teaching, or supervisory capacity. (One additional year of graduate work in group dynamics, interpersonal relations, or other courses relating to the consultative process in nursing, may be substituted for one year of the required general nursing experience.)

> **NOTE:** If qualifying **under Pattern II**, applications/resumes must include a detailed description of duties serving in position(s) in an administrative, consultative, teaching, or supervisory capacity in your professional registered nursing experience. Any additional attached pages must be signed and dated by applicant certifying statements made are true and complete. Applications/resumes received without this information could be rejected.

DESIRABLE QUALIFICATIONS: Professional-nursing experience in a local health department or other community health agency.

Nurse Consultant II
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Name:_____

Desirable Qualifications

The following are Desirable Qualifications. Please respond to each question by marking the appropriate box.

1. Do you have professional-nursing experience in a local health department or other community health agency?	☐ Yes ☐ No

DEGREES, CERTIFICATIONS, AND EXPERIENCE

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

2. Do you possess an active valid license as a registered nurse in California?	☐ Yes ☐ No
3. Do you possess a baccalaureate or higher degree in nursing from a school of nursing approved by the National League for Nursing (NLN) or its equivalent for foreign graduates?	☐ Yes ☐ No
4. Do you possess of a master's degree in a health-related field such as: nursing, public health, health care services, health care administration, or hospital administration?	☐ Yes ☐ No

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Name:_____

WORK EXPERIENCE		FREQUENCY				LEVEL OF SKILL		
Note to Applicant: Please read carefully. Under "Work Experience," for items #16-30, indicate: **1. Recency Performing Task** **If you have performed this task within the last 24 months;** ***AND*** **2. Frequency Performing Task** **How often you perform this task (e.g. select one box from *"weekly" "monthly" or "annually" column)*** ***AND*** **3. Level of Skill (No. of Years Performing Task)** **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)***		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
5. Act as a consultant to various agencies (public and private), departmental staff, the public, etc., on health care issues		☐	☐	☐		☐	☐	☐
6. Develop the tools, aids, methodology, etc. necessary to conduct studies.		☐	☐	☐		☐	☐	☐
7. Implement studies to gather/obtain information.		☐	☐	☐		☐	☐	☐
8. Evaluate study results to provide information to management and make recommendations for program modifications and implement new programs.		☐	☐	☐		☐	☐	☐
9. Participate in the development of programs, nursing components of related programs, standards, policies, procedures, etc.		☐	☐	☐		☐	☐	☐
10. Implement programs, nursing components of related programs, standards, policies, procedures, etc.		☐	☐	☐		☐	☐	☐
11. Evaluate programs, nursing components of related programs, standards, policies, procedures, etc.		☐	☐	☐		☐	☐	☐
12. Provide education/training to field health care staff, custody staff regarding health care issues, new health care delivery systems etc		☐	☐	☐		☐	☐	☐
13. Analyze proposed health care legislation, government reports, licensing surveys, etc.		☐	☐	☐		☐	☐	☐
14. Prepare various written documents (e.g. memorandum, correspondence, reports, etc.).		☐	☐	☐		☐	☐	☐

Nurse Consultant II
SUPPLEMENTAL APPLICATION

Name:_____

Respond to each of the following statements by indicating how the statement applies to you. You are required to respond to every statement by marking one option for each of the two scales provided. **Extensive knowledge** I possess an expert knowledge level to the extent that I could effectively perform this task in the most difficult and complex situations; and I could instruct others on specific aspects of this task. **Substantial knowledge** I possess an advanced knowledge level to the extent that I could effectively perform this task under the majority of circumstances or situations encountered. **Moderate knowledge** I possess a sufficient knowledge level that would allow me to perform this task successfully in routine situations. **Limited knowledge** I have some knowledge of how to perform this task, but may require additional instruction to apply my knowledge effectively. **No knowledge** I have no knowledge of how to perform this task or what it may entail.	**Extensive knowledge**	**Substantial knowledge**	**Moderate knowledge**	**Limited knowledge**	**No knowledge**
15. Principles, techniques, methods and procedures of current nursing practice.	☐	☐	☐	☐	☐
16. Epidemiology and methods of health promotion and disease prevention concepts and methods of control of communicable diseases.	☐	☐	☐	☐	☐
17. Current philosophies and patterns of nursing education.	☐	☐	☐	☐	☐
18. Principles and methods of consultation.	☐	☐	☐	☐	☐
19. Group process and problem solving.	☐	☐	☐	☐	☐
20. Research principles and methodology.	☐	☐	☐	☐	☐
21. Roles, responsibilities, and interrelationships of various health disciplines and health agencies.	☐	☐	☐	☐	☐
22. Functions of social and health agencies.	☐	☐	☐	☐	☐
23. Cultural and sociological patterns as they affect health services.	☐	☐	☐	☐	☐
24. State and federal legislation related to health services.	☐	☐	☐	☐	☐
25. The administration and organization and trends in health care delivery systems.	☐	☐	☐	☐	☐
26. Techniques of program planning, development, monitoring, and evaluation.	☐	☐	☐	☐	☐

Nurse Consultant II
SUPPLEMENTAL APPLICATION

Name:_____

CONDITIONS OF EMPLOYMENT - CDPH 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.

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.

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You may select multiple locations

☐ **(0005) Statewide**

☐ **(0400) Butte County**

☐ **(0700) Contra Costa Country**

☐ **(1900) Los Angeles Country**

☐ **(3400) Sacramento Country**

NURSE CONSULTANT II
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 NURSE CONSULTANT II EXAMINATION?

Check the box that best describes how you found out about the Nurse Consultant II Examination?

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

- ☐ College Recruitment
- ☐ 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)
- ☐ Other

***2*. What was you reason for selecting CDPH 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
	☐	☐	☐	☐	☐	