

**CALIFORNIA DEPARTMENT OF PUBLIC HEALTH  
PUBLIC HEALTH MEDICAL OFFICER SERIES  
EXAMINATION APPLICATION PACKAGE**

**PUBLIC HEALTH MEDICAL OFFICER II  
PUBLIC HEALTH MEDICAL OFFICER III  
PUBLIC HEALTH MEDICAL OFFICER III (EPIDEMIOLOGY)**

Thank you for your interest in California State civil service employment. The Public Health Medical Officer II, Public Health Medical Officer III, and Public Health Medical Officer III (Epidemiology) examinations consist of an evaluation of training and experience.

The Training and Experience Questionnaire (TEQ) is designed to elicit specific information regarding each candidate's education and experience relative to the testing classification. Responses to the questionnaire will be assessed based on a pre-determined rating criteria developed in relation to the elements of the job and linked to the knowledge, skill, and ability required on the job. In appraising the relative qualifications of candidates, consideration will be given to the extent and type of pertinent experience and education over and above what is minimally required.

**INSTRUCTIONS**

Candidates must print and complete hard copies. If you experience difficulty navigating through this site or printing the documents, please contact the Public Health Medical Officer (PHMO) Exam Analyst at (916) 552-9369. Questions regarding the testing process can also be directed to this number.

Read the examination announcement(s) carefully before completing the Application Package to ensure you submit all necessary information. All applicants must submit a complete examination application package. Missing information will delay the processing of your examination.

The following documents comprise a complete examination application package for the Public Health Medical Officer series.

- Completed State Application Form STD. 678
- Resume and/or Curriculum Vitae are optional but encouraged. Special care should be taken to submitting a complete description of your education relevant to the typical tasks, scope, and minimum qualifications stated on the bulletin.
- Medical License Verification with required attachments (page 1)
- Conditions of Employment indicating areas of interest (page 2)
- Affirmation Statement (page 3)
- Training and Experience Questionnaire (page 4-5)

Applicants applying for:

Public Health Medical Officer II and III – Complete pages 1-4

Public Health Medical Officer III (Epidemiology) – Complete pages 1-5

**Be sure to sign both the STD 678 and the PHMO Series Examination Application Package. Please mail the STD 678, the PHMO Series Examination Application Package, a copy of your current medical license and a Curriculum Vitae to:**

**PHMO Exam Analyst  
California Department of Public Health  
Examination Services Unit  
PO Box 997378 MS 1700-1702  
Sacramento, CA 95899-7378**

You are advised to keep a photocopy of your examination application package for your records. In the event that you are called for a hiring interview, you may be requested to provide copies of this information. Facsimiles (FAX) or electronic transmissions will NOT be accepted under any circumstances.

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**MEDICAL LICENSE VERIFICATION**

NAME: \_\_\_\_\_

The following information will be used to verify the license and/or certificate required for admittance into the examination.

<b>MEDICAL LICENSE REQUIREMENT</b>		
1. Please identify the states where you are currently licensed to practice medicine:		
State	License Number	Expiration Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
2. Do you possess the legal requirements for the practice of medicine in California as determined by the Medical Board of California or the California Board of Osteopathic Examiners?		
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you marked "yes", attach a copy of your medical license to the back of this examination package.		
3. If you do not now have a California license, have you applied for one?		
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you in the process of securing approval of your qualifications by the Medical Board of California or the Board of Osteopathic Examiners?		
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you marked "yes", please provide proof in securing approval of your qualifications, and attach a copy to the back of this examination package.		
NOTE: Applicants who are in the process of securing approval of their qualifications by the Medical Board 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.		
<b>SPECIALTY BOARD QUALIFICATIONS</b>		
Name of Specialty Board for which qualified _____		
Date certified _____ or established eligibility _____		
And date(s) taken for certification examination _____		
<b>CURRENT MEMBERSHIP IN PROFESSIONAL ASSOCIATIONS</b>		
_____		
_____		
_____		
_____		

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**CONDITIONS OF EMPLOYMENT**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Check the examination title(s) you are applying for:

- Public Health Medical Officer II
- Public Health Medical Officer III
- Public Health Medical Officer III (Epidemiology)

NOTE: Titles checked above should reflect the same examination titles that you have applied for on the Examination Application (STD. 678)

**If you are successful in the examination your name will be placed on the active employment list and certified to fill vacancies according to the conditions you specify on this form. If you are unwilling to accept work or do not reply promptly to communications your name will be placed on the inactive list.**

**LOCATIONS IN WHICH YOU ARE WILLING TO WORK:**

Please check your choices--you will not be offered a job in locations not checked...if more than 15 checks are made, you may be considered available for work anywhere in the state.

- (5) ANYWHERE IN THE STATE. (IF CHECKED, NO FURTHER SELECTION NECESSARY.)
- 8004 ANYWHERE IN THE NORTHERN REGION OR MARK NORTHERN REGION COUNTY CHOICES:
 

<input type="checkbox"/> 0400 Butte	<input checked="" type="checkbox"/> 2800 Mendocino	<input checked="" type="checkbox"/> 4600 Sierra
<input type="checkbox"/> 0600 Colusa	2500 Modoc	4700 Siskiyou
<input type="checkbox"/> 0800 Del Norte	2900 Nevada	5100 Sutter
<input type="checkbox"/> 1100 Glenn	3100 Placer	5200 Tehama
<input type="checkbox"/> 1200 Humboldt	3200 Plumas	5300 Trinity
<input type="checkbox"/> 1700 Lake	4500 Shasta	5800 Yuba
<input type="checkbox"/> 1800 Lassen		
- 8001 ANYWHERE IN THE CENTRAL REGION OR MARK CENTRAL REGION COUNTY CHOICES:
 

<input type="checkbox"/> 0100 Alameda	<input type="checkbox"/> 2200 Mariposa	<input type="checkbox"/> 4100 San Mateo
<input type="checkbox"/> 0200 Alpine	2400 Merced	4300 Santa Clara
<input type="checkbox"/> 0300 Amador	2700 Monterey	4400 Santa Cruz
<input type="checkbox"/> 0500 Calaveras	2800 Napa	4800 Solano
<input type="checkbox"/> 0700 Contra Costa	<input checked="" type="checkbox"/> 3400 Sacramento	<input checked="" type="checkbox"/> 4900 Sonoma
<input type="checkbox"/> 0900 El Dorado	3500 San Benito	5000 Stanislaus
<input type="checkbox"/> 1000 Fresno	3800 San Francisco	5500 Tuolumne
<input type="checkbox"/> 2000 Madera	3900 San Joaquin	5700 Yolo
<input type="checkbox"/> 2100 Marin		
- 8011 ANYWHERE IN THE SOUTHERN REGION OR MARK SOUTHERN REGION COUNTY CHOICES:
 

<input type="checkbox"/> 1300 Imperial	<input checked="" type="checkbox"/> 2600 Mono	<input checked="" type="checkbox"/> 4000 San Luis Obispo
<input type="checkbox"/> 1400 Inyo	3000 Orange	4200 Santa Barbara
<input type="checkbox"/> 1500 Kern	3300 Riverside	5400 Tulare
<input type="checkbox"/> 1600 Kings	3600 San Bernardino	5600 Ventura
<input type="checkbox"/> 1900 Los Angeles	3700 San Diego	



TYPE OF EMPLOYMENT DESIRED:

- Permanent       Limited Term       Full Time
- Part Time (regular hours less than 40)       Intermittent

**AREA(S) OF SPECIALTY/INTEREST:**

Please check one or more of the following choices as your area(s) of specialty/interest:

- Chronic Disease (FB)       Communicable Diseases (FC)
- Environmental Diseases (FD)       Injury Control (FE)
- Maternal and Child Health (FG)       Occupational Diseases (FI)
- General Preventive Medicine (FO)

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**AFFIRMATION STATEMENT**

**PUBLIC HEALTH MEDICAL OFFICER II  
PUBLIC HEALTH MEDICAL OFFICER III  
PUBLIC HEALTH MEDICAL OFFICER III (EPIDEMIOLOGY)**

**THIS AFFIRMATION MUST BE PRINTED, SIGNED, AND SUBMITTED WITH THE EXAMINATION PACKAGE:**

I hereby certify and understand that the information provided by me on this questionnaire is true and complete to the best of my knowledge and contains no willful misrepresentation or falsifications. I understand this information will be verified and may be discussed in a hiring interview. I also understand that if it is discovered that I have made any false representations I will be removed from the exam process, removed from the list resulting from the examination, and/or may be dismissed from civil service.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Printed)

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**TRAINING and EXPERIENCE QUESTIONNAIRE (TEQ)**

**INSTRUCTIONS: ALL CANDIDATES MUST COMPLETE THIS PAGE.**

**KNOWLEDGE AND EXPERIENCE**

Rate your knowledge and experience in the following:

NOTE: In evaluating the amount of experience (paid or voluntary) you have in a particular subject area, unless it was performed on a full-time basis, all part-time and/or intermittent experience must be computed and converted to full-time equivalency and reflected as such in your response. For example, one-half time employment for six months is equivalent to three months full-time.

	Extensive experience (three or more years)				Moderate experience (one to three years)				Some experience (less than one year)				No experience			
	Extensive knowledge				Some knowledge				No knowledge							
1. Biostatistics (e.g., rates, distributions, mean/median).....	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
2. Conducting health surveys, studies, or epidemiologic investigations.....	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
3. Assessing public health problems.....	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
4. Planning and implementing public health programs to address identified problems.....	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
5. Evaluating health programs.....	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
6. Directing, managing, or supervising health professionals.....	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
7. Organization and operation of current public health programs.....	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
8. Developing public health policy.....	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
9. Working as part of a multidisciplinary team.....	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
10. Community-based health promotion.....	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
11. Media experience (e.g., responding to reporters, television, or radio interviews).....	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3

	Ten or more				Five to nine				One to four				None			
12. Have you made presentations (oral or poster) at scientific meetings?.....	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
13. How many published peer-reviewed articles have you authored or co-authored?.....	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3

**STOP HERE**

*For Public Health Medical Officer III (Epidemiology) candidates only, **CONTINUE** on to next page.*

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**TRAINING and EXPERIENCE QUESTIONNAIRE (TEQ)**

**KNOWLEDGE AND EXPERIENCE** - Public Health Medical Officer III (Epidemiology)

Rate your knowledge and experience in the following:

NOTE: In evaluating the amount of experience (paid or voluntary) you have in a particular subject area, unless it was performed on a full-time basis, all part-time and/or intermittent experience must be computed and converted to full-time equivalency and reflected as such in your response. For example, one-half time employment for six months is equivalent to three months full-time.

	Extensive experience (three or more years)				Moderate experience (one to three years)				Some experience (less than one year)				No experience			
	Extensive knowledge				Some knowledge				No knowledge							
14. Organizing and operating epidemiology research programs.....	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
15. Managing and analyzing large data sets.....	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
16. Planning, organizing, and directing epidemiologic studies.....	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
17. Developing public health policies based on epidemiologic findings.....	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3

	Ten or more				Five to nine				One to four				None			
18. Have you made presentations on epidemiologic research (oral or poster) at professional meetings?...	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
19. How many published peer-reviewed articles have you authored or co-authored?.....	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3