



**CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
PUBLIC HEALTH MEDICAL ADMINISTRATOR I
OPEN EXAMINATION
CONTINUOUS TESTING**



SH33 -7674 3H1AA

Bulletin Release Date: July 18, 2016

This bulletin supersedes the bulletin released January 29, 2016

The State of California is an equal opportunity employer to all, regardless of age, ancestry, color, disability (mental and physical), exercising the right to family care and medical leave, gender, gender expression, gender identity, genetic information, marital status, medical condition, military or veteran status, national origin, political affiliation, race, religious creed, sex (includes pregnancy, childbirth, breastfeeding and related medical conditions), and sexual orientation.

WHO SHOULD APPLY: Persons who meet the minimum qualifications (entrance requirements) as stated on this announcement may take this examination, which is competitive.

HOW TO APPLY: Applications and Supplemental Item Responses must be submitted to the address listed below via the U.S. Postal Service, or hand delivered to the Department of Public Health Human Resources Office (hours are 8:00 AM to 5:00 PM). Standard State Applications (STD. 678) can be found at: <http://jobs.ca.gov/pdf/std678.pdf>.

By Mail or In Person:

**California Department of Public Health
Examination Services Unit
1615 Capitol Ave., 4th floor, Suite 73-430
P.O. Box 997378 MS 1700-1702
Sacramento, CA 95899-7378**

(916) 322-4460

DO NOT SUBMIT APPLICATIONS TO THE CALIFORNIA DEPARTMENT OF HUMAN RESOURCES (CalHR).

FINAL FILING DATE: There is no final filing date. Testing is considered continuous as dates can be set at any time.

Applications must be submitted by the final filing dates indicated below. Applications postmarked, personally delivered, or received via interoffice mail after the final filing date, will be held for the next administration of the exam. The filing dates are:

March 21, 2016 May 20, 2016 July 20, 2016 September 20, 2016 November 21, 2016

TESTING PERIOD: A candidate may be tested only once during a twelve month period.

SALARY RANGES: **Range B** - \$11979 - \$14510 per month
 Range C - \$12559 - \$14653 per month

EMPLOYEE BENEFITS:

In addition to the salary above the California Department of Public Health offers benefits in the following areas:

- Health, Dental, and Vision
- Cash Benefit Programs
- Disability Insurance
- Work, Home, and Family
- Beneficiary and Survivor Benefits
- Awards
- Retirement and Separation Benefits
- Flexible Schedules
- Public Transit Reimbursement (limits apply)

A complete description of all benefits may be viewed at <http://www.calhr.ca.gov/Pages/home.aspx>

POSITION DESCRIPTION: The Public Medical Administrator I under administrative direction, plans, organizes, and directs a major statewide public health medical program or programs typically at the fourth organizational or branch level; develops general program policy with a major emphasis on the medical aspects and health issues of the program; plans, oversees, and is responsible for comprehensive studies of a major health problems and programs; develops statewide standards impacting counties and local medical services; coordinates various programs at Federal, State, and local levels. (These programs are sensitive, highly visible programs characterized by significant public interest and/or controversy and requiring high level medical expertise in addition to general managerial skills.)

Positions exist with the Department of Public Health in Contra Costa and Sacramento counties.

REQUIREMENTS FOR ADMITTANCE TO THE EXAMINATION: It is your responsibility to make sure you meet the education and/or experience requirements stated on this announcement on the date you submit your application. Your signature on your application indicates that you have read, understood, and possess the basic qualifications required.

NOTE: Applications **must** include “to” and “from” dates (month/day/year), time base, job titles and/or civil service class title(s), and range (if applicable) for all work experience. College course information **must** include title, number of semester or quarter units, name of institution, completion dates, and degree. **Applications received without this information will be rejected. Applicants must submit a copy of official transcripts along with the application when using education to meet the entrance requirements for this examination.**

MINIMUM QUALIFICATIONS: Possession of the legal requirements for the practice of medicine in California as determined by the **California Board of Medical Quality Assurance* (see below)** or the California Board of Osteopathic Examiners. (Applicants who are in the process of securing approval of their qualifications by the Board of Medical Quality Assurance or the Board of Osteopathic Examiners will be admitted to the examination, but the Board to which application is made must determine that all legal requirements have been met before candidate will be eligible for appointment.)

AND

Possession of a valid certificate issued by an American Medical Specialty Board or an American Osteopathic Specialty Board as a specialist in one of the fields of medicine, or eligibility for examination for one of these certificates as evidenced by written statement from Secretary of the Board.

AND

Five years of increasingly responsible administrative, supervisory and/or consultative experience as either a Board-eligible or Board-certified physician in a public health program with at least three of the five years in an administrative or supervisory capacity. (Successful completion of one year of graduate study toward a Master's Degree in Public Health or its equivalent in a recognized school of public health may be substituted for one year of the required experience.)

***The Board of Medical Quality Assurance changed and is now named the Medical Board of California (MBC).**

NOTE: **Applicants who already possess the medical license and specialist certification must show the license and certification numbers, titles, and expiration dates on the application.**

SPECIAL CHARACTERISTICS: Demonstrated administrative ability; willingness to travel throughout the State; and tact.

GENERAL QUALIFICATIONS: In addition to responding to the Supplemental Items on this announcement, candidates must possess essential personal qualifications including integrity, initiative, dependability, good judgment, ability to work cooperatively with others, and a state of health consistent with the ability to perform the assigned duties of the class. A medical examination may be required.

EXAMINATION INFORMATION: The examination will consist of a Supplemental Application weighted 100%. Applicants are required to respond to the three supplemental items provided on this announcement. These supplemental items are designed to identify job achievement in specific areas that demonstrates ability to successfully perform at the Public Health Medical Administrator I level. Responses to the supplemental items will be assessed based on predetermined job-related rating criteria. In appraising the relative qualifications of candidates, consideration will be given to the extent and type of pertinent experience and education over and above that required under the minimum qualifications.

The California Department of Public Health reserves the right to revise the examination plan to better meet the needs of the service if the circumstances under which this examination was planned change. Such revision will be in accordance with civil service law and rules and all competitors will be notified.

Supplemental Application Items: Each applicant for this examination must complete and submit responses to all three of the supplemental items that follow. Applications received without responses to the supplemental items will be rejected.

INSTRUCTIONS: When responding to the supplemental items, please follow these guidelines:

- Your responses must be typewritten or generated by word processing on 8½" X 11" paper.
- Your responses must be limited to one page per item.
- Identify each page with your full name.
- Make sure your responses are complete, specific, clear, and concise.
- Answer each numbered item separately indicating the corresponding item number for each response. You may include multiple responses on a single page.
- Include place of employment, pertinent dates, duties performed, etc., when responding to items.
- In the event that one particular job contained responsibilities applicable to several items, separate the different functions of the job in order to respond to all items completely.

NOTE: Resumes, letters and other materials will not be evaluated or considered as responses to the supplemental items.

SUPPLEMENTAL ITEMS

1. Describe your experience developing program policy with a major emphasis on the medical aspects and health issues of the program.
2. Describe your experience coordinating various public health programs at the federal, state, and local levels.
3. Describe your training and experience that demonstrates your ability to be an effective manager of a public health program or project. In your response, include the measures you took to accomplish the goals of retention and staff development, and the outcome of those measures.

ELIGIBLE LIST INFORMATION: Possession of the entrance requirement does not assure a place on the eligible list. In order to obtain a position on the eligible list, a minimum rating of 70 percent must be attained. All successful candidates will be ranked according to their final scores. Names of successful competitors are merged into a departmental open list established for use by the Department of Public Health in order of final scores regardless of testing date. Eligibility expires **24** months after it is established unless the needs of the service and conditions of the list warrant a change in this period.

Eligible Lists established by competitive examination, regardless of date, must be used in the following order: 1) sub-divisional promotional, 2) departmental promotional, 3) multi-departmental promotional, 4) service-wide promotional, 5) departmental open, and 6) open. When there are two lists of the same kind, the older must be used first.

VETERANS' PREFERENCE: Will be awarded in this examination, pursuant to Government Code Section 18973.1, effective January 1, 2014, as follows: 1) Any veteran, widow or widower of a veteran, or spouse of a 100 percent disabled veteran, who achieves a passing score in an entrance examination, shall be ranked in the top rank of the resulting eligibility list. Any veteran who has been dishonorably discharged or released is not eligible for veterans' preference; 2) An entrance examination is defined, under the law, as any open competitive examination; 3) Veterans' Preference is not granted once a person achieves permanent civil service status.

HOW TO APPLY FOR VETERANS' PREFERENCE: The California Department of Human Resources (CalHR) has information on how to apply for Veterans' Preference on their website at www.jobs.ca.gov and on the Application for Veterans' Preference form ([CalHR 1093](#)). Additional information is also available at the Department of Veterans Affairs website at www.cdva.ca.gov.

TDD is Telecommunications Device for the Deaf and is reachable only from phones equipped with a TDD device.

The California Relay (Telephone) Service for the deaf or hearing impaired:

MCI from TDD: 1-800-735-2929 MCI from voice telephone: 1-800-735-2922

Sprint from TDD: 1-888-877-5378 Sprint from voice telephone: 1-888-877-5379

California Department of Public Health
SECURITY INFORMATION FOR PARTICIPANTS

Preparation, Development, Review of
State Civil Services Examination Material

EXAMINATION TITLE: Public Health Medical Administrator I

State law requires that civil service examinations are confidential and impartial. We ask that you assume a personal responsibility in maintaining the competitive aspects and confidential nature of this examination. The personal information that you provide on this form is required for documentation purposes. All information will remain confidential.

As a candidate, you must comply with the following test security standards:

1. **DO NOT REVEAL** the fact that you are participating in the examination process to anyone.
2. **DO NOT DISCUSS** any aspect of the examination with anyone. This includes supervisors, peers and co-workers. This security limitation includes information on all questions and answers.

I certify that:

1. I will not reveal to anyone that I am participating in this examination.
2. I will not discuss any aspect of this material with anyone.
3. I will adhere to all the established security measures.

I hereby certify and understand that the information provided by me in this application is true and complete to the best of my knowledge and contains no willful misrepresentation or falsification. I further understand that this information may be verified and that, if it is discovered I have made any false representations, I will be removed from the promotional list resulting from this examination, and possibly dismissed from civil service.

Signature

Date

Printed Name

Return this page with your original signature along with your State Application STD 678.

Please ensure that your return envelope has adequate postage. Facsimiles (FAX) will not be accepted under any circumstance.

CONDITIONS OF EMPLOYMENT (631)

Examination Title: Public Health Medical Administrator I

Name: _____
(Print: first, middle initial, last)

FFD: Continuous

If you are successful in your 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.

Contra Costa County (0700) _____

Sacramento County (3400) _____

TYPE OF EMPLOYMENT DESIRED:

ON A PERMANENT BASIS, I AM WILLING TO WORK:

_____ Full Time _____ Part Time (regular hours less than 40) _____ Intermittent (on call)

_____ Limited Term

ON A TEMPORARY BASIS, I AM WILLING TO WORK:

_____ Full Time _____ Part Time (regular hours less than 40) _____ Intermittent (on call)

_____ Limited Term

It is your responsibility to notify the Department of Public Health, Examination Services Unit, of any changes in your address or availability for employment. All correspondence must include your examination title, identification number and Social Security number.

Signature: _____

Date: _____