CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
GENETIC DISEASE PROGRAM SPECIALIST I
OPEN EXAMINATION
CONTINUOUS TESTING

KJ16 -8450 8H1AY01
Bulletin Release Date: October 8, 2014
This bulletin supersedes the bulletin released on April 2, 2014

California State Government supports equal opportunity to all regardless of race, color, creed, national origin, ancestry, gender, marital status, disability, religious or political affiliation, age, or sexual orientation. It is an objective of the State of California to achieve a drug-free work place. Any applicant for state employment will be expected to behave in accordance with this objective because the use of illegal drugs is inconsistent with the law of the state, the rules governing civil service, and the special trust placed in public servants.

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 (STD. 678) and Supplemental Applications (see Examination Information, page two) must be submitted 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**. Submit hard copy applications to:

Mailing Address:
California Department of Public Health
Selection & Certification Unit
MS 1700-1702
P.O. Box 997378
Sacramento, CA 95899-7378

File in Person Address:
California Department of Public Health
Selection & Certification Unit
1501 Capitol Avenue, Suite 71.1501
Sacramento, CA 95814
Telephone: (916) 552-9212

DO NOT SUBMIT APPLICATIONS TO THE STATE PERSONNEL BOARD OR THE CALIFORNIA DEPARTMENT OF HUMAN RESOURCES. ALSO, THE DEPARTMENT OF PUBLIC HEALTH WILL NOT ACCEPT APPLICATIONS SENT ONLINE, VIA INTER-AGENCY MAIL OR FAX.

CROSS FILING INFORMATION: If you meet the entrance requirements for this classification and for Genetic Disease Program Specialist II, Genetic Disease Program Specialist III, and Genetic Disease Program Specialist IV scheduled at the same time, you may file for multiple examinations on a single application. You must indicate the class title(s) corresponding to each examination for which you are applying on the application Form STD. 678.

FINAL FILING DATE: The testing office has established the following application cut-off date: February 20, May 20, August 20 and November 20. Submission of applications after the cut-off date will not be accepted for the current examination, but will be held for the next scheduled examination.

TESTING PERIOD: A candidate may be tested only once during a twenty-four-month period.

SALARY RANGE: $3731 - $4671 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 Genetic Disease Program Specialist I is the entry and first journey level class in the series. Incumbents will typically be assigned support activities requiring a general knowledge of genetic disease control and prevention programs. Responsibilities include carrying out field investigations related to genetic disease problems;

conducting bibliographic research on current developments in genetic disease-related areas; and assisting in the planning, development, and implementation of the statewide program for genetic disease registry and control.

Positions exist with the California Department of Public Health in Contra Costa County.

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 by 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: Qualifying experience may be combined on a proportionate basis if the following requirements include more than one pattern and are distinguished as either I, or II, or III, etc.

Experience: One year of experience administering a public health genetic disease program, or one year as a researcher, counselor, or teacher in genetics, genetic diseases, or a closely related field. (One year of graduate study in genetics may be substituted for the required experience.)

Education: Equivalent to graduation from college with a major in health sciences or medical sciences.

GENERAL QUALIFICATIONS: In addition to the scope defined 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 that is weighted 100%. Applicants for Genetic Disease Program Specialist I, II, and III are required to respond to the following **four** supplemental items. These supplemental items are designed to identify job achievement in specific areas that demonstrates ability to successfully perform at various levels within the Genetic Disease Program Specialist series. 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 give 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 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 font should be no smaller then "10" pitch.
> - 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.
> - Please return your state application (678) and two copies of the Supplemental Items to the address listed on the front of the bulletin.
>
> NOTE: Resumes, letters, and other materials will not be evaluated or considered as responses to the supplemental items.

SUPPLEMENTAL ITEMS

Question # 1

Describe your experience in administration and oversight of genetic or other public health programs. In your response be specific and address each of the following:

- Needs assessment process and methods of determining program requirements.
- Defining standards for services or specifying contract requirements.
- Negotiating, providing technical assistance or consulting, defining scope of services to be provided as part of contractual relationship, or collaborative agreement.
- Developing tools for monitoring or assessing performance, including protocols for site visits.

Question #2
Describe your experience in program development and evaluation of a genetic or other public health program. In your response be specific and address each of the following:

- Length of time spent with program.
- Purpose and focus of the program.
- Size of the program (numbers served, budget, geographical area served.).
- Number of professional and other staff involved in development and implementation of the program.
- Relationship to project team and your specific duties.
- Planning process used and details of implementation.
- Method of oversight used and documentation of outcomes; effectiveness of program in meeting goals and objectives.

Question #3
Describe your experience providing direct services, including genetic education, counseling, or other health care services. In your response be specific and address each of the following:

- Kind and complexity of services you personally provided.
- Length of time providing these services.
- Number and characteristics of clients served.
- Setting or location where services were provided.
- Cooperation or coordination with other health care and related providers.

Question #4
Describe your experience with genetic or other public health programs related to research, analysis, and communication. In your response be specific and address each of the following:

- Developing a research or data collection project related to genetic services or public health.
- Designing surveys or other data collection instruments or tools.
- Conducting reviews of scientific, medical, public health, and other related literature.
- Preparing funding proposals for grant applications, budget requests, etc.
- Conducting field survey focus groups or interviews.
- Provide examples of kinds of data collected and analyzed.
- Developing program reports that include analysis of data, and recommendations regarding policies and program changes.

THIS CONCLUDES THE EXAMINATION PROCESS FOR THE GENETIC DISEASE PROGRAM SPECIALIST I, II, AND III. PLEASE REFER TO THE INSTRUCTIONS ON PAGE TWO OF THIS BULLETIN FOR INFORMATION ON HOW TO RETURN YOUR APPLICATION AND EXAMINATION MATERIALS.

IF YOU ARE TESTING FOR THE GENETIC DISEASE PROGRAM SPECIALIST IV, PROCEED TO QUESTION #5.

Question #5
Describe your experience in leadership roles and as a supervisor of staff.
In your response be specific and address each of the following:

- Length of time as a supervisor.
- Number of employees you have supervised.
- Professional disciplines of those you supervise (e.g., number of nurses).
- Projects assigned to the staff you have supervised.
- Diversity of tasks and projects of staff.
- Your role as supervisor and team leader, including specific responsibilities for evaluating performance of employees.
- Represent or explain your program within your organization and to local, statewide, regional, or national groups.

ELIGIBLE LIST INFORMATION: Possession of the entrance requirements does not assure a place on the eligible list. In order to obtain a position on the eligible list, a minimum rating of 70% must be attained. A departmental open list will be established for use by the department listed on this announcement. The list will expire **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

CONDITIONS OF EMPLOYMENT (631)

Examination Title: Genetic Disease Program Specialist 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) _____

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, Selection and Certification 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: _____