



**CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
OCCUPATIONAL THERAPY CONSULTANT
OPEN EXAMINATION
CONTINUOUS TESTING**

TP65 -8281 9H130

Bulletin Release Date: July 18, 2016

This bulletin supersedes the bulletin released on 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 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>. Submit Standard State Application to:

By Mail or In Person:

**California Department of Public Health (916) 552-8959
Examination Services Unit
1615 Capitol Ave., 4th floor, Suite 73-430
P.O. Box 997378 MS 1700 – 1702
Sacramento, CA 95899-7378**

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

FINAL FILING DATE: Testing is considered continuous as dates can be set at any time.

Applications must be submitted by the 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:

June 15, 2016

December 15, 2016

TESTING PERIOD: A candidate may be tested only once during any testing period. The testing period for this classification is January 1 through December 31.

SALARY RANGES: \$4203 - \$6080 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: Under general direction, in the California Department of Public Health, in an assigned region or area of the State, to provide specialized consultant services to health and related agencies in planning, organizing, and directing occupational therapy programs for all phases of medical and rehabilitative care; and to do other work as required.

Provides specialized consultation in the general field of occupational therapy for the purposes of implementing such services, improving such therapeutic care and coordinating these programs for a geographical region or area of the State;

participates in health programs to prevent disease and alleviate disability and impairment from such disease; develops and implements the occupational therapy aspects in a great variety of medical and rehabilitation care programs; plans, organizes, and conducts conferences and workshops in occupational therapy; evaluates existing occupational therapy services and recommends or assists in developing improved methods, services and programs; provides consultation to local health departments, health facilities, agencies and communities in the development of occupational therapy services; conducts in service, or other training programs in occupational therapy and rehabilitation; establishes and maintains cooperative relationships with occupational therapy organizations and allied groups; writes articles for publication; prepares written reports.

Positions exist with the California Department of Public Health in Sacramento and Los Angeles.

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. 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.

Possession of a certificate of registration with the National Registry of the American Occupational Therapy Association or eligibility for such registration.

AND

Graduation from a school of occupational therapy approved by American Medical Association Council on Medical Education and Hospitals and the American Occupational Therapy Association.

AND

Either I

Possession of a Master's degree in public health, medical care administration or a closely related specialty; and Three years of experience in occupational therapy, including two years of experience in an administrative or supervisory capacity. At least one year of the required experience must have been in a physical disabilities rehabilitation setting.

Or II

Four years of experience in occupational therapy, two years of which shall have been in an administrative or supervisory capacity. At least one year of the required experience must have been in a physical disabilities rehabilitation setting.

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: This examination utilizes an evaluation of education and experience (E&E) weighted 100%, and is based solely upon information provided with the application. Information provided with the application will be assessed compared to a standard developed in relation to the elements of the job and linked to the knowledge and abilities required on the job.

Special care should be taken to submitting a complete description of your education and experience relevant to the typical tasks, scope, and minimum qualifications stated on this announcement. Supplemental information will be accepted but competitors should read the announcement carefully to determine what kind of information will be useful to those individuals completing the evaluation.

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.

SCOPE: Ratings will be determined based on the depth and breadth of professional education and experience beyond what is minimally required. Emphasis will be placed on measuring:

Knowledge of:

1. Principles and methods of occupational therapeutic techniques.

2. Theory of mental and physical rehabilitation underlying the practices of occupational therapy.
3. Objectives of occupational therapy treatment and services particularly for the aged and persons with chronic disease; skeletal anatomy, neuromuscular function and dysfunction.
4. Kinesiology and occupational therapy modalities.
5. Construction, use and care of orthopedic appliances, self-care and adaptive equipment.
6. Principals of public health and techniques of education and training.
7. Principles of consultation.
8. Principles of administration and supervision.

Ability to:

1. Explain and teach occupational therapy and rehabilitation principles.
2. Plan, organize and direct an occupational therapy program for nursing homes and hospitals.
3. Think creatively and develop innovative solutions to difficult problems in providing occupational therapy programs for all phases of medical and rehabilitative care.
4. Analyze situations accurately and take effective action.
5. Speak and write effectively.

SPECIAL PERSONAL CHARACTERISTICS: A sympathetic understanding of the physical and emotional problems of patients, particularly of the aged; willingness to travel.

ELIGIBLE LIST INFORMATION: A departmental open list will be established for use by the California Department of Public Health. 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. All candidates meeting the requirements for admittance to the exam will be placed on the eligible list in one of three ranks.

NOTE: Transfer of list eligibility is not permitted from a list established by an E&E examination to a list established by any other type of examination.

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: Occupational Therapy Consultant

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: Occupational Therapy Consultant

FFD: Continuous

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

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 indicate your choices - you will not be offered a job in locations not checked.

Sacramento (3400) _____

Los Angeles County (1900) _____

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: _____