



**CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
 PHARMACEUTICAL CONSULTANT II, (SPECIALIST)
 OPEN EXAM
 CONTINUOUS TESTING**



HX30 – 7994 8H1BD

Bulletin Release Date: July 27, 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 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
 Examination Services Unit
 1615 Capitol Ave., 4th floor, Suite 73-430
 P.O. Box 997378 MS 1700-1702
 Sacramento, CA 95899-7378**

(916) 552-8959

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

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:

February 19, 2016

May 20, 2016

August 19, 2016

November 18, 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: \$5844-\$8454 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: Incumbents at this level function as staff specialists who develop policies for pharmaceutical services and benefits provided under medical care programs of the Department of Health Services currently known as California Department of Public Health; coordinate the development and promulgation of Department policies and regulations regarding the administration and reimbursement of drug-related programs and services and prescribing, procuring, manufacturing, and dispersing drugs; analyze legislation and make recommendations; prepare cost containment proposals and serve as consultants on critical issues within the Department of Health Services currently known as California Department of Public Health. In the licensing and certification function of the Department, incumbents are assigned a geographical area with multiple district offices and provide guidance and consulting services to staff and health facilities'

operators on drugs and drug utilization, pharmacy practice, and pharmaceutical services which are required in health facilities including administrative, distributive, and clinical functions.

Positions exist with the Department of Public Health in the following counties: Butte, Contra Costa, Fresno, Kern, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Mateo, Santa Clara, Sonoma and Ventura.

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: 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 valid certification of registration in pharmacy issued by the California State Board of Pharmacy.

AND

Either I

Two years of experience performing the duties of a Pharmaceutical Consultant I, Department of Health Services currently known as Department of Public Health.

Or II

Three years of experience within the last five years in the practice of community or hospital pharmacy (exclusive of internship) including one year of administrative, supervisory, or consultant experience either as owner or manager of a pharmacy, in a public health or welfare agency, or as a Chief Pharmacist in a medical clinic or hospital. (Experience as a registered pharmacist in teaching, research, or drug manufacturing may be substituted for up to one year of the required general experience.)

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 and evaluation of education and experience (E&E) weighted 100%, and is based solely upon information provided with the application. Information provided with the applications 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. Drugs and medical supplies required in the operation of a pharmacy.
2. Pharmaceutical Chemistry.
3. Drug utilization.
4. Pharmacy economics.
5. Drug purchasing, pricing, and inventory control.
6. Principles of statistics.
7. Medical care administration.
8. Pharmaceutical manufacturing methods and drug distribution.
9. Interrelationships of Federal, State, and local professional and voluntary health and welfare agencies, and of programs and services of such agencies.

Ability to:

1. Recognize, assess, and develop solutions to problems involved in the pharmaceutical aspects of medical care programs.
2. Evaluate the quality and scope of pharmaceutical services provided under the program.
3. Interpret and apply policies and standards for the pharmaceutical aspects of medical care programs.
4. Establish and maintain effective and cooperative working relationships.
5. Analyze situations accurately and take effective action.
6. Report on the effects of proposed changes in the pharmaceutical aspects.
7. Communicate effectively.
8. Formulate policies and standards for the pharmaceutical aspects of medical care programs.

SPECIAL REQUIREMENTS: Willingness to travel.

ELIGIBLE LIST INFORMATION: In order to obtain a position on the eligible list, a minimum rating of 70% must be attained. Names of successful competitors are merged into the list in order of the final scores regardless of date. Eligibility expires **12** 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: Pharmaceutical Consultant II (Specialist)

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: Pharmaceutical Consultant II (Specialist)

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.

- | | |
|----------------------------------|------------------------------------|
| Butte County (0400) _____ | San Bernardino County (3600) _____ |
| Contra Costa County (0700) _____ | San Diego County (3700) _____ |
| Fresno County (1000) _____ | San Mateo County (4100) _____ |
| Kern County (1500) _____ | Santa Clara County (4300) _____ |
| Orange County (3000) _____ | Sonoma County (4900) _____ |
| Riverside County (3300) _____ | Ventura County (5600) _____ |
| 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: _____