



**CALIFORNIA DEPARTMENT OF VETERANS AFFAIRS
HUMAN RESOURCES DIVISION
QUALIFICATIONS ASSESSMENT FOR:**

CHIEF PHYSICIAN AND SURGEON

This examination will provide you with an opportunity to demonstrate significant aspects of your qualifications for CHIEF PHYSICIAN AND SURGEON, with the California Department of Veterans Affairs (CalVet). The information you provide will be rated based on objective criteria created by Subject Matter Experts. The rating will be used to determine your final score in this examination. If successful, your name will be placed onto a separate eligible list for the classification listed above. The list will be used by California Department of Veterans Affairs (CalVet) to fill existing vacancies at the **Veterans Homes of California in Barstow, Chula Vista, Fresno, Lancaster, Redding, Ventura, West Los Angeles and Yountville**. A "Conditions of Employment" form is included in this examination which will allow you to select the location(s) and time base(s) you are interested in working. It is **required** that you **personally complete** this examination accurately and without assistance.

You will be evaluated based on your ability to follow directions, read, interpret, and respond appropriately to the questions in this Qualifications Assessment. Candidates who fail to follow the instructions may result in disqualification or a lower score from this examination.

THIS AFFIRMATION MUST BE COMPLETED.

Government Code Section 18935:

"The board may refuse to examine or, after examination, may refuse to declare as an eligible or may withhold or withdraw from certification, prior to appointment, anyone who comes under any of the following categories:

- j. Has intentionally attempted to practice any deception or fraud in his or her application, in his or her examination, or in securing his or her eligibility."

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 also understand that if it is discovered that I have made any false representations, I will be removed from the list resulting from this examination and may not be allowed to compete in future examinations for State employment. If already hired from the result of this examination, I may have adverse action taken against me, which could result in dismissal.

SIGNATURE: _____ DATE: _____

NAME (PRINTED): _____ SOCIAL SECURITY NUMBER: _____

HOME PHONE NUMBER: _____ WORK PHONE NUMBER: _____

YOUR COMPLETED STANDARD STATE APPLICATION (STD. FORM 678) AND COMPLETED QUALIFICATIONS ASSESSMENT MUST INCLUDE YOUR ORIGINAL SIGNATURE. BOTH DOCUMENTS WILL BE ACCEPTED ON A CONTINUOUS TESTING BASIS. THEY MAY BE MAILED OR FILED IN PERSON TO THE FOLLOWING LOCATION:

California Department of Veterans Affairs
1227 O Street, Room 404
Sacramento, CA 95814

Attn: CHIEF PHYSICIAN AND SURGEON Exam

NOTE:

- Candidates whose Qualifications Assessment is postmarked, personally delivered or received via interoffice mail after the due date will be eliminated from the examination.
- Be sure your envelope has **adequate postage** if submitting via mail.
- Facsimiles (FAX) will **NOT** be accepted under any circumstances.
- Make and keep a photocopy of the completed Qualifications Assessment for your records.
- The STD. FORM 678 may be downloaded from the California Department of Human Resources website at <http://jobs.ca.gov/Profile/StateApplication>.

GENERAL INSTRUCTIONS

Read and follow instructions carefully.

This process is the entire examination for the CHIEF PHYSICIAN AND SURGEON classification. Therefore, **please be sure to follow the instructions carefully as missing or incomplete information may result in disqualification or a lower score from this examination.**

1. Additional instructions are provided on the following pages.
2. If successful, your name will be placed on separate eligible list for the classification listed above.
3. The examination is intended to provide candidates the opportunity to demonstrate their knowledge and experience in a variety of areas. It is not expected that you will have experience in all areas.

The following areas comprise the complete examination for Chief Physician and Surgeon. You must ensure you have addressed each of the following areas:

- Affirmation Statement (page 1)
- General Instructions (page 2)
- Prior State Employment Information (page 3)
- Conditions of Employment (page 3)
- Minimum Qualifications (page 4)
- Job Requirements (page 5)
- Work Experience – Chief Physician and Surgeon (pages 6-7)
- Knowledge Assessment – Chief Physician and Surgeon (page 8)

YOUR RESPONSES ARE SUBJECT TO VERIFICATION

Please keep in mind that all information provided on this Qualifications Assessment will be subject to verification at any time during the examination process, hiring process, and even after gaining employment. Anyone who misrepresents his/her experience will be subject to adverse consequences, which could include the following action(s):

- Removal from the examination process
- Removal from the certification list
- Loss of State employment
- Loss of rights to compete in any future State examinations

PRIOR STATE EMPLOYMENT INFORMATION

Complete this next section **ONLY** if you have been previously **dismissed** from California State Civil Service employment by punitive action or as a result of disciplinary proceedings. **IF THIS DOES NOT APPLY TO YOU, please skip this question.**

Rule 211 provides that a dismissed State employee may only participate in State Civil Service examinations if he/she has obtained prior consent from the State Personnel Board.

Do you have written permission from the State Personnel Board Executive Officer to take this examination?

<input type="checkbox"/>	YES
<input type="checkbox"/>	NO

CONDITIONS OF EMPLOYMENT

PLEASE MARK THE APPROPRIATE BOX(ES) OF YOUR CHOICE - YOU WILL NOT BE OFFERED A JOB IN LOCATIONS NOT MARKED.

If you are successful in this examination, your name will be placed on an active employment list and referred to fill vacancies according to the conditions you specify on this form.

LOCATION(S) YOU ARE WILLING TO WORK

Please choose the location(s) you are willing to work. You may choose more than one location; however, if you are not planning to relocate or are not willing to travel to a distant job location, please do not select locations that are far from your residence.

- | | |
|--|---|
| <input type="checkbox"/> (3601) Barstow | <input type="checkbox"/> (3702) Chula Vista |
| <input type="checkbox"/> (1005) Fresno | <input type="checkbox"/> (1938) Lancaster |
| <input type="checkbox"/> (4504) Redding | <input type="checkbox"/> (5609) Ventura |
| <input type="checkbox"/> (1975) West Los Angeles | <input type="checkbox"/> (2804) Yountville |

TYPE(S) OF APPOINTMENT YOU ARE WILLING TO ACCEPT

Please choose the type(s) of appointment you are willing to accept. You may check one or more items.
Check (A) "Any" if you are willing to accept any type of employment.

- | | | |
|---|--|----------------------------------|
| <input type="checkbox"/> (D) Permanent Full-Time | <input type="checkbox"/> (K) Limited-Term Full-Time | <input type="checkbox"/> (A) Any |
| <input type="checkbox"/> (V) Permanent Part-Time | <input type="checkbox"/> (W) Limited-Term Part-Time | |
| <input type="checkbox"/> (T) Permanent Intermittent | <input type="checkbox"/> (X) Limited-Term Intermittent | |

If all are marked and you receive an appointment other than permanent full-time, your name will continue to be considered for permanent full-time positions.

MINIMUM QUALIFICATIONS

Possession of the legal requirements for the practice of medicine in California as determine by the California Board of Medical Quality Assurance 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 candidates will be eligible for appointment.)

AND

Possession of a valid certificate issued by an American Medical Specialty Board or an American Osteopathic Board as a specialist in one of the fields of medicine, or eligibility for examination for such a certificate as evidenced by a written statement from the Secretary of an American Specialty Board or an American Osteopathic Board. (Applicants who are in the process of establishing specialty board eligibility will be admitted to the examination but the required verification must be submitted before appointment.)

Special Personal Requirements: Willingness to work in a State Veteran's Home; sympathetic and objective understanding of the problems of the mentally disabled and developmentally disabled; tact; patience; emotional stability; and demonstrated leadership ability.

1. Do you possess a California medical license from the California Board of Medical Quality Assurance or the California Board of Osteopathic Examiners? License # : _____ Issue Date: _____ Expiration Date: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you possess a valid certificate issued by an American Medical Specialty Board or an American Osteopathic Board? License # : _____ Issue Date: _____ Expiration Date: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

JOB REQUIREMENTS

The following are job requirements. Please respond to each question by checking the appropriate box. **If you are unwilling or unable to comply with any of the following job requirements, it will be grounds for elimination from the examination process.**

1. Are you willing to abide by and adhere to the policies and procedures at the Veterans Home of California and the California Department of Veterans Affairs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you willing to undergo annual health review?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are you willing to undergo annual TB testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are you willing to keep current with the completion of all required training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are you willing to maintain cooperative, professional, and effective interactions with employees, individuals served, and the public?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION I
WORK EXPERIENCE – CHIEF PHYSICIAN AND SURGEON

INSTRUCTIONS: To respond appropriately to Items 1 - 17, check the corresponding box in each column that accurately reflects your work experience. (**NOTE:** You must check only one box for each item under “Years of Experience” **AND** one box for each item under “Frequency”).

	LEVEL OF EXPERIENCE					FREQUENCY			
	Not performed	Performed during training only	Performed after licensure for less than 1 year	Performed after licensure for at least 1 year but less than 3 years	Performed after licensure for 3 years or more	Performed DAILY	Performed WEEKLY	Performed MONTHLY	Not Performed
<p>LEVEL OF EXPERIENCE: Check the appropriate box that best describes your level of experience for each item. There should be 1 check mark for each item.</p> <p>FREQUENCY: Check the appropriate box that best describes how often you performed each item. There should be 1 check mark for each item.</p> <p>NOTE: There should be a total of TWO check marks for each item. ONE check mark for “Years of Experience” and ONE check mark for “Frequency.”</p> <p>ITEMS:</p>									
1. Plan, organize and direct the work of staff to maintain the standard of care and treatment of patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Work closely with staff to assist in the coordination of medical activities to maintain the standard of care and treatment of patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Advise staff on appropriate treatment of specific diagnosis or cases to provide information and maintain the standard of care and treatment of patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Review clinical records of patients to assure their adequate and proper documentation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Examine and treat patients requiring more difficult forms of medical treatment to provide good patient care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Serve as a consultant to staff on unusual or difficult medical problems to provide information and ensure good patient care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Arrange for consultation on difficult cases with medical authorities outside the facility to provide necessary specialty care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Review clinical investigation protocols and/or internal research to improve medical care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Make managerial decisions regarding facility policy, patient treatment, facility equipment, personnel and budgeting needs to improve patient care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Provide performance evaluations and feedback to staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION I
WORK EXPERIENCE – CHIEF PHYSICIAN AND SURGEON

INSTRUCTIONS: To respond appropriately to Items 1 - 17, check the corresponding box in each column that accurately reflects your work experience. (**NOTE:** You must check only one box for each item under “Years of Experience” **AND** one box for each item under “Frequency”.)

	LEVEL OF EXPERIENCE					FREQUENCY			
	Not performed	Performed during training only	Performed after licensure for less than 1 year	Performed after licensure for at least 1 year but less than 3 years	Performed after licensure for 3 years or more	Performed DAILY	Performed WEEKLY	Performed MONTHLY	Not Performed
<p>LEVEL OF EXPERIENCE: Check the appropriate box that best describes your level of experience for each item. There should be 1 check mark for each item.</p> <p>FREQUENCY: Check the appropriate box that best describes how often you performed each item. There should be 1 check mark for each item.</p> <p>NOTE: There should be a total of TWO check marks for each item. ONE check mark for “Years of Experience” and ONE check mark for “Frequency.”</p> <p>ITEMS:</p>									
11. Assign staff to daily shifts and/or posts including medical officer-of-the day/physician on call to ensure access to care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Conduct and/or facilitate staff conferences, meetings, In-Service Training, etc., to provide information and ensure proper implementation of the standard of medical care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Prepare written documents to provide information and direction to others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Participate in the hiring process by conducting interviews, evaluating and recommending candidates for appointment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Work closely with facility administrators to establish improved communication, methods, forms, and/or procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Serve as committee chairperson and on various committees in order to present new ideas and information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Manage the Employee Health Program to ensure policies and procedures are being followed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION II
KNOWLEDGE ASSESSMENT – CHIEF PHYSICIAN AND SURGEON

<p>For items 1 - 16, rate your level of knowledge by checking the appropriate box that best describes your level of knowledge for each item.</p> <p>Definition of Levels:</p> <p>Extensive Knowledge: I possess an expert knowledge level to the extent that I have effectively performed tasks related to this knowledge in the most difficult and complex situations and I have instructed others on specific aspects of this knowledge.</p> <p>Moderate Knowledge: I possess a sufficient knowledge level that has allowed me to perform tasks related to this knowledge successfully and I have applied it to a resident.</p> <p>Basic Knowledge: I possess some knowledge but may require additional instruction to apply this knowledge effectively.</p> <p>No Knowledge: I possess no knowledge and I have not applied it to a resident.</p> <p>ITEMS:</p>	LEVEL OF KNOWLEDGE			
	Extensive Knowledge	Moderate Knowledge	Basic Knowledge	No Knowledge
1. Principles and methods of general medicine and surgery.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Principles of psychiatry, psychiatric social work and neurology treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Principles and applications of rehabilitative therapies (physical therapy, occupational therapy, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Current development and trends in the diagnosis and treatment of developmental disabilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Principles and practices of personnel management.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Principles and methods of training medical staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Department's Equal Employment Opportunity principles.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Manager's role in the Equal Employment Opportunity program and the processes available to meet those objectives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Manage Physicians and Surgeons in all fields of general medicine and surgery.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Analyze data and/or information accurately.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Effectively contribute to the Department's Equal Employment Opportunity objectives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Application of the principles and methods of general medicine and surgery.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Prepare written documents (e.g., medical reports, correspondence, appeals, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Communicate effectively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Direct and coordinate complex and varied activities in the field of general medicine and surgery.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Analyze situations accurately.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**THIS CONCLUDES THE QUALIFICATIONS ASSESSMENT FOR
 CHIEF PHYSICIAN AND SURGEON.**

Please refer to page one for mailing instructions.