



CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
TRAINING AND EXPERIENCE ASSESSMENT
Medical Consultant I, Department of Social Services

This examination will provide you with an opportunity to demonstrate significant aspects of your qualifications for the Medical Consultant I, Department of Social Services classification, with the California Department of Social Services (CDSS). 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 on an eligible list for the classification listed above. The list will be used by CDSS to fill existing vacancies. A "Conditions of Employment" form is included in this examination which will allow you to select the location and time bases you are interested in working. It is required that you personally complete this examination accurately without assistance, and then sign the form.

Read the instructions below carefully before completing the assessment. Failure to do so may result in an inability to process your assessment and disqualification from this examination.

AFFIRMATION STATEMENT

I hereby certify and understand that the information provided on this Training and Experience Assessment Questionnaire is true and complete to the best of my knowledge and contains no willful misrepresentations or falsifications. I also understand that if it is later discovered that I have made any false representations, I may be removed from the examination and/or the eligible list resulting from this examination, have adverse action taken against me which could result in loss of State employment, and/or suffer loss of right to compete in any future State examinations.

Name (Printed):

Address:

City/State/Zip Code:

Home/Work Phone Number:

Email Address: _____

Signature:

Date:

CONDITIONS OF EMPLOYMENT

If you are successful in this examination(s), your name will be placed on an active employment list and referred to fill vacancies according to the conditions you specify on this form. Therefore, before you mark this form, there are some things you should consider. If you are not planning to relocate or are not willing to travel to a distant job location, do not select locations that are a long way from your residence.

LOCATION(S) YOU ARE WILLING TO WORK

PLEASE MARK THE APPROPRIATE BOX(ES) OF YOUR CHOICE - YOU WILL ONLY BE ELIGIBLE FOR EMPLOYMENT IN LOCATIONS THAT YOU MARK.

- ANYWHERE IN THE STATE – *If this box is marked, no further selection is necessary.*
- ALAMEDA** COUNTY SACRAMENTO COUNTY
- FRESNO** COUNTY SAN DIEGO COUNTY
- LOS ANGELES** COUNTY SAN JOAQUIN COUNTY
-

TYPE OF APPOINTMENT YOU WILL ACCEPT

PLEASE MARK THE APPROPRIATE BOX(ES) OF YOUR CHOICE.

- (D) Permanent Full-Time (K) Limited-Term Full-Time
- (V) Permanent Part-Time (W) Limited-Term Part-Time
- (T) Permanent Intermittent (X) Limited-Term Intermittent
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MAILING INSTRUCTIONS

Applications may be delivered in person, by email, or by mail. Send your completed examination along with a completed State Application Form, STD. 678 to the address or email listed below. You can print the [State Application Form](#) from the California Department of Human Resources (CalHR) website at <https://jobs.ca.gov/>.

FILE BY MAIL

California Department of Social Services
Attention: Examination Unit
P.O. Box 944243, MS 8-15-58
Sacramento, CA 94244-2430

FILE IN PERSON

California Department of Social Services
Attention: Examination Unit
744 P Street, OB 8, 15th Floor
Sacramento, CA 95814
Monday-Friday, 8:00 AM-5:00 PM

BY EMAIL

examinations@dss.ca.gov

CRIMINAL RECORD CLEARANCE INFORMATION

Some positions within various divisions of the California Department of Social Services are subject to fingerprinting and criminal records check requirements. This check will be completed by the Department of Justice. Applicants will be notified during the hiring process if the position is affected by the criminal records clearance procedure. Criminal record clearance is a condition of employment in positions affected by this procedure.

INSTRUCTIONS

This 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.

Respond to each of the following statements by indicating how the statement applies to you. You are required to respond to every statement by marking one option for each of the 2 scales provided.

In responding to each statement, you may refer to your FORMAL EDUCATION, FORMAL TRAINING COURSES, and/or WORK EXPERIENCE whether paid or not paid.

SCALE #1 – KNOWLEDGE RELATED TO PERFORMING THIS ACTION:

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.

Moderate Knowledge

I possess an advanced knowledge level to the extent that I could effectively perform this task under the majority of circumstances or situations encountered.

Basic Knowledge

I possess a sufficient knowledge level that would allow me to perform this task successfully in routine situations.

Limited Knowledge

I have some knowledge of how to perform this task, but I may require additional instruction to apply my knowledge effectively.

No Knowledge

I have no knowledge of how to perform this task or what it may entail.

SCALE #2 – EXPERIENCE RELATED TO PERFORMING THIS ACTION:

Extensive Experience

I have more than **5** years of experience in regularly performing this action.

Moderate Experience

I have more than **3** years, but less than 5 years of experience in this action.

Basic Experience

I have more than **1** year, but less than 3 years of experience in this action.

Limited Experience

I have more than **1** year, but less than 2 years of experience in performing this action.

No Experience

I have never performed this action.

1. Evaluate medical evidence to determine its adequacy for making medical decisions.

Knowledge related to performing this action

Experience related to performing this action

2. Determine the severity of physical and mental impairments to make disability decisions.

Knowledge related to performing this action

Experience related to performing this action

3. Evaluate possible effects of medical or surgical treatment.

Knowledge related to performing this action

Experience related to performing this action

4. Project the level of recovery resulting from treatment, trauma, or illness.

Knowledge related to performing this action

Experience related to performing this action

5. Analyze all available medical and non-medical information to determine an applicant's physical and/or mental restrictions.

Knowledge related to performing this action

Experience related to performing this action

6. Interpret medical evidence to determine an applicant's medical qualifications for disability benefits.

Knowledge related to performing this action

Experience related to performing this action

7. Assist in obtaining evidence by contacting physicians and other treatment sources for the purpose of obtaining specific medical information.

Knowledge related to performing this action

Experience related to performing this action

8. Advise other physicians on complex medical conditions.

Knowledge related to performing this action

Experience related to performing this action

9. Consult with other physicians on complex medical conditions.

Knowledge related to performing this action

Experience related to performing this action

10. Review assessments made by physicians and other providers.

Knowledge related to performing this action

Experience related to performing this action

11. Provide medical training and consultation for professional staff.

Knowledge related to performing this action

Experience related to performing this action

12. Determine the need for additional medical examinations and/or laboratory studies for overall medical assessment.

Knowledge related to performing this action

Experience related to performing this action

13. Order appropriate medical examinations and/or laboratory studies for overall medical assessment.

Knowledge related to performing this action

Experience related to performing this action

14. Provide professional opinions and feedback on proposed policy updates and/or changes to governing components.

Knowledge related to performing this action

Experience related to performing this action

15. Complete written medical analysis for legal documentation.

Knowledge related to performing this action

Experience related to performing this action

KNOWLEDGE, SKILL, OR ABILITY (KSA) ASSESSMENT

Rate your knowledge, skill, or ability performing specific job-related actions, using the rating scale below.

Respond to each of the following statements by indicating how the statement applies to you. You are required to respond to every statement by marking one option for the scale provided. Responses may not be changed or added once submitted to the Department of Social Services Examination Unit. Missing responses will result in a lower score.

In responding to each statement, you may refer to your formal education, formal training courses, and/or work experience whether paid or not paid.

SCALE - KNOWLEDGE, SKILL, OR ABILITY RELATED TO THIS STATEMENT

Extensive Knowledge, Skill, or Ability

I have applied this KSA in an actual setting while performing a job and have used it to instruct others on the specific task.

Moderate Knowledge, Skill, or Ability

I have applied this KSA in an actual setting while performing a job.

Limited Knowledge, Skill, or Ability

I have education or training relevant to this KSA, but have not applied it to an actual job.

No Knowledge, Skill, or Ability

I have no experience, education, or training relevant to this KSA

1. Principles and practices of medicine and surgery in the diagnosis and treatment of physical and mental impairments.

Knowledge, Skill, or Ability related to performing this action

2. Interpret and apply the medical policies and standards of the Department's program.

Knowledge, Skill, or Ability related to performing this action

3. Analyze situations accurately and take effective action.

Knowledge, Skill, or Ability related to performing this action

4. Establish and maintain cooperative relations with those in the workplace.

Knowledge, Skill, or Ability related to performing this action

5. Write effectively and prepare clear, complete, concise reports.

Knowledge, Skill, or Ability related to performing this action

6. Speak effectively before professionals and lay groups to deliver pertinent information.

Knowledge, Skill, or Ability related to performing this action

7. Use computer systems and software programs to prepare electronic documents.

Knowledge, Skill, or Ability related to performing this action

8. Participate in a team environment by encouraging and assisting in the professional growth of staff.

Knowledge, Skill, or Ability related to performing this action

THIS CONCLUDES THE ASSESSMENT FOR THE
Medical Consultant I (Psychiatrist), DEPARTMENT OF SOCIAL SERVICES
EXAMINATION

Please refer to Page 2 for filing/mailling instructions.