



CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

HEALTH EDUCATION CONSULTANT II

Schematic Code: TU30 Classification Code: 8331 Exam Code: 2H1CE

Examination Type: Open Continuous

FINAL FILING DATES

Testing is considered continuous as dates can be set at any time. Applications will be reviewed to ensure the minimum requirements for participation in this exam are met. Possession of the entrance requirements does not assure a place on the eligible list. Once you have taken the examination, you may not retest for 12 months from the established list date.

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:**

March 15, 2022

June 17, 2022

September 16, 2022

December 16, 2022

SALARY

\$5,740 - \$7,537 per month

EQUAL EMPLOYMENT OPPORTUNITY

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 CAN APPLY

Persons who meet the minimum qualifications as stated on this announcement may take this competitive examination.

MINIMUM QUALIFICATIONS

Either One

One year of experience performing the duties of a Health Education Consultant I, Range B, in California state service. (Applicants qualifying under Pattern I of the minimum qualifications must show their appointment date to Range B on the application.)

Or Two

Two years of post-master's experience in planning, directing, and conducting public health education programs. (Experience gained in California state service applied toward this pattern must include one year performing duties comparable to the Health Education Consultant I, Range B.)

AND

Possession of a master's degree with specialization in public or community health education awarded on completion of a program of study accredited by the Council on Education for Public Health sanctioned by the American Public Health Association.

GENERAL QUALIFICATIONS

All candidates for, appointees to, and employees in the state civil service shall possess the general qualifications of integrity, honesty, sobriety, dependability, industry, thoroughness, accuracy, good judgment, initiative, resourcefulness, courtesy, ability to work cooperatively with others, willingness and ability to assume the responsibilities and to conform to the conditions of work characteristic of the employment, and a state of health consistent with the ability to perform the assigned duties of the class.

DESIRABLE QUALIFICATIONS: Willingness to travel throughout the State, work irregular hours, and possession of a valid driver's license.

POSITION DESCRIPTION

TYPICAL TASKS

HEALTH EDUCATION CONSULTANT II: is the full journey level. Under direction, in an assigned geographic area or special subject matter area, independently provides complex health education consultation to public and private agencies; plans, develops, organizes, monitors, and evaluates health education programs and projects; negotiates and recommends approval of contracts; develops, coordinates, and conducts training programs; may also serve in a lead capacity to education consultants and other health-related multidisciplinary staff; develops and evaluates program standards, policies, and procedures of average difficulty; and does other related work.

HOW TO APPLY

To apply for this examination, please complete and return the following:

STANDARD STATE APPLICATION (FORM 678)

COPY OF UNOFFICIAL/OFFICIAL COLLEGE TRANSCRIPTS

Due to COVID-19, we have limited staff working in the office. Therefore, the preferred method of application submittal at this time is via email to CDPHExamUnit@cdph.ca.gov. Mailed and dropped off applications will still be accepted but may have delays in processing.

Applications and any additional documents 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). Submit ([California State Application STD 678](#)) and any additional documents to:

Via Email:

CDPHEExamUnit@cdph.ca.gov

Submit via mail to:

DEPARTMENT OF PUBLIC HEALTH
Attn: Examination Services Unit
P.O. Box 997378 MS 1700 – 1702
Sacramento, CA 95899-7378

Drop Off:

DEPARTMENT OF PUBLIC HEALTH
Attn: Examination Services Unit
1615 Capitol Avenue
Sacramento, CA 95814

DO NOT SUBMIT APPLICATIONS
TO THE CALIFORNIA DEPARTMENT OF HUMAN RESOURCES (CaIHR),
FAX, OR INTER-AGENCY MAIL

CONTACT INFORMATION

All questions regarding this examination (including the minimum qualifications, applying for the examination, being scheduled for the examination, reasonable accommodations, the examination components, scoring, etc.) may be directed to the contact information below:

EMAIL: CDPHEExamUnit@cdph.ca.gov

EXAMINATION INFORMATION

The examination will consist of a Qualifications Assessment and is the sole component of the Health Education Consultant II examination. To obtain a position on the eligible list, a minimum score of 70% must be received. The Qualifications Assessment is designed to elicit specific information regarding each candidate's education, training, and experience relative to the testing classification. Responses to the questionnaire will be assessed based on pre-determined rating criteria. **The Qualifications Assessment package will be emailed to the applicant in the form of a survey. Please monitor your email account's SPAM, Junk, Bulk, etc. Folder (s) as the examination email may be filtered depending on your specific account settings.**

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.

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 either official or unofficial transcripts along with the application when using education to meet the entrance requirements for this examination.

SCOPE OF EXAMINATION: 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:

Health Education Consultant II

Knowledge of:

1. Principles, methods, and techniques effective in the planning and implementation of health education program.
2. Materials and literature on public health education.
3. Principles and methods of community organization and group work.
4. Education theory for multiple audiences.
5. Principles and practices of public health administration.
6. Principles and methods of consultation.
7. Methods of community study and of evaluation methods applicable to health education practice.
8. Public health principles.
9. Programs and practices at the national, state, and community levels.
10. Theories and processes of education and their relationship in bringing about voluntary behavioral change.
11. Administration and organization of health care delivery systems.
12. Principles and methodology of research, contract negotiations and administration.

Ability to:

1. Train others in the principles and practices of health education.
2. Develop, implement and evaluate (less complex) health education programs and projects.
3. Conduct conference workshops and training programs.
4. Establish and maintain productive working relationships with other health disciplines, agencies, organizations and public.
5. Communicate health education knowledge for application by other disciplines and the public.
6. Analyze situations accurately and take effective action.
7. Prepare reports.
8. Communicate effectively.
9. Ability principles and methodology of research.
10. Recognize, assess, and develop solutions to problems associated with health education programs.

ELIGIBLE LIST INFORMATION

Possession of the entrance requirement 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. Names of successful competitors are merged into the open eligible list established for use by the Department of Public Health in order of final scores regardless of testing 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.

VETERAN'S PREFERENCE

Pursuant to Government Code Section 18973.1, Veteran's Preference will be awarded in this examination 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 State Jobs' website](http://www.jobs.ca.gov) (www.jobs.ca.gov) has information on how to apply for Veterans' Preference on their website and on the [Application for Veterans' Preference form \(CalHR 1093\)](https://jobs.ca.gov/PDF/SPB1093.pdf) (https://jobs.ca.gov/PDF/SPB1093.pdf). Additional information is also available at the [Department of Veterans Affairs website](http://www.cdva.ca.gov) (http://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

CONDTIONS OF EMPLOYMENT (631)

Examination Title: Health Education Consultant II

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

Final Filing Dates:

March 15, 2022

June 17, 2022

September 16, 2022

December 16, 2022

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) _____

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 name, examination title, and identification number.

Signature: _____ Date: _____