



STATE OF CALIFORNIA

DENTAL HYGIENIST CONSULTANT

Schematic Code: TU50 Classification Code: 8387 Exam Code: 7H1FE

Examination Type: Open Servicewide Exam

FINAL FILING DATES

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 final filing date indicated below. Applications postmarked, personally delivered, or received via interoffice mail after the final filing date, will not be accepted. The filing date is:

October 20, 2017

SALARY

\$4462 - \$5866 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 (entrance requirements) as stated on this announcement may take this examination, which is competitive.

MINIMUM QUALIFICATIONS

Possession of the legal requirements to practice as a Dental Hygienist as determined by the California Board of Dental Examiners. **And**

Experience: Five years of experience as a licensed Dental Hygienist at least two years of which must have been in public health. **And**

Education: Graduation from an accredited college or university with a baccalaureate degree in dental hygiene or its equivalent. (Possession of an Associate of Arts Degree in Dental Hygiene and a baccalaureate degree in public health, health education, or education may be accepted as equivalent.)

The required degree must have been obtained from a recognized U.S. university or from a foreign university approved by the Bureau of Private Postsecondary and Vocational Education under the provision of California Education Code Chapter 3, Part 59, Division 10.

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.

POSITION DESCRIPTION

TYPICAL TASKS

Assists in the development and implementation of preventive programs to improve the dental health of the citizens of the State; serves as an advisor and consultant in planning and development of area-wide dental disease prevention programs; assists with the administration of dental hygiene activities in assigned areas; instructs interested persons and groups in proper diet and its relation to dental health; assists in explaining and interpreting dental health programs at seminars for interested persons and groups; serves as an instructor for demonstration programs to develop and conduct preventive dental health programs for specific community groups, including school children; assists in contacting groups and organizations to promote dental health; assists in establishing and implementing dental manpower development programs; evaluates dental health programs; assists counties to establish programs for prevention of dental disease; serves as dental hygiene consultant to local health departments and interprets regulations and guidelines of dental health programs to them; gives consultation on dental hygiene practices; keeps informed on advancements in dental health; and does other work as required.

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

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:

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

DO NOT SUBMIT APPLICATIONS
TO THE CALIFORNIA DEPARTMENT OF HUMAN RESOURCES (CalHR)
THROUGH EMAIL
THROUGH FAX
THROUGH INTER-AGENCY MAIL

CONTACT INFORMATION

All questions regarding 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:

PHONE NUMBER: 916-558-1753

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.

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 by the final filing date, **October 20, 2017**. 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 unofficial/official transcripts along with the application when using education to meet the entrance requirements for this examination.

SCOPE OF EXAMINATION: In addition to evaluating the candidate’s relative abilities as demonstrated by quality and breadth of experience, emphasis will be placed on measuring, relative to job demands, each competitor’s:

Knowledge of:

1. Principles, practices and techniques of dental hygiene
2. Dental diseases and related preventive and corrective measures
3. Care and use of common dental equipment, instruments and materials
4. Current practices and methods of dental health educational programs

Ability to:

1. Provide consultation and technical assistance to local agencies concerned with dental health programs and to dental hygienists and other health-related personnel
2. Supervise dental hygienists and other dental health personnel
3. Deal effectively with people and to stimulate interest of and to motivate all age groups in the prevention of dental disease
4. Establish and maintain effective working relationships with lay and professional personnel and groups; meet and deal tactfully with the public
5. Exercise resourcefulness.

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 onto a statewide open list established for use by all state agencies in California 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. All candidates meeting the minimum qualifications will be placed on the eligible list.

VETERAN’S 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 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>). 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: 1-888-877-537

CONDITIONS OF EMPLOYMENT (631)

Examination Title: Dental Hygienist Consultant

Name: _____

(Print: first, middle initial, last)

Final Filing Dates: October 20, 2017

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.

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

<input type="checkbox"/> (0100) Alameda	<input type="checkbox"/> (0200) Alpine	<input type="checkbox"/> (0300) Amador
<input type="checkbox"/> (0500) Calaveras	<input type="checkbox"/> (0600) Colusa	<input type="checkbox"/> (0700) Contra Costa
<input type="checkbox"/> (0900) El Dorado	<input type="checkbox"/> (1000) Fresno	<input type="checkbox"/> (1100) Glenn
<input type="checkbox"/> (1300) Imperial	<input type="checkbox"/> (1400) Inyo	<input type="checkbox"/> (1500) Kern
<input type="checkbox"/> (1700) Lake	<input type="checkbox"/> (1800) Lassen	<input type="checkbox"/> (1900) Los Angeles
<input type="checkbox"/> (2100) Marin	<input type="checkbox"/> (2200) Mariposa	<input type="checkbox"/> (2300) Mendocino
<input type="checkbox"/> (2500) Modoc	<input type="checkbox"/> (2600) Mono	<input type="checkbox"/> (2700) Monterey
<input type="checkbox"/> (2900) Nevada	<input type="checkbox"/> (3000) Orange	<input type="checkbox"/> (3100) Placer
<input type="checkbox"/> (3300) Riverside	<input type="checkbox"/> (3400) Sacramento	<input type="checkbox"/> (3500) San Benito
<input type="checkbox"/> (3700) San Diego	<input type="checkbox"/> (3800) San Francisco	<input type="checkbox"/> (3900) San Joaquin
<input type="checkbox"/> (4100) San Mateo	<input type="checkbox"/> (4200) Santa Barbara	<input type="checkbox"/> (4300) Santa Clara
<input type="checkbox"/> (4500) Shasta	<input type="checkbox"/> (4600) Sierra	<input type="checkbox"/> (4700) Siskiyou
<input type="checkbox"/> (4900) Sonoma	<input type="checkbox"/> (5000) Stanislaus	<input type="checkbox"/> (5100) Sutter
<input type="checkbox"/> (5300) Trinity	<input type="checkbox"/> (5400) Tulare	<input type="checkbox"/> (5500) Tuolumne
<input type="checkbox"/> (5700) Yolo	<input type="checkbox"/> (5800) Yuba	<input type="checkbox"/> (1600) Kings
<input type="checkbox"/> (0400) Butte	<input type="checkbox"/> (4000) San Luis Obispo	<input type="checkbox"/> (2000) Madera
<input type="checkbox"/> (0800) Del Norte	<input type="checkbox"/> (4400) Santa Cruz	<input type="checkbox"/> (2400) Merced
<input type="checkbox"/> (1200) Humboldt	<input type="checkbox"/> (4800) Solano	<input type="checkbox"/> (2800) Napa
<input type="checkbox"/> (5600) Ventura	<input type="checkbox"/> (5200) Tehama	<input type="checkbox"/> (3200) Plumas
<input type="checkbox"/> (3600) San Bernardino		

TYPE OF EMPLOYMENT DESIRED:

PERMANENT FULL TIME _____

PERMANENT PART TIME _____

PERMANENT INTERMITTENT _____

PERMANENT LIMITED TERM _____

TEMPORARY FULL TIME _____

TEMPORARY PART TIME _____

TEMPORARY INTERMITTENT _____

TEMPORARY 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: _____