



## DEPARTMENT OF DEVELOPMENTAL SERVICES (DDS)

### PSYCHIATRIC TECHNICIAN - SAFETY

#### SUPPLEMENTAL APPLICATION

The **PSYCHIATRIC TECHNICIAN Safety (8253)** is a **Departmental, OPEN, Continuous**, examination for **Porterville Developmental Center**. The Psychiatric Technician is a **Training and Experience (T&E) examination** and consists solely of a **Supplemental Application**. The **Supplemental Application** accounts for 100% of the examination and resulting eligible list used to fill vacancies at **Porterville Developmental Center ONLY**.

The **Supplemental Application is the entire examination and can be found on the following pages (Pages 2-5)**. The examination is designed to elicit a range of specific information regarding each candidate's knowledge, skills and abilities to effectively perform the duties of the classification. The score a candidate receives is based upon an evaluation of the responses provided in the Supplemental Application. The examination utilizes a predetermined rating criteria and an established rating scale.

It is the candidates responsibility to ensure they meet the **minimum requirements** (located on the examination Bulletin) of the classification. Candidates **MUST read and follow the instructions and print, complete and submit the Supplemental Application (Pages 2-5) and required documents referenced below**. All other documents submitted (State application, resume, references, etc.) will not be evaluated or considered in the examination.

#### HOW TO APPLY – 2-STEP PROCESS

##### 1. Complete and submit:

- **Supplemental Application - Pages 2-5** on the following pages
- **Standard State Application (STD. 678)** - [State Application](#)
- **Attach a copy of license** - A valid license to practice as a Psychiatric Technician issued by the California Board of Vocational Nursing and Psychiatric Technician.

##### 2. Send to Address:

**California Department of Developmental Services**  
1600 Ninth Street, MS-Q  
Sacramento, CA 95814  
Attention: Peggie McQuillan

**Contact Information:** After reading the entire **Examination Bulletin, Instructions** and **Supplemental Application**, if you have questions you may contact Peggie McQuillan at 916-322-7790 or [peggie.mcquillan@dds.ca.gov](mailto:peggie.mcquillan@dds.ca.gov)

# PSYCHIATRIC TECHNICIAN

## Supplemental Application

### INSTRUCTIONS

Please read the instructions prior to proceeding to the “**Supplemental Application**” examination. This **Supplemental Application** consists of *three “SCALES”*, that will be used to rate the questions/statements. You will assign *one rating* from each scale and three ratings for every task question/statement.

Using the **THREE SCALES (A-C)** below, you will rate each job-related task statement/question as it applies to you. The scales included are; two **Rating Scales (Scale A & B)** and one **Reference Code (Scale C)**.

#### **SCALE A - LEVEL of Experience (Training/Education)**

**Instructions:** In **Scale A – (Rating 1-5)**, assign one rating for the **LEVEL of Experience (Training and/or Education)** you have performing a specific **job-related task**. You may also refer to **formal education & training courses** and/or **work experience (paid and/or volunteer)**.

##### **Scale A: (Rating 1-5)**

**1 = NO EXPERIENCE/TRAINING**

**2 = Have had education/training ONLY, NO work experience**

**3 = Have had education and on-the-job training and/or in an apprentice/mentor program**

**4 = Have had education/training and experience performing independently**

**5 = Have had education/training and experience as a lead and/or supervised others**

#### **SCALE B – LENGTH of Time**

**Instructions:** In **Scale B – (Rating 1-5)**, assign one rating for the **Length of time** you have **performed and/or received training** in a specific **job-related task** statement/question.

##### **Scale B: (Rating 1-5)**

**1 = NO EXPERIENCE/TRAINING**

**2 = Less than 1 year**

**3 = 1 to 3 years**

**4 = 3 to 5 years**

**5 = More than 5 years**

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**INSTRUCTIONS (cont.)**

**SCALE C – Reference Code (A-E)**

**Instructions:** In **Scale C – (A-E)**, List **reference verification** information of persons that can verify your experience, training and/or education. A **Reference Code**, (maximum of 5 and no less than 1) should include a **previous/current Employer, Training Instructor and/or Teacher/Educational Instructor**. **DO NOT** list friends or family members as a reference.

**Scale C: (Code A-E)**

**Code A**

Reference Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Dates (Employment/Training/Education): From: \_\_\_\_\_ To: \_\_\_\_\_

**Code B**

Reference Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Dates (Employment/Training/Education): From: \_\_\_\_\_ To: \_\_\_\_\_

**Code C**

Reference Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Dates (Employment/Training/Education): From: \_\_\_\_\_ To: \_\_\_\_\_

**Code D**

Reference Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Dates (Employment/Training/Education): From: \_\_\_\_\_ To: \_\_\_\_\_

**Code E**

Reference Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Dates (Employment/Training/Education): From: \_\_\_\_\_ To: \_\_\_\_\_

# PSYCHIATRIC TECHNICIAN

## Supplemental Application

Please assign a rating, utilizing the scales below to answer the following task statements/questions.

SCALES	<u>SCALE A</u>	<u>SCALE B</u>	SCALE A - Rating	SCALE B- Rating	SCALE C - Code	Personnel use only
	1. No experience/training 2. Have had education/training ONLY, NO Job experience 3. Have had education and on-the-job training and/or in an apprentice/mentor program 4. Have had education/training and experience performing independently 5. Have had education/training and experience as a lead and/or supervised others	1. No experience/training 2. Less than 1 year 3. 1 to 3 years 4. 3 to 5 years 5. More than 5 years  <u>SCALE C</u> Reference Codes A-E				
	<b>PHARMACOLOGY</b>					
1.	Experience administering medication to challenging and/or combative persons					
2.	Experience in nursing procedures and administering injections and urinary catheterizations					
3.	Experience with Psychotropic Medications and knowledge of possible side effects					
4.	Experience working in a team environment or team project, with regards to treatment plans					
5.	Experience with mental and/or physical disability					
	<b>THERAPEUTIC</b>					
6.	Promoting independence of persons with mental and/or physical disability					
7.	Experience working in a group therapy environment					
8.	Experience in identifying a possible suicide situation and what signals/behaviors to look for					
9.	Experience evaluating a treatment plan					
10.	Experience developing a treatment plan					
	<b>ASSESSMENT</b>					
11.	Identifying abuse and/or misuse of prescription medication					
12.	Responding to an emergency situation involving unresponsive persons					
13.	Experience evaluating a treatment plan					
14.	Experience developing a treatment plan					

# PSYCHIATRIC TECHNICIAN

## Supplemental Application

SCALES	<u>SCALE A</u>	<u>SCALE B</u>	SCALE A - Rating	SCALE B- Rating	SCALE C - Code	Personnel use only
	1. No experience/training 2. Have had education/training ONLY, NO Job experience 3. Have had education and on-the-job training and/or in an apprentice/mentor program 4. Have had education/training and experience performing independently 5. Have had education/training and experience as a lead and/or supervised others	1. No experience/training 2. Less than 1 year 3. 1 to 3 years 4. 3 to 5 years 5. More than 5 years  <u>SCALE C</u> Reference Codes A-E				
	<b>SAFETY</b>					
15.	Experience dealing with abuse and identifying persons who have been abused and/or mistreated					
16.	Experience identifying persons who may have ingested a foreign body					
17.	Possess the ability to communicate utilizing other forms of communication in addition to verbal					
18.	Experience in missing persons procedures					
	<b>CUSTODY</b>					
19.	Experience with search and seizures					
20.	Experience handling a security breach, involving other persons					
21.	Experience dealing with assault behaviors on other persons					
22.	Knowledge of various protective equipment (alarms, whistles, pagers, etc.) used for protection					
23.	Experience with the use of physical restraints to other persons					

This **concludes the examination** and the **end of the Supplemental Application**. Please complete the following personal information (below) and return all pages (2-5) to the address provided.

**Candidate Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **(Home):** \_\_\_\_\_ **(Work)**

**E-mail Address:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

*I certify and understand that my original signature certifies that all statements made in this Supplemental Application is true to the best of my knowledge and contains no willful misrepresentation.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date