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 (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)
Additional information is also available at the [Department of Veterans Affairs website](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.

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

TYPE OF EMPLOYMENT DESIRED:

PERMANENT FULL TIME _____  TEMPORARY FULL TIME _____
PERMANENT PART TIME _____  TEMPORARY PART TIME _____
PERMANENT INTERMITTENT _____  TEMPORARY INTERMITTENT _____
PERMANENT LIMITED TERM _____  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: __________________________