

City of Los Angeles
Personnel Department

**ADVANCE PRACTICE PROVIDER CORRECTIONAL CARE (2325)
TRAINING AND EXPERIENCE QUESTIONNAIRE - 2011**

DUE DATE	TEST WEIGHT	TYPE OF TEST
At the time of filing	100%	Training and Experience Questionnaire

Instructions

The examination bulletin for Advance Practice Provider Correctional Care states that all applicants must complete and submit a City of Los Angeles Employment Application and an Advance Practice Provider Correctional Care Training and Experience Questionnaire together at the time of filing. **Candidates must submit both of these documents at the time of filing to be considered further in the examination process.**

To evaluate your qualifications, it is required that you respond to each question that is asked in this Training and Experience Questionnaire. Indicating "N/A" (Not Applicable) is not considered a response to the question. If you use "N/A" or leave a question blank, your materials will be considered incomplete and you will not be considered a candidate in this examination. There are no appeal rights for individuals who are not candidates in the examination.

Your completed Advance Practice Provider Correctional Care Training and Experience Questionnaire will be presented to an expert review panel for an assessment of your preparation to perform the duties of an Advance Practice Provider Correctional Care. Based on the panel's evaluation, you will be assigned a numeric score and placed, in score order, on a list of candidates who are eligible to be considered for appointment as an Advance Practice Provider Correctional Care with the City of Los Angeles.

The Training and Experience Questionnaire evaluation will focus on how your experience and professional background have provided you with the skills, knowledge, and abilities necessary to perform the duties of an Advance Practice Provider Correctional Care, including knowledge of: professional medical theories and practices; techniques for taking medical histories and conducting physical examinations; safety principles and practices; medical management for routine medical conditions; and the ability to: act independently and in accordance with established protocols and/or procedures; evaluate technical medical data and make diagnoses; conduct comprehensive and focused physical examinations; and other necessary knowledge and abilities.

You must limit your response to each question to the space provided. No attachments or additional documents will be considered for submission to the expert review panel. Write in narrative form using complete sentences.

All examination materials are the property of the City of Los Angeles Personnel Department. You may keep a copy of your response if you so desire. You will not be able to obtain a copy from the Personnel Department.

Review Period

Candidates may review the Training and Experience Questionnaire and grading criteria in Room 130, Personnel Building, 700 East Temple Street, from 12:00 noon to 4:00 p.m. Tuesday through Friday, no later than seven calendar days from the date of filing. Any protest concerning the Training and Experience Questionnaire must be filed at the time the application and Training and Experience Questionnaire are submitted.

Upon entering Room 130, candidates will be required to furnish a photo identification, which includes their signature, such as a driver's license. Identification cards that do not have the candidate's signature will not be acceptable.

Certification Statement

I certify that the Training and Experience Questionnaire and all of the responses to the questions are true and complete, and were authored, written, and prepared in their entirety solely by me. I understand that false, misleading or incomplete information shall be sufficient cause for disqualification in this examination or dismissal and other penalties as may be prescribed by law.

NAME: LAST	FIRST	MIDDLE INITIAL
SOCIAL SECURITY NUMBER	E-MAIL ADDRESS	

If you are experiencing technical problems with this questionnaire, please report it at:

<http://per.lacity.org/exams/supquest.cfm?ClassCD=2325>

TEST BEGINS ON THE NEXT PAGE

Advance Practice Provider Correctional Care – 2011
Training & Experience Questionnaire

Please provide the following information:

1. _____
California Registered Nurse or Physician Assistant License Number _____ Expiration Date _____
2. _____
Nurse Practitioner Certificate Number _____ Expiration Date _____
3. _____
Furnishing Number _____ Expiration Date _____
4. American Heart Association Healthcare Provider CPR Card _____ Expiration Date _____

National Certifications Held (List all):

5. _____
Type of Certification _____ Certifying Body _____ Expiration Date _____
6. _____
Type of Certification _____ Certifying Body _____ Expiration Date _____
7. _____
Type of Certification _____ Certifying Body _____ Expiration Date _____
8. _____
Primary clinical area of practice as a Nurse Practitioner or Physician Assistant

TEST CONTINUES ON THE NEXT PAGE

Provide a description of your education, training, and/or experience in each of the following work settings as a Nurse Practitioner or Physician Assistant. Include length of time by providing beginning and ending dates for each response. Limit each response to the space provided.

1. **Emergency Room Nurse Practitioner or Physician Assistant experience:**

2. **Urgent Care Nurse Practitioner or Physician Assistant experience:**

TEST CONTINUES ON THE NEXT PAGE

Provide a description of your education, training, and/or experience in each of the following work settings as a Nurse Practitioner or Physician Assistant. Include length of time by providing beginning and ending dates for each response. Limit each response to the space provided.

3. **Correctional Care Facility Nurse Practitioner or Physician Assistant experience:**

4. **Family Practice Nurse Practitioner or Physician Assistant experience:**

TEST CONTINUES ON THE NEXT PAGE

Provide a description of your education, training, and/or experience in each of the following work settings as a Nurse Practitioner or Physician Assistant. Include length of time by providing beginning and ending dates for each response. Limit each response to the space provided.

5. **Adult Medicine Nurse Practitioner or Physician Assistant experience:**

6. **Other Nurse Practitioner or Physician Assistant experience:**

TEST CONTINUES ON THE NEXT PAGE

Use the following scale, mark the box that best describes your experience performing each activity listed:

- A - I have never been trained in or performed this activity.
- B - I have been trained in this activity, but have not performed it.
- C - I have been trained in this activity and have performed it as a training exercise.
- D - I have assisted others in performing this activity on the job.
- E - I have performed this activity on my own on the job.
- F - I have performed this activity on my own on the job and have directed others in its performance.

	A	B	C	D	E	F
WORK EXPERIENCE						
1. Obtaining a focused personal history						
2. Performing incision and drainage						
3. Suturing						
4. Analysis of laboratory results						
5. Interpreting EKG's						

**THIS COMPLETES THE ADVANCE PRACTICE PROVIDER CORRECTIONAL CARE
 TRAINING AND EXPERIENCE QUESTIONNAIRE**