



THE CITY OF NEW YORK
DEPARTMENT OF CITYWIDE
ADMINISTRATIVE SERVICES
APPLICATION UNIT
1 CENTRE STREET, 14TH FLOOR
NEW YORK, NY 10007

REQUIRED FORMS
APPLICATION FORM
EDUCATION AND EXPERIENCE TEST PAPER
FOREIGN EDUCATION FACT SHEET (IF APPLICABLE)

MICHAEL R. BLOOMBERG
Mayor

EDNA WELLS HANDY
Commissioner

NOTICE OF EXAMINATION

**PUBLIC HEALTH ADVISER (HHC)
Exam No. 1051
(For The New York City Health and Hospitals Corporation Only)**

<p>WHEN TO APPLY: From: May 4, 2011 To: May 24, 2011</p>	<p>APPLICATION FEE: \$47.00 If you pay online by credit card, bank card or debit card, you will receive a \$5.00 discount.</p>
---	---

WHAT THE JOB INVOLVES: Public Health Advisers (HHC), under supervision, with some latitude for independent judgement, initiative and unreviewed action and decision, apply disease control and/or health promotion principles and methods, including interviewing, investigation, case management, and referrals; enter and review epidemiological data; and conduct health risk assessments of varying degrees of difficulty in a program of communicable/preventable and environmental disease control, family health and maternity services, ranging from basic case management to assisting supervisory personnel in the planning, organizing and conducting of disease control efforts in these areas, all in accordance with Federal, State, and City guidelines. All Public Health Advisers (HHC) perform related work.

Special Working Conditions: Some of the physical activities performed by Public Health Advisers (HHC) and environmental conditions experienced are: traveling to all areas of the City by public transportation, car and/or by foot; visiting clinics, hospitals, doctors, nurses, laboratories, schools, correctional facilities, work sites, and homes of communicable disease clients and their contacts; walking up as many as six flights of stairs; carrying equipment and supplies weighing up to 13 pounds from vehicles to the site and back; in accordance with infection control guidelines, handling bodily fluids such as blood and sputum, and wearing protective garments such as surgical gloves and masks.

(This is a brief description of what you might do in this position and does not include all the duties of this position.)

THE SALARY: The current minimum salary is \$32,863 per annum. This rate is subject to change. There are two assignment levels within this class of positions. Appointments will generally be made to Assignment Level I. After appointment, employees may be assigned to the higher assignment level at the discretion of the agency.

HOW TO APPLY: If you believe that you meet the requirements in the "How to Qualify" section, you must submit an application using one of the following options:

1. **Online at the DCAS Website:** Go to the Online Application System (OASys) at www.nyc.gov/examsforjobs and follow the onscreen application instructions for electronically submitting your application and payment, and completing any required forms. The following methods of payment are acceptable: major credit card, bank card associated with a bank account, or prepaid debit card which you may purchase online or at various retail outlets. If you pay online by credit card, bank card or debit card, you will receive a \$5.00 discount.
2. **By Mail:** Refer to the "Required Forms" section below for the forms that you must fill out. All completed forms and the application fee, payable by money order to DCAS (EXAMS), should be returned to DCAS Application Unit, 1 Centre Street, 14th Floor, New York, NY 10007.

DCAS will not accept applications in person from candidates.

You are responsible for determining whether or not you meet the qualification requirements for this examination prior to submitting the application. If you are marked "Not Qualified," your application fee will not be refunded and you will not receive a score.

Special Circumstances Form: This form is included in the application package and located online at the above DCAS website. This form gives important information about claiming Veterans' or Legacy credit, and notifying DCAS of a change in your mailing address. Follow all instructions on the Special Circumstances form that pertain to you when you complete your "Application for Examination."

READ CAREFULLY AND SAVE FOR FUTURE REFERENCE

HOW TO QUALIFY:

Education and Experience Requirements: By the last day of the Application Period you must have:

1. A baccalaureate degree from an accredited college or university, including or supplemented by twelve semester credits in health education or in health, social or biological sciences; or
2. A baccalaureate degree from an accredited college or university, **and** six months of full-time satisfactory experience in a health promotion or disease intervention/prevention program, performing one or more of the following: interviewing, conducting field investigations, assessing health risks, making referrals, or collecting and analyzing epidemiological data; or
3. A four-year high school diploma or its educational equivalent approved by a State's Department of Education or a recognized accrediting organization **and** four years of full-time satisfactory experience as described in "2" above; or
4. Education and/or experience equivalent to "1," "2" or "3" above. Undergraduate college credit can be substituted for experience on the basis of 30 semester credits from an accredited college for one year of full-time experience. However, all candidates must have a four-year high school diploma or its educational equivalent, **and** either twelve semester credits as described in "1" above or six months of experience as described in "2" above.

The college or university must be accredited by regional, national, professional or specialized agencies recognized as accrediting bodies by the U.S. Secretary of Education and by the Council for Higher Education Accreditation (CHEA).

REQUIREMENTS TO BE APPOINTED:

Medical Requirement: In accordance with applicable Federal, state and local laws and regulations, the NYC Health and Hospitals Corporation has established medical standards for this position. Accordingly, all eligibles will be required to undergo and pass a medical examination prior to the date of appointment to ensure that those medical standards have been met. Additionally, eligibles will be subject to a drug screening test prior to the date of appointment.

Residency Requirement (HHC): City residency is not required for this position.

English Requirement: You must be able to understand and be understood in English.

Proof of Identity: Under the Immigration Reform and Control Act of 1986, you must be able to prove your identity and your right to obtain employment in the United States prior to employment with the New York City Health and Hospitals Corporation.

REQUIRED FORMS:

1. **Application for Examination:** Make sure that you follow all instructions included with your application form, including payment of fee. Save a copy of the instructions for future reference.
2. **Education and Experience Test Paper:** Fill out **Sections A.1 (if applicable), A.2, A.4 (if applicable), A.6 (if applicable), B, and D (if applicable)**. This form must be filled out completely and in detail for you to receive your proper rating. Keep a copy of your completed Education and Experience Test Paper for your records. **If you are applying by mail**, write your social security number in the box at the top right side of the cover page, and the examination title and number in the box provided. Be sure to write your examination number and social security number on each of the remaining pages of this form. **If you are applying online**, follow the online instructions.
3. **Foreign Education Fact Sheet (Required only if you need credit for your foreign education to meet the education and experience requirements):** If you were educated outside the United States, you must have your foreign education evaluated to determine its equivalence to education obtained in the United States. The services that are approved to make this evaluation are listed on the Foreign Education Fact Sheet included with your application packet. When you contact the evaluation service, ask for the evaluation as follows:
 - (A) If you wish to claim a baccalaureate degree or a high school diploma for the education requirements only, ask for a "**document-by-document**" (general) evaluation.
 - (B) If you wish to claim credit for 12 semester college credits in health education or in health, social or biological sciences as specified in paragraph "1" of the "How to Qualify" section above, ask for a "**course-by-course**" evaluation (which includes a "document-by-document" evaluation).

You must have one of these services submit its evaluation of your foreign education **directly** to the Department of Citywide Administrative Services no later than eight weeks from the last date for applying for this examination.

THE TEST: Your score will be determined by an education and experience test. You will receive a score of 70 points for meeting the education and experience requirements listed above. After these requirements are met, you will receive credit for a **maximum of an additional five years of experience**, up to a maximum of 100 points on the following basis:

Additional Credit:

For full-time satisfactory professional experience in a health promotion or disease intervention/prevention program performing one or more of the following: interviewing, conducting field investigations, assessing health risks, making referrals, or collecting and analyzing epidemiological data **in a hospital or health care setting**, you will receive an additional:

10 points for at least one year but less than three years of experience; or
20 points for at least three years but less than five years of experience; or
30 points for five years experience.

For full-time satisfactory professional experience in a health promotion or disease intervention/prevention program performing one or more of the following: interviewing, conducting field investigations, assessing health risks, making referrals, or collecting and analyzing epidemiological data **in a setting other than a hospital or health care facility**, you will receive an additional:

5 points for at least one year but less than three years of experience; or
10 points for at least three years but less than five years of experience; or
15 points for five years experience.

You will receive a maximum of one year of experience credit for each year you worked. If you have any of the above experience on a part-time basis, it will be credited according to the equivalent percent of full-time experience. Each year of experience will be credited under only one category which will be the highest appropriate category. **Experience used to meet the minimum requirements cannot be used to gain additional credit.**

Education and experience must be obtained by **the last day of the application period.**

THE TEST RESULTS: If you pass the education and experience test, your name will be placed in final score order on a HHC eligible list and you will be given a list number. You will be notified by mail of your test results. If you meet all requirements and conditions, you will be considered for appointment when your name is reached on the eligible list.

ADDITIONAL INFORMATION:

Selective Certification for Driver License: If you have a motor vehicle Driver License that is valid in the State of New York, you may be considered for appointment to positions requiring this license through a process called Selective Certification. If you qualify for Selective Certification, you may be given preferred consideration for positions requiring this license. If you wish to apply for this Selective Certification, state "**Driver License**" in Section D on page 4 of the Education and Experience Test Paper. Your Driver License will be checked by HHC at the time of appointment. This requirement may be met at any time during the duration of the list. If you meet the Selective Certification requirement at some future date, please submit documentation by mail to: DCAS Bureau of Examinations - GEG, 1 Centre Street, 14th Floor, New York, NY 10007. Please include the examination title and number and your social security number on your correspondence. **If you are appointed through Selective Certification, you must maintain your motor vehicle Driver License for the duration of your employment.**

Selective Certification for Foreign Language and/or American Sign Language: If you can speak Albanian, Arabic, Bengali, Bosnian/Serbo-Croatian, Chinese (Cantonese), Chinese (Mandarin), French, Greek, Haitian/Creole, Hindi, Italian, Japanese, Korean, Portuguese, Polish, Russian, Spanish, Tibetan, Urdu, Vietnamese, West African Languages (e.g., Ibo, Swahili, Yoruba, Mandingo), Yiddish and/or you know American Sign Language, you may be considered for appointment to positions requiring this ability through a process called Selective Certification. If you pass a qualifying test, you may be given preferred consideration for positions requiring this ability. Follow the instructions in Section D on page 4 of the Education and Experience Test Paper to indicate your interest in such Selective Certification. This requirement may be met at any time during the duration of the list. If you meet the Selective Certification requirement at some future date, please submit documentation by mail to: DCAS Bureau of Examinations - GEG, 1 Centre Street, 14th Floor, New York, NY 10007. Please include the examination title and number and your social security number on your correspondence.

Selective Certification for Phlebotomy: If you have a certificate of satisfactory completion of training in phlebotomy you may be considered for appointment to positions requiring this training through a process called Selective Certification. If you qualify for Selective Certification, you may be given preferred consideration for positions requiring phlebotomy training. If you wish to apply for this Selective Certification, state "**Phlebotomy**" in Section D on page 4 of the Education and Experience Test Paper. This training will be checked by HHC at the time of appointment. This requirement may be met at any time during the duration of the list. If you meet this requirement at some future date, please submit documentation by mail to: DCAS Bureau of Examinations - GEG, 1 Centre Street, 14th Floor, New York, NY 10007. Please include the examination title and number and your social security number on your correspondence.

Selective Certification for Certification in HIV Counseling: If you have certification in HIV counseling you may be considered for appointment to positions requiring this training through a process called Selective Certification. If you qualify for Selective Certification, you may be given preferred consideration for positions requiring Certification in HIV Counseling. If you wish to apply for this Selective Certification, state "**Certification in HIV Counseling**" in Section D on page 4 of the Education and Experience Test Paper. This certification will be checked by HHC at the time of appointment. This requirement may be met at any time during the duration of the list. If you meet this requirement at some future date, please submit documentation by mail to: DCAS Bureau of Examinations - GEG, 1 Centre Street, 14th Floor, New York, NY 10007. Please include the examination title and number and your social security number on your correspondence.

Reemployment of public service retirees: HHC has promulgated rules regarding the reemployment of persons who have already retired from public service. Any such retired person is advised to consult with HHC Human Resources Management, Office of Certification and Examinations at (212) 788-3568 to determine whether he or she would be eligible for appointment from an eligible list established for this examination.

Application Receipt: **If you applied online**, you will be emailed a receipt immediately after you have applied for the examination. If you do not receive this receipt, contact this agency at OASys@dcas.nyc.gov. Include your social security number and the examination number and title in your email. **If you applied by mail**, you will be mailed a receipt within three months of the last date of the application period. If you do not receive this item, write to this agency, Attention: Examining Service Section, 1 Centre Street, 14th Floor, New York, NY 10007 to request verification that your application was received. Include your social security number and the examination number and title in your request.

The General Examination Regulations of the Department of Citywide Administrative Services apply to this examination and are part of this Notice of Examination. They are posted and copies are available in the Application Unit of the Division of Citywide Personnel Services, 1 Centre Street, 14th Floor, NY, NY 10007.

The New York City Health and Hospitals Corporation is an Equal Opportunity Employer.
Title Code No. 511910; Public Health Adviser Occupational Group.

For information about other exams, call 212-669-1357.
Internet: nyc.gov/dcas