



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

REQUIRED INFORMATION

APPLICATION
EDUCATION AND EXPERIENCE
TEST
FOREIGN EDUCATION
EVALUATION GUIDE
(IF APPLICABLE)

BILL DE BLASIO
Mayor

STACEY CUMBERBATCH
Commissioner

**NOTICE
OF
EXAMINATION**

**PUBLIC HEALTH EDUCATOR (HHC)
Exam No. 6002
(For The New York City Health and Hospitals Corporation Only)**

WHEN TO APPLY: From: August 5, 2015

APPLICATION FEE: \$68.00

To: August 25, 2015

If you choose to pay the application fee with a credit/debit/gift card, you will be charged a fee of 2.49% of the payment amount. This fee is nonrefundable.

YOU ARE RESPONSIBLE FOR READING THIS NOTICE IN ITS ENTIRETY BEFORE YOU SUBMIT YOUR APPLICATION.

WHAT THE JOB INVOLVES: Public Health Educators (HHC), under supervision, with latitude for independent judgment and decision making, identify community health information needs and develop, organize, conduct, and evaluate health education programs to meet those needs. All Public Health Educators (HHC) perform related work.

(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 \$47,265 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 New York City Health and Hospitals Corporation (HHC).

HOW TO APPLY: If you believe you meet the requirements in the "How to Qualify" section, submit an application on the Online Application System (OASys) at www.nyc.gov/examsforjobs. Follow the onscreen application instructions for electronically submitting your application and payment, and completing any required information. A unique and valid email address is required to file online. Several internet service providers, including but not limited to Google, Yahoo!, AOL, Outlook.com, and Mail.com offer free email addresses. **All new OASys accounts require verification before a candidate can submit an application to ensure the accuracy of candidate information. Verification is instantaneous for most accounts, but some accounts may require up to 24 hours to be reviewed by a staff member and resolved. Email notification will be sent to those creating accounts that require additional documentation before they can be resolved. Please keep this information and the application period deadline in mind when creating your account.** The following methods of payment are acceptable: major credit card, bank card associated with a bank account, or a prepaid debit card with a credit card logo which you may purchase online or at various retail outlets.

If you are receiving or participating in certain forms of public assistance/benefits/programs, or are a veteran, you may qualify to have the application fee waived. For more information on eligibility for a fee waiver and documentation requirements, visit the Fee Waiver FAQ on the Online Application System at <https://a856-eeexams.nyc.gov/OLEE/oasys/FAQFeeWaiver.aspx>.

You may come to the DCAS Computer-based Testing & Applications Centers to file for this examination online and submit a money order payable to DCAS (Exams) or to submit documentation for a fee waiver.

The centers will be open Monday through Saturday from 9:00 AM to 5:00 PM:

Manhattan
2 Lafayette Street
17th Floor
New York, NY 10007

Brooklyn
210 Joralemon Street
4th Floor
Brooklyn, NY 11201

The DCAS Computer-based Testing & Applications Centers will be closed on Saturday, August 8, 2015.

Special Circumstances Guide: This guide is located on the DCAS website at www.nyc.gov/html/dcas/downloads/pdf/misc/exam_special_circumstances.pdf and available at the DCAS Computer-based Testing & Applications Centers. This guide 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 Guide that pertain to you when you complete your "Application for Examination."

READ CAREFULLY AND SAVE FOR FUTURE REFERENCE

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

Education and Experience Requirements:

1. A masters degree from an accredited college or university in public health education, education, public/community health administration, public administration or business administration, **and** one year of full-time, satisfactory experience in (a) developing public health education programs, including identifying target populations, conducting needs assessments, designing educational materials, planning educational presentations or workshops, and evaluating health education programs; (b) presenting public health education programs; and/or (c) counseling in areas such as communicable diseases, substance abuse, assault, sexual abuse, family planning, and/or a related public health program; or
2. A baccalaureate degree from an accredited college or university **and** two years of full-time, satisfactory experience as described in "1" above.

The education requirement must be met by January 31, 2016. The experience requirement must be met by the last day of the Application Period (August 25, 2015).

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).

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. This is required only if you need credit for your foreign education in this examination.

You must clearly specify in detail all of your relevant education and experience on your Education and Experience Test and submit it by the end of the Application Period. You will not receive credit for education which you obtain after January 31, 2016 or experience which you obtain after the end of the Application Period.

Medical Requirement: In accordance with applicable Federal, state and local laws and regulations, HHC 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 must pass a drug screening test prior to the date of appointment.

Residency: 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 HHC.

Assignment of Duties: Section 424-a of the NYS Social Services Law requires an authorized agency to inquire whether a candidate selected for employment who will have regular and substantial contact with children is, or has been, the subject of an indicated child abuse and maltreatment report on file with the Statewide Central Register for child abuse and maltreatment. Statewide Central Register checks will be obtained as part of the background screening process for selected candidates. Candidates who have been the subject of an indicated child abuse and maltreatment report may not be hired or assigned to any position that requires regular and substantial contact with children.

The Protection of People with Special Needs Act: Article 20 of the NYS Executive Law and Article 11 of the NYS Social Services Law require an authorized agency to inquire whether a candidate selected for employment to a position with the potential for regular and substantial contact with vulnerable persons with special needs has been found responsible for serious or repeated acts of abuse and neglect through a check of the Staff Exclusion List maintained by the NYS Justice Center for the Protection of People with Special Needs. Candidates who have substantiated/indicated cases on file with the Staff Exclusion List will not be hired or assigned to such a position.

REQUIRED INFORMATION:

1. **Application for Examination:** Follow the online instructions, including those relating to the payment of fee and, if applicable, those found in the Special Circumstances Guide.
2. **Education and Experience Test:** Fill out **Sections A.1 (if applicable), A.4, A.5 (if applicable), A.6 (if applicable), B, and D (if applicable).** This test must be filled out completely and in detail for you to receive your proper rating. Follow the online instructions.
3. **Foreign Education Evaluation Guide (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 Evaluation Guide located on the DCAS website at www.nyc.gov/html/dcas/downloads/pdf/misc/foreigneducation.pdf. When you contact the evaluation service, ask for the evaluation as follows:
 - (A) If you wish to claim a masters degree or a baccalaureate degree for the education requirements only, ask for the **“document-by-document”** (general) evaluation.

- (B) If you wish to claim credit for graduate credits in public health education, education, public/community health administration, psychology, social work, sociology, public policy, public health, epidemiology, public administration or business administration as specified in “The Test” section below, 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 on page 2. After these requirements are met, you will receive additional credit up to a maximum of 100 points for a maximum of three years of experience **acquired within the last ten years**, on the following basis:

If you have satisfactory, full-time experience in developing public health education programs, including identifying target populations, conducting needs assessments, designing educational materials, planning educational presentations or workshops, and evaluating health education programs, for:

| | You will receive: |
|--|--------------------------|
| At least 1 year but less than 2 years | 10 points |
| At least 2 years but less than 3 years | 20 points |
| 3 or more years | 30 points |

If you have satisfactory, full-time experience presenting public health education programs for:

| | You will receive: |
|--|--------------------------|
| At least 1 year but less than 2 years | 5 points |
| At least 2 years but less than 3 years | 10 points |
| 3 or more years | 15 points |

If you have satisfactory, full-time experience counseling in areas such as communicable diseases, substance abuse, assault, sexual abuse, family planning, and/or a related public health program for:

| | You will receive: |
|--|--------------------------|
| At least 1 year but less than 2 years | 2.5 points |
| At least 2 years but less than 3 years | 5 points |
| 3 or more years | 7.5 points |

If you have graduate credits at an accredited college or university in public health education, education, public/community health administration, psychology, social work, sociology, public policy, public health, epidemiology, public administration or business administration, for the completion of:

| | You will receive: |
|-----------------------------|--------------------------|
| 3 to 6 semester credits | 1 point |
| 7 to 9 semester credits | 2 points |
| 10 to 12 semester credits | 3 points |
| 13 to 15 semester credits | 4 points |
| 16 or more semester credits | 5 points |

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. If you qualify with a masters degree as noted in “1” on page 2, the credits earned to complete the degree **cannot** be used to receive additional credit for education. **Education and experience used to meet the minimum requirements cannot be used to gain additional credit.**

You must clearly specify in detail all of your relevant education and experience on your Education and Experience Test and submit it by the end of the Application Period. You will not receive credit for education which you obtain after January 31, 2016 or experience which you obtain after the end of the Application Period.

Education must be obtained by **January 31, 2016** 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 an 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.

CHANGE OF MAILING AND/OR EMAIL ADDRESS: It is critical that you promptly notify DCAS of any change to your mailing address and/or email address. You may miss important information about your exam(s) or consideration for appointment, including important information that may require a response by a specified deadline, if we do not have your correct mailing and/or email address. Change of mailing and/or email address requests submitted to any place other than DCAS, such as your Agency or to the United States Postal Service will NOT update your records with DCAS. To update your mailing and/or email address with DCAS, you must submit a change request by mail or in person. Your request must include your full name, social security number, exam title(s), exam number(s), old mailing and/or email address, and your new mailing and/or email address. Your request can be mailed to DCAS Records Room, 1 Centre Street, 14th Floor, New York, NY 10007 or brought in person to the same address Monday through Friday from 9AM to 5PM.

ADDITIONAL INFORMATION:

Selective Certification for Foreign Language and/or American Sign Language: If you can speak Albanian, Arabic, Bengali, Chinese (Cantonese), Chinese (Mandarin), French, German, Greek, Haitian/Creole, Hebrew, Hindi, Hungarian, Italian, Khmer, Korean, Polish, Portuguese, Russian, Spanish, Tagalog, Tibetan, Urdu, Vietnamese, West African Languages (e.g., Ibo, Swahili, Yoruba), 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 of the Education and Experience Test to indicate your interest in such Selective Certification.

Selective Certification for Public Health Experience: If you have two years of satisfactory full-time public health experience in one or more of the following specialty areas you may be considered for appointment to positions requiring that experience through a process called Selective Certification:

- **HIV/AIDS Prevention/Counseling (HIV)**
- **Tobacco Control/Smoking Cessation (TAB)**
- **Women's Health (WHI)**
- **Family Planning and Reproductive Health Services (FPR)**
- **Chronic Disease/Adult Health Services (CDS)** in the areas of Allergy; Alzheimer's Disease; Cancer; Cardiovascular Diseases; Chronic Respiratory diseases; Chronic Rheumatic conditions including Arthritis; Diabetes; and/or Obesity and Overweight
- **Nutrition Services (DNS)** for example SNAP/WIC benefits; child nutrition; and/or food safety

If you qualify for one or more of the above Selective Certification areas, you may be given preferred consideration for positions requiring these specialty areas. If you wish to apply for one or more of the above Selective Certification areas, write the 3-letter code in parentheses located to the right of each speciality area above in Section D of the Education and Experience Test. Your experience will be verified by the appointing facility at the time of appointment.

The above Selective Certification requirements may be met at anytime during the duration of the list. If you meet this requirement at some future date, please submit a request by mail to: DCAS Bureau of Examinations - Exam Development Group, 1 Centre Street, 14th Floor, New York, NY 10007. Please include the examination title and number, your social security number, and the Selective Certification you are requesting 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.

List Termination: The eligible list resulting from this examination will be terminated one year from the date it is established, unless extended by HHC.

Application Receipt: 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. You will also be mailed an acknowledgment letter within three months of the last date of the application period. If you do not receive an acknowledgment letter, write to this agency, Attention: Exam Support Group, 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.

PENALTY FOR MISREPRESENTATION: Any intentional misrepresentation on the application or examination may result in disqualification, even after appointment, and may result in criminal prosecution.

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 at nyc.gov/dcass and at the DCAS Computer-based Testing & Applications Centers.

The New York City Health and Hospitals Corporation is an Equal Opportunity Employer.
Title Code No. 511100; Public Health Education Occupational Group.

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