

COMMONWEALTH OF PENNSYLVANIA
STATE CIVIL SERVICE COMMISSION

APPLICATION SUPPLEMENT NO. 2010-123-1
FOR
PUBLIC HEALTH NUTRITION CONSULTANT (37060)

General information

Read Announcement No. 2010-123 thoroughly before you complete this supplement. The Announcement includes information on the minimum requirements for the job, the examination and other information.

Your completed *Application for Employment/Promotion* will be used to determine if you meet the minimum experience and training requirements. The information you provide in your *Application Supplement No. 2010-123-1* constitutes the examination and will be used to rate and score your qualifications. You must complete this supplement.

This supplement describes the **four** major work behaviors that newly appointed Public Health Nutrition Consultants are expected to perform shortly after appointment. Work behaviors are activities performed to achieve the objectives of the job. Read each work behavior carefully. With each work behavior is a list of related work activities. Determine which "Level of Performance" most closely represents your highest level of work performance and select the **one** which best describes your claim. Enter your Social Security Number on the top of each page of the supplement.

You must list the names of the employer(s)/institution(s) where you gained your experience and training, if claiming education. To receive credit for experience, you must have worked in a job for at least **six** months. The employers/institutions are those you noted on your *Application for Employment/Promotion*. If the information you provided on your application does not support your claim, your selections will be revised. **Do not submit a resume in lieu of the requested information. Resumes will not be scored.**

After you have finished, read the statement at the end of the supplement, then sign and date the form in the spaces provided. Submit the completed supplement along with your completed *Application for Employment/Promotion*.

WORK BEHAVIOR 1 – ASSESSES PROBLEMS AND DEVELOPS TRAINING PLANS AND SERVICES

Assesses/identifies the nature and/or extent of issues that arise with nutrition program initiative needs for an identified health population within a school, worksite or community. Develops training plans, services, nutrition education goals, objectives and/or curricula for use by participating school districts, community agencies, worksites or clients, to address identified needs, non-compliance areas, and problems.

Levels of Performance

Check **one** "Level of Performance" which best describes your claim.

- I have professional experience administering or performing all aspects of assessing, analyzing and evaluating nutritional needs and program issues, and developing plans and services to meet those needs.
- I have experience **assisting** others in the performance of this work behavior or doing limited aspects of it.
- I have completed graduate-level coursework related to this work behavior.
- I have no experience or training related to this work behavior.

List the employer(s)/institution(s) noted on your application where you gained this experience.

Application Supplement No. 2010-123-1

WORK BEHAVIOR 1 – ASSESSES PROBLEMS AND DEVELOPS TRAINING PLANS AND SERVICES (cont'd)

Please provide specific details concerning your experience as it relates to Work Behavior 1. List examples of the types of nutritional problems and needs you have experienced, and what types of training plan goals and/or services you developed to meet those needs, the actual duties you performed, and your level of responsibility at the time, e.g. administrator, work independently, provide direction and technical assistance to others, work under the guidance of others more experienced.

If you are claiming education related to Work Behavior 1, please list the college/university where completed, course title, and the number of credits/clock hours.

College/University	Course Title	Credits/Clock Hours

WORK BEHAVIOR 2 – PROVIDES CONSULTATION, TRAINING

Plans and conducts nutrition programs, training and workshops for schools, community agencies, and for the public, to promote healthy eating habits and the prevention of chronic diseases. Identifies and recommends best practices used throughout the state or recommended by the Federal government. Provides age-appropriate, culturally sensitive instruction that meets new and/or required State and Federal program guidelines. Provides information on available out-service staff development and training opportunities to School and Community Nutrition Programs' Supervisors.

Levels of Performance

Check **one** "Level of Performance" which best describes your claim.

- I have professional experience/training administering or planning and conducting workshops to health care workers, the public, and community groups.
- I have experience **assisting** others in the performance of this work behavior or doing limited aspects of it.
- I have graduate-level coursework related to this behavior.
- I have no experience or training related to this work behavior.

List the employer(s)/institution(s) noted on your application where you gained this experience.

Application Supplement 2010-123-1

WORK BEHAVIOR 2 – PROVIDES CONSULTATION, TRAINING (cont'd)

Please provide specific details concerning your experience as it relates to Work Behavior 2. Briefly describe the work you have performed, consultation provided, and the types of nutrition programs, trainings and workshops you have planned and implemented for schools, community agencies and the public. What are some best practices you have recommended or utilized?

If you are claiming education related to Work Behavior 2, please list the college/university where completed, course title, and the number of credits/clock hours.

College/University	Course Title	Credits/Clock Hours

WORK BEHAVIOR 3 – PREPARES PAMPHLETS, INTERPRETS RESEARCH INFORMATION

Prepares, reviews, edits, revises and approves pamphlets, instructional materials, and articles on nutrition for accuracy and applicability to nutritional programs, in some cases prior to publications with recommendation for changes. Develops effective teaching aids for meetings, conferences, the media, and presentations. Explains or interprets current nutrition research findings and their practical application to professionals and the public for the purpose of recommending procedures and developing outcome-based initiatives. Provides counseling, technical assistance, literature and information to individuals and groups associated with nutrition.

Levels of Performance

Check **one** "Level of Performance" which best describes your claim.

- I have professional experience reviewing, developing, organizing, preparing instructional materials, pamphlets, articles and teaching aids, and presenting this information to groups and individuals.
- I have experience **assisting** others in the performance of this work behavior or doing limited aspects of it.
- I have completed graduate-level coursework related to this work behavior.
- I have no experience or training related to this work behavior.

List the employer(s)/institution(s) noted on your application where you gained this experience.

Application Supplement 2010-123-1

WORK BEHAVIOR 3 – PREPARES PAMPHLETS, INTERPRETS RESEARCH INFORMATION (cont'd)

Please provide specific details concerning your experience as it relates to Work Behavior 3. Briefly describe the types of workshops you have developed and conducted, the target audience, the scope, etc. Describe the types of pamphlets, instructional materials, articles on nutrition, and technical reports you reviewed or prepared for meetings, conferences, the media and presentations. Include types of counseling, literature and information you have provided to individuals and groups. Briefly describe the various types of counseling, information and/or research involved, the actual duties you performed, and your level of responsibility (work independently, provide direction and technical assistance to others, work under the guidance of others more experienced).

If you are claiming education related to Work Behavior 3, please list the college/university where completed, course title, and the number of credits/clock hours.

College/University	Course Title	Credits/Clock Hours

WORK BEHAVIOR 4 – EVALUATES AND ASSESSES NUTRITION PROGRAMS

Evaluates the efficiency and effectiveness of nutrition components in health and school programs, services or projects and compares these findings to accepted standards and guidelines. Prepares reports of findings to include recommendations for improvements in programs.

Levels of Performance

Check **one** "Level of Performance" which best describes your claim.

- I have professional experience or I have administered work, evaluating and assessing the efficiency and effectiveness of nutrition components of a variety of nutrition programs.
- I have experience **assisting** others in the performance of this work behavior or doing limited aspects of it.
- I have completed graduate-level coursework related to this work behavior.
- I have no experience or training related to this work behavior.

List the employer(s)/institution(s) noted on your application where you gained this experience.

Application Supplement 2010-123-1

WORK BEHAVIOR 4 EVALUATES AND ASSESSES NUTRITION PROGRAMS (cont'd)

Please provide specific details concerning your experience as it relates to Work Behavior 4. Briefly describe the evaluation methods used to collect data and types of reports you developed. To what standards and guidelines did you compare your findings? What was your level of responsibility (work independently, provide direction and technical assistance to others, work under the guidance of others more experienced).

If you are claiming education related to Work Behavior 4, please list the college/university where completed, course title, and the number of credits/clock hours.

College/University	Course Title	Credits/Clock Hours

AUTHENTICATION

I understand this Supplement and all additional sheets constitute part of my Civil Service Application for Employment/Promotion. If requested, I will provide documentation and the names, addresses and phone numbers of persons who can verify the validity of the claims I make in this Supplement and the information reported as part of the Application.

Your Signature _____ Date _____

_____ Print Name _____

Address _____ Street _____

City _____ State _____ Zip Code _____

()
Daytime Telephone Number _____

_____ E-mail Address _____