



**APPLICATIONS MUST BE SUBMITTED TO:
BILLINGS AREA INDIAN HEALTH SERVICE
DIVISION OF HUMAN RESOURCES
P.O. BOX 36600 - 2900 FOURTH AVENUE, NORTH
BILLINGS, MONTANA 59107
FAX #: (406) 247-7251**



POSITION: Community Health Educator
GS-1701-11

LOCATION: I H S Indian Hospital
Health Education Services
Browning, Montana

SALARY: GS-11: \$47,110 - \$61,248 per annum

ANNOUNCEMENT NUMBER: PB-BF-03-64 **OPEN DATE:** 04-21-03 **CLOSING DATE:** 05-09-03

Position Status <input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Temporary NTE <input type="checkbox"/> Term APPT NTE		Work Schedule <input checked="" type="checkbox"/> Full-time <input type="checkbox"/> Intermittent <input type="checkbox"/> Part-time <input type="checkbox"/> Subject to Rotating Shifts <input type="checkbox"/> On-Call <input type="checkbox"/> Stand-By		Promotion Potential <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No To Grade: _____		Area of Consideration <input type="checkbox"/> Commuting Area <input type="checkbox"/> IHS Area <input checked="" type="checkbox"/> Government-Wide	
Supervisory or Managerial <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No *May require one year probationary period		Government Housing May be available <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Travel <input type="checkbox"/> Frequent <input checked="" type="checkbox"/> Occasional <input type="checkbox"/> No Traveling		Relocation <input checked="" type="checkbox"/> Travel and transportation expenses will be paid <input type="checkbox"/> Travel and relocation expenses will not be paid	

APPLICATIONS AND RELATED DOCUMENTS MAY BE FAXED IN AND ALL APPLICATIONS MUST BE RECEIVED AT THE ABOVE ADDRESS/FAX NUMBER BY 4:30P.M. BEFORE OR ON THE CLOSING DATE OF THIS VACANCY ANNOUNCEMENT. THERE WILL BE NO EXCEPTIONS TO THIS RULE.

THE INDIAN HEALTH SERVICE IS COMMITTED TO EQUAL EMPLOYMENT WITHOUT REGARD TO RACE, RELIGION, COLOR, GENDER, NATIONAL ORIGIN, AGE, DISABILITY OR SEXUAL ORIENTATION. HOWEVER, IN ACCORDANCE WITH THE INDIAN PREFERENCE ACT (TITLE 25 U.S.CODE, SECTION 472 AND 473), PREFERENCE FILLING VACANCIES IS GIVEN TO QUALIFIED INDIAN CANDIDATES.

If this is being announced for the Commuting Area relocation expenses will not be paid. Employees who wish to relocate to the Billings Area for their own benefit may apply. If there are no Indian preference eligible candidates within the commuting area and an Indian preference candidate is selected from outside the commuting area, relocation costs will be paid.

CANDIDATES MUST MEET TIME AFTER COMPETITIVE APPOINTMENT, TIME IN GRADE, LEGAL, REGULATORY, QUALIFICATION REQUIREMENTS BY THE CLOSING DATE OF THE VACANCY ANNOUNCEMENT.

THE FOLLOWING SPECIAL HIRING AUTHORITIES MAY ALSO BE UTILIZED: Handicapped individuals, of former Peace Corps, VISTA, VRA eligible and 30% disabled veterans. Individuals who have special priority selection rights under the CTAP and ICTAP Candidates must be well qualified for the position to receive consideration. CTAP and ICTAP eligible candidates must be considered well qualified if: (1) Possesses the knowledge, skills and abilities, which clearly exceed the minimum qualification requirements for the position. (2) Meets the basic qualification standards and eligibility requirements for the position. (3) Meets selective placement factor. (4) Be rated above minimally qualified candidates in accordance with the Indian Health Service Merit Promotion Plan. (5) Is physically qualified. CTAP and ICTAP candidates seeking eligibility must submit a copy of the agency notice, most recent performance rating and most recent SF-50 noting position, grade level and duty location. Please indicate on your application if you are applying as a CTAP or ICTAP eligible. This agency provides reasonable accommodations to applicants with disabilities. If you need a reasonable accommodation for any part of the application and hiring process, please notify the agency. The decision on granting reasonable accommodation will be on a case-by-case basis.

WHO MAY APPLY
<input checked="" type="checkbox"/> Merit Promotion Plan (MPP): Competitive Status employees, current permanent IHS employees or Reinstatement eligibles.
<input checked="" type="checkbox"/> Excepted Service Examining Plan (ESEP): Individuals enrolled in a Federally Recognized Tribe. NOTE: If you are a current permanent IHS employee with Indian Preference you may be considered under the MPP and ESEP, if you indicate on your application your request to be considered under both plans. If candidate being referred is a current permanent Federal employee in the Competitive Service and is selected under this category, the selectee will be converted to an Excepted Service Appointment and required to sign a statement indicating that they voluntarily requested their application be considered under the ESEP and will be required to serve 3 years under the Excepted appointment in order to be converted to a competitive appointment and will be giving up any appeal rights under 5 CFR 432 and 752. Temporary IHS employees, Bureau of Indian Affairs Excepted employees and other Indian Preference candidates will be evaluated under the Excepted Service Examining Plan.
<input checked="" type="checkbox"/> PHS Commissioned Officers: PHS Commissioned Officers may indicate their interest in being considered by submitting a resume' or curriculum vitae. It is the responsibility of the officer to submit sufficient information as stated on the "How to Apply" page to permit this office to determine whether the officer meets the qualification requirements.
<input type="checkbox"/> Any U.S. Citizen

CONDITIONS OF EMPLOYMENT:

- A. Selectee will be required to sign an OF-306, Declaration for Federal Employment form certifying to the accuracy and truthfulness of the information provided in their application.
- B. Selectee will be required to complete an SF-85, Questionnaire for Non-Sensitive Positions (Background Record Check) at the time of appointment.
- C. Male applicants born after December 31, 1959, will be required to complete the certification documentation to confirm their Selective Service registration status.
- D. The U.S. Department of Justice Immigration and Naturalization Service by act of Congress requires that all individuals appointed to a position MUST present proof of employment eligibility by completing Verification of Employment Eligibility Form (INS I-9) at time of appointment.
- E. If selected, immunization for such illness as found necessary by the Billings Area. Individuals may also be required to be tested for tuberculosis.

DUTIES AND RESPONSIBILITIES: Assesses, develops, implements and evaluates a formalized patient education program. Coordinates hospital health promotion disease prevention activities and submits bi-annual reports. Develops, prepares, and monitors the operating budgets and reports for the patient education program, staff development program, and HRCP activities. Assures the quality of the Patient Education Program Staff Development Program and HPDP program. Consults and collaborates on patient/staff education services for departments and staff as needed. Complies with Service Unit, Indian Health Service, JCAHO, standards and guidelines. Evaluates approaches to patient and staff education and makes recommendations for direction and development in education. Provides education for hospital staff in relation to patient education programs and teaching/learning concepts. Supports and adheres to hospital and Indian Health Service Mission. Maintains and monitors education technology and equipment. Acts as a resource person to patients, staff and community.

QUALIFICATION REQUIREMENTS: Except for the substitution of education as provided in the Operating Manual Qualification Standards for General Schedule Positions, applicants must have had the following type of experience, in the amounts indicated.

Basic Requirement:

- A. Degree: that included or was supplemented by major study in education or in a subject-matter field appropriate to the position.
- OR
- B. Combination of education and experience—courses equivalent to a major in education, or in a subject-matter field appropriate to the position, plus appropriate experience or additional course work that provided knowledge comparable to that normally acquired through the successful completion of the 4-year course of study described in A above.

EXPERIENCE AND EDUCATION REQUIREMENTS: In addition to meeting the basic entry qualification requirements, applicants must have specialized experience and/or directly related education in the amounts shown in the table below.

GRADE	EXPERIENCE		OR	EDUCATION
	GENERAL	SPECIALIZED		
GS-11	NONE	1 year equivalent to the next lower grade	OR	3 years of progressively higher level education leading to a Ph.D. degree or Ph.D. or equivalent doctoral degree

Equivalent combinations of education and experience are qualifying for all grades for which both education and experience are acceptable.

Specialized Experience: Experience that equipped the applicant with the particular KSAs to perform successfully the duties of the position, and that is typically in or related to the work of the position to be filled. To be creditable, specialized experience must have been equivalent to at least the next lower grade in the normal line of progression for the occupation in the organization

RANKING FACTORS: Applicants who meet the qualification requirements described above will be further evaluated to determine the extent to which their education, work related experience, training, awards, professional recognition and supervisory appraisals indicate they possess or have the potential to acquire knowledge, skills, abilities, and personal characteristics, (KSAP's) required to perform the duties and responsibilities described above. Applicants are encouraged to address the following KSAP's on a separate sheet attached to their application.

KSAP'S SUPPLEMENTAL QUESTIONNAIRE

1. Knowledge of theories, principles, methodologies and practices of health education.
2. Ability to monitor, assess, analyze, and evaluate program efforts in health and related activities.
3. Knowledge of planning process to set priorities, identify objectives and determine courses of action in health and related program efforts.
4. Ability to serve as a resource person in health education regarding educational materials and services.
5. Knowledge of JCAHO staff development requirements.
6. Ability to communicate with individuals and groups verbally and in writing.

The above KSAP's will be the basis for determining which applicants are best qualified. Additional/alternate selection may be made within 90 days of the date the selection certificate was issued if the position becomes vacant or to fill an identical additional position in the same geographic location.

FOR INFORMATION CONTACT Mrs. Bernice Hugs AT (406) 247-7216. ALL APPLICATIONS ARE SUBJECT TO RETENTION, NO REQUESTS FOR COPIES WILL BE HONORED.

THIS IS AN AEP TARGETED POSITION: YES NO
THE BILLINGS AREA INDIAN HEALTH SERVICE IS A SMOKE FREE WORK ENVIRONMENT ©

Kathleen Masius MD
PROGRAM MANAGER

4/16/03
DATE

Jack W. Yachon
HUMAN RESOURCES OFFICER

4/16/2003
DATE

BAIHS REV: 06/18/02

HOW TO APPLY

Choose one of the following forms to apply for this job.
Please submit one application or resume for each job you are applying for.

Optional Application for Federal Employment (OF-612) with Declaration for Federal Employment (OF-306)	Application for Federal Employment (SF-171)	Resume or Other written application format with Declaration for Federal Employment (OF-306)
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*All applicants must ensure the application you submit contains signature and date with the following required documentation. Failure to submit all required documentation with your application will result in your application being incomplete. Applicants with incomplete applications will not be considered for the position.

Your resume or other application format **MUST** contain the following information:

- ❖ **QUESTIONNAIRE FOR CHILD CARE POSITIONS BY THE CRIME CONTROL ACT OF 1990** must be submitted by **ALL** applicants. A **YES** to any of the questions may remove you from competition.

- ❖ **JOB INFORMATION**
 - Announcement number and lowest grade you wish to be considered for.
 - To receive consideration under the Merit Promotion Plan and the Excepted Service Examining Plan you must submit a written request with your application.

- ❖ **PERSONAL INFORMATION**
 - Full name, mailing address (with zip codes), day and evening telephone numbers.
 - Social Security Number
 - Country of citizenship

- ❖ **EDUCATION**
 - **Official Transcripts must be submitted**

- ❖ **WORK EXPERIENCE** - *Give the following for your paid and non-paid work experience related to the job for which you are applying:*
 - Job title
 - Duties
 - Employer/Supervisor's name, address and/or telephone number
 - Starting and ending dates of employment must include - month and year
 - Average hours worked per week
 - Indicate if we may contact your current supervisor

- ❖ **OTHER QUALIFICATIONS**
 - Job related training courses (title and year)
 - Job related skills, for example: other languages, computer software/hardware, tools, machinery, typing speed
 - Job related certificates and licenses (if you are a licensed medical professional, submit a copy of your license to practice)
 - **Honors, awards, and special accomplishments, for example: publications, memberships in professional or honor societies, leadership activities, public speaking, and performance awards**

Submit the following documents along with your chosen application format if you are in **any** of the following categories:

COMMISSIONED OFFICER	INDIAN PREFERENCE Excepted Service Examining Plan	VETERAN PREFERENCE	FEDERAL EMPLOYEE Merit Promotion Plan (Current, Former, or Displaced Employees)
<p>Current Billet description (if available)</p> <p>Submit a copy of your most recent Commissioned Officer Effectiveness Rating (COER).</p>	<p>Verification of Indian Preference for Employment – must submit (BIA Form 4432)</p> <p>Current Billings Area IHS employees may state that proof of Indian preference is on file in their Official Personnel Folder.</p> <p>Current or former federal employee must submit most recent FINAL performance appraisal rating.</p>	<p>DD-214 Form (Honorable Discharge)</p> <p>Form SF-15, if claiming 10-point preference (must submit additional required documents listed on the SF-15)</p> <p>Must be submitted to receive preference.</p>	<p>Current Federal Employees or Reinstatement Eligible Individuals must submit Notification of Personnel Action SF50-B, which shows #24 Tenure and #34 Position Occupied.</p> <p><i>Current Permanent Employees and Reinstatement Eligible Individuals must submit most recent FINAL performance appraisal rating.</i></p> <p>If No Performance Appraisal is available, applicants must provide written justification for its absence.</p>

REQUIRED APPLICATION QUESTIONNAIRE FOR CHILD CARE POSITIONS

NAME (PLEASE PRINT)

SOCIAL SECURITY NUMBER

Community Health Educator

PB-BF-03-64

JOB TITLE IN ANNOUNCEMENT

ANNOUNCEMENT NUMBER

CITIZENSHIP:

Are you a U.S. Citizen? YES NO If no, give the country of your citizenship.

Section 231 of the Crime Control Act 1990, Public Law 101-647, requires that employment applications for Federal child care positions contain a question asking whether the individual has ever been arrested for or charged with a crime involving a child and for the disposition of the arrest or charge

Section 408 of the Miscellaneous Indian Legislation, Public 101-630, contains a related requirement for positions in the Department of Health and Human Services that involve regular contact with or control over Indian children. The agency must ensure that persons hired for these positions have not been found guilty of or pleaded nolo contendere to violent crimes.

PERSONS APPOINTED TO POSITIONS WITH THE INDIAN HEALTH SERVICE CONSIDERED TO HAVE REGULAR CONTACT WITH OR CONTROL OVER INDIAN CHILDREN SHALL NOT HAVE BEEN FOUND GUILTY OF, OR ENTERED A PLEA OF NOLO CONTENDERE OR GUILTY TO, ANY FELONIOUS OFFENSE, OR ANY OF TWO OR MORE MISDEMEANOR OFFENSES UNDER FEDERAL, STATE, OR TRIBAL LAW INVOLVING CRIMES OF VIOLENCE; SEXUAL ASSAULT, MOLESTATION, EXPLOITATION, CONTACT OR PROSTITUTION; OR CRIMES AGAINST PERSONS; OR OFFENSES COMMITTED AGAINST CHILDREN. RESPONDING "YES" TO EITHER OF THE FOLLOWING QUESTIONS, OR FAILURE TO PROVIDE COMPLETE INFORMATION MAY CONSTITUTE REASON TO CONSIDER YOU INELIGIBLE FOR THE POSITION IDENTIFIED ABOVE.

Have you ever been arrested for or charged with a crime involving a child? *[If "YES" provide the information requested below]* **YES** **NO**

Date (mo/yr)	Charge	Felony/ Misdemeanor	Disposition	City/State of charge/crime	Police Dept/ Court

Have you ever been found guilty of, or entered a plea of nolo contendere (no contest) or guilty to, any offense under Federal (this includes military service), State (this includes municipalities), or tribal law involving crimes of violence; sexual assault, molestation, exploitation, contact or prostitution; or crimes against persons? *[If "YES" provide the information requested below]* **YES** **NO**

Date (mo/yr)	Charge	Felony/ Misdemeanor	Disposition	City/State of charge/crime	Police Dept/ Court

I certify that (1) my response to these questions is made under penalty of perjury, which is punishable by fines of up to \$10,000 or 5 years imprisonment, or both; and (2) I have received notice that a criminal check will be conducted. I understand my right to obtain a copy of any criminal history report made available to the Indian Health Service and my right to challenge the accuracy and completeness of any information contained in the report.

Applicant's Signature

Date

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
APPLICATION BACKGROUND SURVEY

GENERAL INSTRUCTIONS

This survey is used to collect and analyze data involving race, sex, age, disability, and national origin from applicant for employment. The information you provide will be used for statistical purposes only and will not in any way affect you individually. While completion of this form is voluntary, your cooperation is important to help insure accurate information regarding employment practices. We ask you to answer each of the questions to the best of your ability. Print your answers clearly. Read each item thoroughly before selecting the appropriate response.

A. Announcement number(s) and/or position(s) for which you are applying for:

Community Health Educator, PB-BF-03-64

B. Year of birth:

C. For agency use:

D. How did you learn about the position or exam for which you are applying? For example: radio, job fair, friend, newspaper, school counselor, etc..

E. Ethnicity:

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race

Not Hispanic or Latino

F. Race: (Select one or more)

American Indian or Alaska Native - A person having origins in any of the original peoples of North or South America (including Central America), and who maintains tribal affiliation or community attachment

Asian - A person having origins in any of the original peoples of the far East, Southeast Asia, or the Indian subcontinent including, for example; Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, or Vietnam

Black or African American - A person having origins in any of the black racial groups of Africa

Native Hawaiian or Other Pacific Islander - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands

White - A person having origins in any of the original peoples of Europe, the Middle East or North America

G. H. Disability: A person is disabled if he or she has a physical or mental impairment which substantially limits

Sex: one or more major life activities, has a record of such impairment, or is regarded as having such impairment

Male

Female

I do not have a disability

Deaf

Blind

Missing Extremities

Partial paralysis

I have a disability, but it is not listed (*specify*) _____

Complete paralysis

Convulsive disorder

Mental retardation

Mental or emotional illness

Severe Distortion of limbs and/or spine

PRIVACY ACT AND PAPERWORK REDUCTION STATEMENT

Privacy Act information: This information is provided pursuant to P. L. 93-579 (Privacy Act of 1974) for individuals completing Federal records and forms that solicit personal information. The authority is Title V of the US Code, Sections 1302, 3301, 3304, and 7201. **Purpose and Routine Uses:** This form is maintained in Privacy Act system records 09-90-0006. Applicants for Employment Records, HHS/OS/ASMB. The information in this survey is used solely for research and for statistical purposes to help insure that agency personnel practices meet the requirements of Federal Law. No other uses will be made of this information. This form will be separated from other application materials upon receipt. **Effects of Non-Disclosure:** Providing this information is voluntary; no individual personnel selections are made based on this information. **Paperwork Reduction Act Statement:** A Federal Agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a current valid OMB control number. Public reporting burden for this collection of information is estimated to vary from one to three minutes with an average of two minutes per response, including time for reviewing instructions, and completing and reviewing the collection of information.