



DEPARTMENT OF HEALTH & HUMAN SERVICE
PORTLAND AREA INDIAN HEALTH SERVICE

DIVISION OF PERSONNEL MANAGEMENT

PORTLAND AREA IHS IS A SMOKE FREE AGENCY

Preference in filling vacancies is given to qualified Native American Indian candidates in accordance with the INDIAN PREFERENCE ACT, TITLE 25, US CODE, SECTION 472 & 473. In other than the above, the Indian Health Service is an Equal Opportunity Employer.

<u>ANNOUNCEMENT NUMBER:</u>	POC-05	<u>OPEN DATE:</u> February 5, 2003	<u>CLOSE DATE:</u> December 31, 2003
<u>POSITION TITLE/SERIES/GRADE:</u>	Pharmacist, GS-660-9/11/12		
<u>STARTING SALARY:</u>	GS-9 \$52,095 to 62,751; GS-11 \$ 57,306 to 70,203; GS-12 \$ 65,244 to 80,697 (May be adjusted for previous or current Federal employees)		
<u>PROMOTION POTENTIAL:</u>	Yes, to GS-12		
<u>SUPERVISORY/MANAGERIAL:</u>	No		
<u>RELOCATION EXPENSES:</u>	May be authorized in accordance with Federal Travel Regulations ~ Negotiable		
<u>APPOINTMENT/WORK SCHEDULE:</u>	Full-Time Permanent, Full-Time Temporary, Part-Time Temporary, Intermittent (on-call)		
<u>AREA OF CONSIDERATION:</u>	Nation Wide		
<u>LOCATIONS:</u> (Positions filled as vacancies occur)	Colville Service Unit, Nespalem, Washington Fort Hall Service Unit, Fort Hall, Idaho Neah Bay Service Unit, Neah Bay, Washington Wellpinit Service Unit, Wellpinit, Washington Western Oregon Service Unit, Salem, Oregon		

The Portland Area Indian Health Service, an Agency within the Department of Health & Human Services, is accepting applications at the multiple grade levels for recruitment of the greatest number of candidates who will be considered for all POC-05 vacancies for a 6-month period

JOB DESCRIPTION: Incumbent serves as a Pharmacist on a Clinical Staff. Carries out all Clinical Pharmacy functions of drug selection, compounding, and dispensing a relatively varied range of drugs utilized in the clinic. Reviews written prescriptions to determine ingredients needed to assure that overdoses have not been prescribed or that toxic compounds will not result from combining ingredients. Provides patient education concerning poison control, and proper use and storage of prescribed medications. Provides consultative services and advice to physicians' assistant on certain indications and side affects. Supervises the purchasing, stocking and issuance of drugs, chemicals, pharmaceutical preparations and professional supplies. Records all prescriptions filled in patient charts. In addition, formulates local policies and procedures pertaining to pharmacy operation in conformance with Area of Indian Health Service policy.

WHO MAY APPLY:

- **Excepted Service Examining Plan Candidates (ESEP)** – Individuals entitled to Indian Preference who wish to be considered for excepted appointment in IHS, under authority of 5 CFR, Part 213, Schedule A 213.3116(B)(B).
- **Merit Promotion Plan Candidates (MPP)** – Current permanent competitive Federal status employees, reinstatement eligibles, and current IHS Indian Preference individuals and/or individuals who are eligible for excepted appointment in IHS under some other authority (e.g., handicapped authority, etc).
- **PHS Commissioned Corps Officers** – Current active or inactive Commissioned Officers may apply.
- **Veteran's Preference** – Preference eligible veterans who have been separated from the armed forces under honorable conditions after 3 years or more of continuous active service may apply.
- **Any US Citizen** – Any US citizen may apply for the intermittent work schedule or temporary vacancies.

Indian Preference applicants must indicate on their applications whether they are applying under the MPP, ESEP, or both. If not indicated, they will be considered under the MPP.

Qualified disabled applicants (Rehabilitation Act of 1973) and disabled veterans with 30% or more disability are encouraged to apply. Reasonable accommodations will be made for qualified applicants with disabilities, except when doing so would impose undue hardship on the Indian Health Service.

CONDITIONS OF EMPLOYMENT:

1. Selectee(s) are required to be immunized against Measles and Rubella and provide medical documentation prior to or at the time of their start date. Special consideration may be allowed to individuals who are allergic to a component of the vaccine or are currently pregnant.
2. Selectee(s) are required to complete a Security questionnaire and fingerprint chart for investigative purposes under PL 101-630 Indian Child Protection and Family Violence Prevention Act. Persons, who have been arrested for or charged with a crime involving a child, or violent crime against a person, are not eligible for employment with IHS under PL 101-630.

3. Selectee(s) are required to complete a “Declaration of Federal Employment - Optional Form 306” to determine your suitability for Federal employment, and to certify the accuracy of all the information in your application. Persons making false statements in any part of the application may not be hired; or fired after employment starts; or may be fined.
4. Males born after December 31, 1959 are required to be registered with the Selective Service System in order to be eligible for employment with the Federal Government.
5. Selectee(s) are required to have a viable bank account at a financial institution for electronic direct deposit of salary payment.

QUALIFICATION REQUIREMENTS:

Degree Required: 4 year Bachelor’s degree in pharmacy recognized by the American Pharmaceutical Association on Pharmaceutical Education.

Licensure Required: Applicants must have a current, full, and unrestricted licensure in a State, territory of the United States, or the District of Columbia.

In addition to meeting the basic qualifications for degree, training, and licensure requirements, applicants must meet the following:

GS-9: Successful completion of a 5-year course of study leading to a bachelor’s or higher degree in pharmacy from an approved pharmacy school, or 1-year of professional pharmacy experience equivalent to at least GS-7.

GS-11: Successful completion of a 6-year course of study leading to a Doctor of Pharmacy (Pharm.D.) degree OR 1 year of professional pharmacy experience equivalent to at least GS-9.

GS-12: One year of professional pharmacy experience equivalent to at least GS-11.

MEDICAL REQUIREMENT: Applicants must be able to distinguish basic colors.

TIME IN GRADE: Federal status applicants must have completed at least 1 year of service in a position no more than one grade lower than the position to be filled. If selected under the Excepted Service Examining Plan, individuals may be appointed without regard to time-in-grade requirements.

LEGAL AND REGULATORY REQUIREMENTS: Federal status applicants must meet time-after competitive appointment, time-in-grade, and qualification requirements within 30 calendar days after the closing date of the vacancy announcement.

METHOD OF EVALUATION: Evaluation is made on the basis of appropriate education, experience, performance appraisals, training, self-development, outside activities, special awards, experience related to tribal communities and projects, and also on the information provided in the applicant’s responses to the following Knowledge, Skills, and Abilities.

KNOWLEDGE, SKILLS, AND ABILITIES (KSA): On a separate sheet of paper discuss how you have performed the particular knowledge, skill, or ability listed below. Failure to submit written responses may result in an ineligible rating or substantially lower score.

- | | |
|-----------|---|
| ELEMENT 1 | Ability to handle technical aspects of the job. |
| ELEMENT 2 | Ability to plan, organize work, and set priorities. |
| ELEMENT 3 | Ability to investigate, analyze, and solve problems. |
| ELEMENT 4 | Ability to convey and obtain information orally. |
| ELEMENT 5 | Ability to work cooperatively as a member of the Service Unit Health Delivery team. |

HOW TO APPLY/REQUIRED FORMS:

1. Applicants may use one of the following to apply: (1) OF-612 Optional Application for Federal Employment, **or** (2) Resume (see requirements in **Attachment A**).
2. If claiming Indian Preference, BIA Form 4432 “Verification of Indian Preference for Employment in BIA and IHS”.
3. If claiming Veteran’s Preference, copy of DD-214 Form, and SF-15 if claiming 10 point Veteran’s Preference.
4. Copy of latest Personnel Action (SF-50), if a current or former Federal employee, and/or if requesting Reinstatement Eligibility.
5. Copy of most recent performance appraisal, if a current Federal employee.
6. Copy of current unrestricted License.
7. Completed PL 101-630 Questionnaire (form attached)
8. Completed Optional Form 306 (form attached)
9. Completed Selective Service Registration Form (form attached)
10. Written Responses to the Knowledge, Skills, and Abilities (OPTIONAL ~ failure to submit may result in an ineligible rating or substantially lower score).
11. Commissioned Corps Officer: (a) latest COER, and (2) current Billet Description, (3) BIA FORM 4432 if claiming Indian Preference.

Application and required forms must be identified by this announcement number and submitted to the address below:

**Portland Area Indian Health Service
Division of Personnel Management
1220 SE Third Avenue, Room 476
Portland, Oregon 97205**

**ATTN: Janelle Langland
Phone: (503) 326-2015
Fax: (503) 326-5787**

All submitted materials are subject to retention by this office. You should duplicate and retain copies, since requests for copies will not be honored. Additional information regarding Federal job openings can be obtained at www.opm.gov, or check the IHS Website at www.ihs.gov, all documents are subject to the provisions of the Privacy Act (PL 93-579) and become the property of DHHS.

Additional selections of candidates may be possible within 90 days from the date the certificate of eligibles is issued for this announcement, for filling additional or similar positions.

Personnel Officer: _____ Date: _____

ATTACHMENT A

Resume Requirements - Your resume or other application format must contain the following information to allow for qualification determination.

- Identify your application/resume by the announcement number, title and grade(s) of the job you are applying for and which you wish to be considered.
 - Full Name (first, middle, last ~ include other names used, i.e., maiden name)
 - Mailing Address
 - Phone Number you can be reached at.
 - Email Address (if applicable)
 - Social Security Number
 - Country of citizenship
 - Education: list high school and colleges attended, type of degrees (list major) received, date of degree conferred, city and state of school.
 - Work Experience: (include non-paid work as well as paid)
 - Job Title (if Federal employment, indicate series and grade)
 - Duties and Accomplishments
 - Employer's name and address
 - Supervisor's name and phone number
 - Starting and ending dates of employment (month/year)
 - Hours of work per week
 - Salary
 - Indicate if you do not want us to contact your current supervisor (if not specified, it will be assumed that we may do so)
 - List job related training (title, year obtained, hours of training)
 - Honors or awards received
 - License or certificates obtained (submit with application)
 - Special accomplishments (i.e., publications, memberships, leadership and community recognition, etc)
- Indicate if you do not want your current supervisor contacted for reference purposes

ATTACHMENT B

Special Instructions for Surplus or Displaced Employees

1. You may be eligible for special selection priority consideration under the Career Transition Assistance Program (CTAP) if you are a current career or career-conditional (tenure group I or II) employee of the DHHS Agency at the GS-15 grade level or below or equivalent, and who has received a specific RIF separation notice or a Certificate of Expected Separation indicating your job is surplus, or notice of removal for declining a directed reassignment or transfer of function outside the local commuting area. To qualify for special selection priority consideration under CTAP you MUST also meet the criteria shown in paragraph 3 below.
2. You may be eligible for special selection priority consideration under the Interagency Career Transition Assistance Program (ICTAP) if you are a current or former career-conditional (tenure group I or II) employee of any agency in the competitive service at the GS-15 grade level or below or equivalent, who has received a specific RIF separation notice or a notice of proposed removal for declining a directed reassignment or transfer of function outside the local commuting area. You may also be eligible if you were separated because of a compensable injury and your compensation has been terminated; or you retired with a disability and your disability annuity has been or is being terminated; or you were in receipt of a RIF separation notice and retired on the effective date of the RIF or under discontinued service; or you are a former Military Reserve Technician or National Guard Technician who is receiving a special disability retirement annuity from OPM. To qualify for special selection priority consideration under ICTAP you MUST also meet the criteria shown in paragraph 3 below.
3. To qualify for special selection priority consideration under CTAP or ICTAP for this vacancy, you MUST also meet ALL of the following:
 - (a) Have a current or last performance rating of record of at least fully successful or equivalent. A copy MUST be submitted with your application package. (Note: this requirement does not apply to candidates who are eligible due to compensable injury or disability retirement).
 - (b) Be applying for a position at or below the grade level from which you will be, or have been separated, and which does not have a greater promotion potential than the position from which you will be, or have been separated.
 - (c) Occupy or be displaced from a position in the same local commuting area of the position for which you are requesting priority consideration.
 - (d) File your application by the vacancy announcement closing date and meet all the applicable criteria. Your application MUST include ALL documents that support your claim of eligibility for priority consideration – RIF separation notice, or notice of proposed removal for declining a directed reassignment or transfer of function to another commuting area; SF-50 Notification of Personnel Action, showing that they were separated as a result of RIF, or for declining a transfer of function or directed reassignment to another commuting area; official certification from an agency stating that it cannot place an individual whose injury compensation has been or is being terminated; official notification from OPM that an individual's disability annuity has been or is being terminated; or official notification from the Military Department or National Guard Bureau that the employee has retired under 5 USC 8337(h) or 8456.
 - (e) Be rated "well qualified" for this position. A numerical rating of 85 is considered to be well qualified for this position.

OF-306
Declaration for Federal Employment

Form Approved: September 1994 - US Office of Personnel Management - OMB No. 3206-01827775 NSN 7540-01-368-5306-101

GENERAL INFORMATION

1. FULL NAME: _____ 2. SS NUMBER: _____
3. PLACE OF BIRTH: _____ 4. DATE OF BIRTH (MM/DD/YY): _____
5. OTHER NAMES EVER USED (for example, maiden name, nickname, etc.): _____
6. PHONE (include area codes) Day: _____ Night: _____

MILITARY SERVICE:

7. Have you served in the United States Military Service? If your only active duty was training in the Reserves or National Guard, answer "No."
Yes _____ No _____

If you answered "Yes," list the branch, dates (MM/DD/YY), and type of discharge for all active duty military service.

BRANCH: _____

FROM _____ TO: _____

TYPE OF DISCHARGE: _____

BACKGROUND INFORMATION

For all questions, provide all additional information requested information under item 15 or on attached sheets. The circumstances of each event you list will be considered. However, in most cases you can still be considered for Federal jobs.

For questions 8, 9 and 10, your answers should include convictions resulting from a plea of nolo contendere (no contest). But omit (1) traffic fines of \$300 or less, (2) any violation of law committed before your 16th birthday, (3) any violation of law committed before your 18th birthday if finally decided in juvenile court or under a Youth Offender law, (4) and conviction set aside under the Federal Youth Corrections Act or similar State Law, and (5) any conviction whose record was expunged under Federal or State law.

8. During the last 10 years, have you been convicted, been imprisoned, been on probation, or been on parole? (Includes felonies, firearms or explosives violations, misdemeanors, and all other offenses.) If "Yes," use item 15 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.
Yes _____ No _____
9. Have you been convicted by a military court-martial in the past 10 years? (If no military service, answer "No.") If "Yes," use item 15 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.
Yes _____ No _____
10. Are you now under charges for any violation of law? If "Yes," use item 15 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.
Yes _____ No _____
11. During the last 5 years, were you fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you barred from Federal employment by the Office of Personnel Management? If "Yes," use item 15 to provide the date, an explanation of the problem and reason for leaving, and the employer's name and address.
Yes _____ No _____
12. Are you delinquent in any Federal debt? (Includes delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans such as student and home mortgage loans.) If "Yes," use item 15 to provide the type, length, and amount of the delinquency or default, and steps that you are taking to correct the error or repay the debt.
Yes _____ No _____

CONTINUATION SPACE/AGENCY OPTIONAL QUESTIONS
ADDITIONAL QUESTIONS

13. Do any of your relatives work for the agency or organization to which you are submitting this form? (Includes father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, and half sister.) If "Yes," use item 15 to provide the name, relationship, and the Department, Agency, or Branch of the Armed Forces for which your relative works.
Yes _____ No _____
14. Do you receive, or have you ever applied for, retirement pay, pension, or other pay based military, Federal, civilian, or District of Columbia Government service?
Yes _____ No _____
15. Provide details requested in items 8 through 13 and 17c in the continuation space below or on attached sheets. Be sure to identify attached sheets with your name, social security number, and item number, and the include Zip codes in all addresses. If any questions are printed below, please answer as instructed (these questions are specific to your position, and your agency is authorized to ask them).

CERTIFICATIONS/ADDITIONAL QUESTION

APPLICANT: If you are applying for a position and have not yet been selected, carefully review your answers on this form and any attached sheets. When this form and all attached materials are accurate, complete item 16/16a.

APPOINTEE: If you are being appointed, carefully review your answers on this form and any attached sheets, including any other application materials that your agency has attached to this form. If any information requires correction to be accurate as of the date you are signing, make changes on this form or the attachments and/or provide updated information on additional sheets, initialing and dating all changes and additions. When this form and all attached materials are accurate, complete item 16/16b and answer item 17.

13. I certify that, to the best of my knowledge and belief, all of the information on and attached to this Declaration for Federal Employment, including any attached application materials, is true, correct, complete, and made in good faith. I understand that a false or fraudulent answer to any question on any part of this declaration or its attachments may be grounds for not hiring me, or for firing me after I begin work, and may be punishable by fine or imprisonment, I understand that any information I give may be investigated for purposes of determining eligibility for Federal employment as allowed by law or Presidential order. I consent to the release of information about my ability and fitness for Federal employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialists, and other authorized employees of the Federal Government. I understand that for financial or lending institutions, medical institutions, hospitals, health care professionals, and some other sources of information, a separate specific release may be needed, and I may be contacted for such a release at a later date.

16a. Applicant's Signature (sign in ink) _____ Date _____

16b. Appointee's Signature (sign in ink) _____ Date _____

17. Appointee Only (Respond only if you have been employed by the Federal Government before): Your elections of life insurance during previous Federal employment may affect your eligibility for life insurance during your new appointment. These questions are asked to help your personnel office make a correct determination.

17a. When did you leave your last Federal job? Date: _____

17b. When you worked for the Federal Government the last time, did you waive Basic Life insurance or any type of optional life insurance?
Yes _____ No _____

17c. If you answered "Yes" to item 17b, did you later cancel that waiver(s)? If your answer to item 17c is "No" use item 15 to identify the type(s) of insurance for which waivers were not canceled.
Yes _____ No _____

**Addendum to Declaration for Federal Employment
Indian Health Service
PL 101-630 Indian Child Protection Worker Positions**

(September 2002)

Job Title in Announcement:

Announcement #:

Name: _____ **Social Security Number:** _____

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 Law 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 certain crimes.

To ensure compliance with the above laws, the following questions are added to the Declaration for Federal Employment.

Responding "yes" to either of the following questions constitutes reason to consider you ineligible for employment in the Indian Health Service.

1. Have you ever been arrested for or charged with a crime involving a child?

[If "YES", provide the date, explanation of the violation, disposition of the arrest or charge, place of occurrence, and the name and address of the police department or court involved.]

YES _____ NO _____

2. Have you ever been found guilty or entered a plea of nolo contendere (no contest) or guilty to, any felonious or misdemeanor offense 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?

[If "YES", provide the date, explanation of the violation, disposition of the arrest or charge, place of occurrence, and the name and address of the police department or court involved.]

YES _____ NO _____

I certify that (1) my response to these questions is made under penalty of perjury, which is punishable my fines up to \$2,000 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

APPLICANT'S STATEMENT OF SELECTIVE SERVICE REGISTRATION STATUS

If you are a male born after December 31, 1959, and are at least 18 years of age, civil service employment law {5 U.S.C. 3328} requires that you must be registered with the Selective Service law, unless you meet certain exemptions under Selective Service law. If you are required to register but knowingly and willfully fail to do so, you are ineligible for appointment by executive agencies of the Federal Government.

CERTIFICATION OF REGISTRATION STATUS

Check one:

- { } I certify I am registered with the Selective Service System.
- { } I certify I have been determined by the Selective Service System to be exempt from the registration provisions of Selective Service law.
- { } I certify I have not registered with the Selective Service System.
- { } I certify I have not reached my 18th birthday and understand I am required by law to register at that time.

NON-REGISTRANTS UNDER AGE 26

If you are under age 26 and have not registered as required, you should register promptly at a United States Post Office or consular office if you are outside the United States.

NON-REGISTRANTS AGE 26 OR OVER

If you were born in 1960 or later, are 26 years of age or older, and were required to register but did not do so, you can no longer register under Selective Service law. According, you are not eligible for appointment to an executive agency unless you can prove to the Office of Personnel agency Management (OPM) that your failure to register was neither knowing nor willful. You may request an OPM decision through the agency that was considering you for employment by returning this statement with your written request for an OPM determination together with any explanation and documentation you wish to furnish to prove that your failure to register was neither knowing nor willful.

PRIVACY ACT STATEMENT

Because information on your registration status is essential for determining whether you are in compliance with 5 U.S.C. 3328, failure to provide the information requested by the statement failure to provide the information requested by this statement will prevent any further consideration of your application for appointment. This information is subject to verification with the Selective Service System and may be furnished to other Federal agencies for law enforcement or other authorized use in implementing this law.

FALSE STATEMENT NOTIFICATION

A false statement may be grounds for not hiring you, or for firing you if you have already begun work. Also, you may be punished by fine or imprisonment. (Section 1001 of title 18, United States Code.)

Legal signature of individual { please use ink }

Date signed (please use ink)