



CONTINUOUS RECRUITMENT
OPEN-COMPETITIVE EXAMINATION

APPLICATIONS ACCEPTED CONTINUOUSLY TESTS HELD PERIODICALLY

Table with 4 columns: Examination No. & Title, Salary Grade, Beginning Salary, Job Rate. Row 1: 20-127 Pharmacist, 25, \$92,446, \$113,661

Appointees who work in the five boroughs of New York City or in Nassau, Suffolk, Rockland, or Westchester Counties will receive an additional \$3,026 annual downstate adjustment. Appointees who work in Dutchess, Orange, or Putnam Counties will receive an additional \$1,513 annual mid-Hudson adjustment.

MINIMUM QUALIFICATIONS: On or before the date of filing your application, you must have a license and current registration to practice pharmacy in New York State. If you are appointed and lose your license or current registration, action will be taken to remove you from the position.

NOTES:

- 1. There is no processing fee for this examination.
2. Continued employment as a Pharmacist is dependent upon continued possession of a permanent license. Loss of licensure and/or registration will result in removal from employment.
3. Background Investigation/Justice Center Review: The names of all prospective employees will be:
- Checked against the Staff Exclusion List (SEL) maintained by the Justice Center for the Protection of People with Special Needs.
- Investigated through a Criminal Background Check (CBC).
4. Medicaid and Medicare: In order to be eligible for appointment and to maintain employment, you cannot be listed as an excluded individual or entity on any of the Federal and/or State Medicaid and Medicare exclusion lists.
5. Appropriate part-time and volunteer experience, which can be verified, will be accepted on a prorated basis.
6. New York State residence is not required.

THE POSITIONS: These positions exist statewide in facilities operated by the Office of Mental Health, Office of People with Developmental Disabilities, and Department of Corrections and Community Supervision.

DUTIES: As a Pharmacist, you would be responsible for the provision of pharmaceutical care, including the review, monitoring, dispensing, and distribution of inpatient and outpatient medications. You would also be responsible for providing drug information, conducting medication counseling sessions, supervising pharmacy aides, and participating in pharmacy and facility wide performance improvement activities.

**SUBJECT OF EXAMINATION:** The examination requires completion of an application/supplemental questionnaire (NYS-APP #20127). There will be no written test. The application/supplemental questionnaire is the test. **Your completed application/supplemental questionnaire will be the only basis for rating your training, education, and experience.** Failure to complete the application/supplemental questionnaire correctly may result in disqualification.

If you meet the minimum qualifications, your **training, education, and experience** will be evaluated against the general background/critical activities of the position. Your score will be based on the following: Education, post graduate clinical residences, advanced certification, pharmacy experience (excluding International experience) and reading and following instructions. It is essential that you describe your training, education, and experience as completely as possible. Ambiguity, vagueness, or omissions will not be decided in your favor. If you need more space, attach additional 8½ x 11 sheets, following the same format used on the application/supplemental questionnaire. **Resumes will NOT be accepted in lieu of a completed application/supplemental questionnaire.**

Your final score must be 70 or higher in order to pass. Rank on the eligible list will be determined after adding any wartime veterans' and Civil Service Law Section 85-a credits to your final passing score.

#### HOW TO APPLY:

- Download the examination application NYS-APP-3 #20127 form at <http://www.cs.ny.gov/announ/applications.cfm>; or
- Email [cs.sm.examinfo@cs.ny.gov](mailto:cs.sm.examinfo@cs.ny.gov) to request NYS-APP-3 #20127 form; or
- Obtain NYS-APP-3 #20127 form from a State agency or facility personnel/business office; or
- Request NYS-APP-3 #20127 form by calling the Department of Civil Service in the Albany area at 518-457-2487 or toll free at 1-877-697-5627.

**WHERE TO APPLY:** This exam is decentralized to the following agencies. You must mail a separate completed application/supplemental questionnaire NYS-APP #20127 to one or more of the following:

**NYS Department of Corrections and  
Community Supervision**

1220 Washington Avenue  
State Office Building Campus  
Albany, NY 12226-2050  
(518) 457-8132

**New York State Office for People  
With Developmental Disabilities**

Main Office Personnel  
44 Holland Avenue  
Albany, NY 12229  
(518) 473-4782  
[www.opwdd.ny.gov](http://www.opwdd.ny.gov)

**New York State Office of Mental Health**

Decentralized Exam Unit  
44 Holland Avenue  
Albany, NY 12229  
1-877-691-8264  
[www.omh.ny.gov](http://www.omh.ny.gov)

State agencies have an ongoing need for persons qualified for appointment to these positions. Therefore, the New York State agencies listed above will accept applications at any time and will rate applications whenever additional eligibles are needed. In general, all applications received up to six weeks before a scheduled test date will be processed for that test date. Applications received afterward will be retained for the next scheduled rating. For information about this examination write or call either the New York State agencies on the attached listing or the New York State Department of Civil Service, S-1, Albany, NY 12239; (518) 473-9725.

**RETEST POLICY:** Qualified applicants will remain on the eligible list for two years. Candidates may file as frequently as every 12 month period, but a new application/supplemental questionnaire is required each time.

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#### INFORMATION FOR CANDIDATES

**NEW YORK STATE IS AN EQUAL OPPORTUNITY EMPLOYER:** It is the policy of the State of New York to provide for and promote equal opportunity employment, compensation, and other terms and conditions of employment without unlawful discrimination on the basis of age, race, color, religion, disability, national origin, gender, sexual orientation, veteran or military service member status, marital status, domestic violence victim status, genetic predisposition or status, arrest and/or criminal conviction record, or any other category protected by law, unless based upon a bona fide occupational qualification or other exception.

Appointment to many positions in State government require candidates to undergo an investigative screening. This may include a thorough character investigation, a Federal Bureau of Investigation Criminal Record History Check, a Child Abuse Registry clearance, or other similar procedures. Candidates may be fingerprinted and may be required to pay any necessary fees for that procedure. Depending on the nature of the job, the criminal convictions discovered, or any falsified or omitted information revealed, the investigative findings may bar appointment or result in removal after appointment.

**ELIGIBILITY FOR EMPLOYMENT:** You must be legally eligible to work in the United States at the time of appointment and throughout your employment with New York State. If appointed, you must produce documents that establish your identity and eligibility to work in the United States, as required by the federal Immigration Reform and Control Act of 1986, and the Immigration and Nationality Act.

**REASONABLE ACCOMMODATIONS IN TESTING:** It is the policy of the Department of Civil Service, in accordance with the New York State Human Rights Law and the Americans with Disabilities Act, to provide qualified persons with disabilities equal employment opportunity and equal opportunity to participate in and receive the benefits, services, programs, and activities of the Department. It is the policy of the Department to provide such persons reasonable accommodations and reasonable modifications as are necessary to provide equal opportunity. Persons with disabilities who require an accommodation to participate in an examination must note this on their application. Further information is available from the Test Administration Unit of the Department of Civil Service. In the Albany area, call 518-457-2487. Outside of the Albany area, call toll free at 1-877-697-5627. For TDD services, call NY Relay at 711 (requires a fee) or 1-800-662-1220.

**NEW YORK STATE RESIDENCE IS NOT REQUIRED FOR MOST POSITIONS:** However, you must be eligible for employment in the United States.

**CONTINUOUS RECRUITMENT/ELIGIBLE LISTS:** Candidates who meet the qualifications and pass this examination will have their names placed on the eligible list in the order of final scores, regardless of the date on which they filed or took the test. Generally, the names of qualified candidates will remain on the eligible list for two years. Appeal of ratings will not be allowed as the opportunity for retest exists. The Department of Civil Service reserves the right to terminate this special recruitment program.

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SOCIAL SECURITY NUMBER

**CONTINUOUS RECRUITMENT EXAMINATION NO. 20-127  
EDUCATION, TRAINING, AND EXPERIENCE SUPPLEMENT FOR PHARMACIST**

**There is no application fee  
for this examination.**

**This is an EDUCATION, TRAINING, AND EXPERIENCE EXAMINATION. Your rating will be based solely upon a review of your responses to this supplement. All information provided is subject to verification. THIS IS YOUR TEST**

**INSTRUCTIONS**

- 1. Please print clearly in ink.**
- Answer all questions on this supplement and application form NYS-APP-3 #20-127 completely and accurately. **Incomplete information may result in a lower score or disqualification. Retain a copy of the completed supplement for your records.**
- This supplement will be the only basis for rating your education, training, and experience. You may submit your resume in addition to this application, but you must still complete all parts of the application without reference to the resume.
- Your degree and/or college credits must have been awarded from a regionally accredited college or university or one recognized by the New York State Education Department as following acceptable educational practices. If your degree and/or college credit was awarded by an educational institution outside the United States and its territories, you must provide independent verification of equivalency. A list of acceptable companies who provide this service or this information can be found on the Internet at: <http://www.cs.ny.gov/jobseeker/degrees.cfm>
- You must mail a completed NYS-APP-3 #20-127 and SUPP #20-127 to one or more of the following:**

<b>NYS Department of Corrections and Community Supervision</b> Office of Human Resources 1220 Washington Avenue State Office Building Campus Albany, New York 12226-2050	<b>NYS Office of Mental Health</b> Decentralized List Unit 44 Holland Avenue Albany, NY 12229
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- New York State Office for People With Developmental Disabilities**  
Main Office Personnel  
44 Holland Avenue  
Albany, New York 12229
- Additional unsolicited information will not be accepted after receipt of your application.
- Retest Policy- You may reapply for this exam every twelve months. A new application/supplemental questionnaire must be submitted.
- Appropriate part-time and volunteer experience, which can be verified, will be accepted on a prorated basis.

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 EDUCATION, TRAINING AND EXPERIENCE SUPPLEMENT FOR PHARMACIST**

**There is no application fee  
 for this examination.**

**I. NYS LICENSE OR CERTIFICATION**

You must possess a license and current registration to practice pharmacy in New York State.  
 To qualify for this examination, you must provide complete information. **Failure to provide complete information below will result in disqualification.**

License Number:	Current Registration:
Date First Issued:	MO. YR. MO. YR.
	FROM / TO /

**II. ACADEMIC RECORD**

Indicate any degrees received or expected to be received. Please specify the type of degree. Failure to provide complete information below may result in a lower score.

College, University, Professional or Technical Schools	Semester Credits Received	Quarter Hours Received	Type of Degree Received	Major Subject or Type of Course	Did You Graduate	Degree Expected
Name					<input type="checkbox"/> Yes <input type="checkbox"/> No	MO. YR. /
Address (City, State)						

Name					<input type="checkbox"/> Yes <input type="checkbox"/> No	MO. YR. /
Address (City, State)						

Name					<input type="checkbox"/> Yes <input type="checkbox"/> No	MO. YR. /
Address (City, State)						

Name					<input type="checkbox"/> Yes <input type="checkbox"/> No	MO. YR. /
Address (City, State)						

Name					<input type="checkbox"/> Yes <input type="checkbox"/> No	MO. YR. /
Address (City, State)						

Name					<input type="checkbox"/> Yes <input type="checkbox"/> No	MO. YR. /
Address (City, State)						

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**III. TRAINING**

**A.** Indicate any pharmacy certification(s) obtained. Please fill out the chart below and attach verification of the certification to your application. Failure to provide complete information below may result in a lower score:

- Certification from Board of Pharmacy Specialties**
- Certification from Commission for Certification in Geriatric Pharmacy**

Certification Number:	Type of Certification:	Current Certification: MO. YR.                      MO. YR.
Date First Issued:		FROM    /                      TO    /

- Certification from Board of Pharmacy Specialties**
- Certification from Commission for Certification in Geriatric Pharmacy**

Certification Number:	Type of Certification:	Current Certification: MO. YR.                      MO. YR.
Date First Issued:		FROM    /                      TO    /

**B.** Indicate experience gained during a post-degree clinical residency program. Failure to provide complete information below may result in a lower score.

- 1-year Post Graduate Clinical Residency**
- 2-year Post Graduate Clinical Residency**

LENGTH OF EMPLOYMENT MO. YR.    MO. YR. FROM    /                      TO    /	FIRM NAME	ADDRESS	CITY AND STATE
TYPE OF BUSINESS	DUTIES:		
YOUR EXACT TITLE			
NAME OF YOUR SUPERVISOR			
SUPERVISOR'S TITLE			
No. of hours worked per week (exclusive of overtime):			

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SOCIAL SECURITY NUMBER

**CONTINUOUS RECRUITMENT EXAMINATION NO. 20-127  
 EDUCATION, TRAINING AND EXPERIENCE SUPPLEMENT FOR PHARMACIST**

**There is no application fee  
 for this examination.**

**III. TRAINING (continued)**

1-year Post Graduate Clinical Residency

2-year Post Graduate Clinical Residency

LENGTH OF EMPLOYMENT MO. YR. MO. YR. FROM / TO /	FIRM NAME	ADDRESS	CITY AND STATE
	DUTIES:		
TYPE OF BUSINESS			
YOUR EXACT TITLE			
NAME OF YOUR SUPERVISOR			
SUPERVISOR'S TITLE			
No. of hours worked per week (exclusive of overtime):			

**IV. DESCRIBE YOUR EXPERIENCE**

Beginning with your most recent experience, list all employment, military service, or volunteer experience as a Registered Pharmacist and/or in the pharmacy industry (excluding pharmaceutical sales). We cannot interpret omissions or vagueness in your favor. You are responsible for an accurate and clear description of your experience. Do not send your resume. Under **DUTIES** describe the nature of the work which you personally performed including the estimated percentage of time spent on each type of activity. If you supervised, state how many people and the nature of such supervision.

LENGTH OF EMPLOYMENT MO. YR. MO. YR. FROM / TO /	FIRM NAME	ADDRESS	CITY AND STATE
	DUTIES:		
TYPE OF BUSINESS			
YOUR EXACT TITLE			
NAME OF YOUR SUPERVISOR			
SUPERVISOR'S TITLE			
No. of hours worked per week (exclusive of overtime):			

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SOCIAL SECURITY NUMBER

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**CONTINUOUS RECRUITMENT EXAMINATION NO. 20-127  
 EDUCATION, TRAINING AND EXPERIENCE SUPPLEMENT FOR PHARMACIST**

**IV. DESCRIBE YOUR EXPERIENCE (continued)**

LENGTH OF EMPLOYMENT MO. YR. MO. YR. FROM / TO /	FIRM NAME	ADDRESS	CITY AND STATE
DUTIES:			
TYPE OF BUSINESS			
YOUR EXACT TITLE			
NAME OF YOUR SUPERVISOR			
SUPERVISOR'S TITLE			
No. of hours worked per week (exclusive of overtime):			

LENGTH OF EMPLOYMENT MO. YR. MO. YR. FROM / TO /	FIRM NAME	ADDRESS	CITY AND STATE
DUTIES:			
TYPE OF BUSINESS			
YOUR EXACT TITLE			
NAME OF YOUR SUPERVISOR			
SUPERVISOR'S TITLE			
No. of hours worked per week (exclusive of overtime):			

LENGTH OF EMPLOYMENT MO. YR. MO. YR. FROM / TO /	FIRM NAME	ADDRESS	CITY AND STATE
DUTIES:			
TYPE OF BUSINESS			
YOUR EXACT TITLE			
NAME OF YOUR SUPERVISOR			
SUPERVISOR'S TITLE			
No. of hours worked per week (exclusive of overtime):			

If you need additional space, please continue on a separate 8 1/2 x 11 sheet of paper and attach at the end of the application.

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**ADDITIONAL EXAMINATION CREDITS PURSUANT TO CIVIL SERVICE LAW SECTION 85-a**

If you are a child or sibling of a firefighter, police officer, emergency medical technician, or paramedic who was killed in the line of duty in the service of New York State, you may be entitled for additional examination credits pursuant to Civil Service Law Section 85-a. For further information, please contact the Department of Civil Service at (518) 473-9725.

**ADDITIONAL QUESTIONS**

**If you answer YES to any of these questions, please provide an explanation in the REMARKS section provided below:**

1. Yes  No  Were you ever discharged from any employment except for lack of work, funds, disability or medical condition?
2. Yes  No  Did you ever resign from any employment rather than face a dismissal?
3. Yes  No  Did you ever receive a discharge from the Armed Forces of the United States which was not an "Honorable Discharge" or a "General Discharge under Honorable Conditions?"

**Remarks:**

**USE ADDITIONAL SHEETS IF NECESSARY TO COMPLETE INFORMATION**

**THIS AFFIRMATION MUST BE COMPLETED**

**I affirm under penalties of perjury that all statements made on this supplemental questionnaire (including any attached papers) are true and accurate. I understand that all statements made by me in connection with this supplemental questionnaire are subject to investigation and verification and that a material misstatement or fraud may disqualify me from appointment and/or lead to revocation of my appointment. I also affirm that I have completed this form independently and without assistance from other candidates or employees of the NYS Office of Corrections and Community Supervision, NYS Office for People with Developmental Disabilities, or NYS Office of Mental Health.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_