

NEW YORK STATE DEPARTMENT OF CIVIL SERVICE ANNOUNCES

Examination Open To The Public



Department of  
Civil Service

APPLICATIONS ACCEPTED CONTINUOUSLY  
TESTS HELD PERIODICALLY

Examination No. & Title	Salary Grade	Beginning Salary	Job Rate
<b>20-195 Medical Technologist 1</b>	<b>14</b>	<b>\$41,170</b>	<b>\$52,552</b>

NO APPLICATION PROCESSING FEE REQUIRED

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:

- Either 1.** bachelor's degree in medical technology;
- Or 2.** minimum of 90 semester hours or equivalent in an accredited college or university AND the successful completion of a course of training of at least 12 months in a school of medical technology approved by the Council on Medical Education of the American Medical Association;
- Or 3.** bachelor's degree in one of the chemical, physical, or biological sciences AND one year of training and/or experience in medical technology;
- Or 4.** any combination of academic study and training and/or experience outlined in Section 58 of Title 10 of the New York State Public Health Law as referenced in the New York State Codes, Rules, and Regulations (NYCRR).

**NOTES:**

1. Appropriate part-time and volunteer experience, which can be verified, will be accepted on a prorated basis.
2. New York State residence is not required.
3. Your degree and/or college credit must have been awarded by a regionally accredited college or university or one recognized by the NYS 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. You can write to the Examination Information Desk of the NYS Department of Civil Service for a list of acceptable companies who provide this service. This information can also be found on the Internet at <http://www.cs.ny.gov/jobseeker/degrees.cfm>. You must pay the required evaluation fee.
4. All statements made on the application are subject to investigation.
5. There is no processing fee for this examination.

**THE POSITIONS:** These positions exist in Helen Hayes Hospital in West Haverstraw, NY and Nathan S. Kline Institute for Psychiatric Research in Orangeburg, NY.

**DUTIES:** As a **Medical Technologist 1**, you would perform the more specialized and complex chemical, physical, and microscopic procedures and tests on specimens of blood, sputum, urine, spinal fluids, and tissues. These tests and procedures include but are not limited to radio-immunoassays, blood smears, amino acid analyses, blood typing, enzyme assays, electrophoresis, complement assays, and coagulation studies. Under supervision, you may carry out developmental studies and research in production of standard reagents and methodologies. You may develop new laboratory techniques, implement new or modified procedures, and prepare statistical reports.

You may supervise technical and non-technical employees and train personnel in technical procedures. You may check completed work for accuracy and for conformance to standards, correcting, and retraining where necessary; prepare work schedules; inform personnel of rules, regulations, and other communications; and evaluate employee performance. You may maintain the quality control program and you may perform maintenance and minor repair of equipment.

**Important:** Depending on assignment the selected candidate may be required to be licensed or eligible for licensure as defined in Title 8, Article 165 of the New York State Education Law and Sections 52.36-38, subparts 79.13-15 of the Regulations of the Commissioner of Education. Further, appointees to positions having overall laboratory duties must meet the qualification of section 58 of the New York State Public Health Law referenced in the New York State Codes, Rules, and Regulations (NYCRR).

For more information on certification or licensure requirements, visit the website for the State Education Department, Office of the Professions at [www.nysed.gov](http://www.nysed.gov).

**SUBJECT OF EXAMINATION:** There will be no written test. If you meet the Minimum Qualifications your **education and experience** will be evaluated against the general background/critical activities of the position. Your final score will be based on the evaluation of your education and experience. It is essential that you describe your education and experience as completely as possible on the NYS-APP-3 #20-195 examination application form. Ambiguity, vagueness or omissions will not be decided in your favor. Do NOT send resumes. If you need more space, attach additional 8½" x 11" sheets, following the same format used on the application form. Additional unsolicited information will not be accepted after the last day for filing.

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 #20-195 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 #20-195 form; or
- Obtain NYS-APP-3 #20-195 form from a State agency or facility personnel/business office; or
- Request NYS-APP-3 #20-195 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:**

- **Mail your completed NYS-APP-3 #20-195 examination application directly to the personnel office(s) of the facilities where you wish to work.**

<p><b>NYS OFFICE OF MENTAL HEALTH</b>                  Nathan S. Kline Institute for Psychiatric Research                  140 Old Orangeburg Road                  Orangeburg, New York 10962                  (845) 398-5500</p>	<p><b>NYS DEPARTMENT OF HEALTH</b>                  Helen Hayes Hospital                  Route 9W                  West Haverstraw, New York 10993                  Attention: Human Resources Department                  (845) 786-4000</p>
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DO NOT USE INTER-AGENCY MAIL. The NYS Department of Civil Service reserves the right to reject for lateness or to accept applications filed after the advertised filing period. All statements you make on your application are subject to investigation.

**RETEST POLICY:** Subsequent retests will be permitted one year after the most recent retest regardless of score. A new application is required each time.

**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 in employment, compensation, and other terms and conditions of employment without discrimination on the basis of age, race, color, religion, disability, national origin, gender, sexual orientation, marital status, domestic violence victim status, genetic predisposition or carrier status, or arrest and/or criminal conviction record 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.

**APPLICATION FOR NYS EXAMINATIONS  
OPEN TO THE PUBLIC**

Send Completed Application to: Mail your Application and Supplement to the facilities where you wish to work. See page 3 on the Supplemental Questionnaire for a listing of facilities.

Exam No.	Title	Score
20-195	Medical Technologist 1	

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Mailing Address: No., Street, Apt., or P.O. Box \_\_\_\_\_

City or Post Office \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_

Social Security Number \_\_\_\_\_

Home Phone \_\_\_\_\_ Day Phone \_\_\_\_\_

**PERSONAL PRIVACY PROTECTION LAW NOTIFICATION**  
The information which you are providing on this application is being requested pursuant to Section 50.3 of the New York State Civil Service Law for the principal purpose of determining the eligibility of applicants to participate in the examination(s) for which they have applied. This information will be used in accordance with Section 96(1) of the Personal Privacy Protection Law, particularly subdivisions (b), (e), and (f). Failure to provide this information may result in disapproval of the application. This information will be maintained by the facility where you send your application. For further information, relating only to the Personal Privacy Protection Law, call (518) 457-9375. **For examination information on this examination, call the facility where you send your application.**

**EXTRA CREDITS FOR WAR TIME VETERANS**

**COMPLETE THIS SECTION ONLY IF YOU:** Wish to claim War Time Veteran Credits, **AND** have not used **DISABLED** veteran credits for a permanent appointment to a position in New York State or Local Government.

Answering questions in this section means that you are requesting extra credits as either a non-disabled veteran or a disabled veteran. All veterans are encouraged to answer questions in this section of the application to ensure that appropriate points are added to passing examination scores. Veterans who answer "YES" to questions 1, 2, AND 3 may receive tentative credits as a non-disabled veteran; candidates who also answer "YES" to question 4 may receive tentative disabled veteran credits. If you previously used non-disabled veteran credits to obtain a permanent appointment to a position in New York State or Local Government, and subsequent to appointment, were certified as a disabled veteran, you may be eligible to receive additional disabled veteran credits by answering "YES" to BOTH questions 5a AND 5b in this section. NOTE: All veterans claiming extra credit will be required to produce eligibility documentation which will be verified at time of interview. Candidates found ineligible for such credit will have the points subtracted from their examination score(s). If it is determined that veteran credits do not increase one's reachability for appointment from an eligible list, the use of veteran credits for such appointment will be waived, and veteran credits can be claimed for future civil service examinations until such time as they are used to receive a permanent appointment as provided by the New York State Constitution.

1. Yes No Do you expect to receive or have you already received a discharge which was honorable or release under honorable circumstances from the Armed Forces of the United States? The "Armed Forces of the United States" means the Army, Navy, Marine Corps, Air Force and Coast Guard, including all components thereof, and the National Guard when in the service of the United States pursuant to call as provided by Law, on a full-time active duty basis other than active duty for training purposes.
2. Yes No Are you now serving, or have you served, on an active duty basis other than active duty for training purposes during one or more of the following **Time of War** periods?  

<b>In the Armed Forces:</b>	<b>or earned the Armed Forces, Navy, or Marine Corps expeditionary medal for service in:</b>	<b>or in the U.S. Public Health Service:</b>
• Aug. 2, 1990 until the Persian Gulf hostilities end	• (Panama) Dec. 20, 1989 to Jan. 31, 1990	• June 26, 1950 to July 3, 1952
• Feb. 28, 1961 to May 7, 1975	• (Lebanon) June 1, 1983 to Dec. 1, 1987	• July 29, 1945 to Sept. 2, 1945
• June 27, 1950 to Jan. 31, 1955	• (Grenada) Oct. 23, 1983 to Nov. 21, 1983	
• Dec. 7, 1941 to Dec. 31, 1946		
3. Yes No Are you a United States citizen or an alien lawfully admitted for permanent residence?
4. Yes No Do you have a service connected disability rated at 10% or more by the U.S. Department of Veterans Affairs? This disability must have been incurred during a Time of War period listed above.
- 5a. Yes No Have you **USED NON-DISABLED** veteran credits for a permanent appointment to a position in New York State or Local Government? If you answered "Yes" to "5a" above, you must answer "5b":
- 5b. Yes No **After** you were permanently appointed using non-disabled veteran credits, were you **subsequently** certified as having a service connected disability rated at 10% or more by the U.S. Department of Veterans Affairs?

**New York State Residency Requirement for Extra Credits as a War Time Veteran or Disabled Veteran:** You will be required to provide proof of current New York State residency at time of appointment.

**ELIGIBILITY FOR EMPLOYMENT**

You must be legally eligible to work in the United States at 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.

I affirm under penalties of perjury that all statements made on this application (including any attached papers) are true. I understand that all statements made by me in connection with this application 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.

**X** \_\_\_\_\_  
Signature of Applicant Date Please print any other last name by which you are or have been known.

**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 carrier 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.**

**It is the policy of New York State Department of Civil Service to provide qualified persons with disabilities equal opportunity to participate in and receive the benefits, services, programs and activities of the Department, and to provide such persons reasonable accommodations and reasonable modifications as are necessary to provide such equal opportunity, including accommodations in the examination process. Further, it is the policy of the Department to provide reasonable accommodations for religious observance.**

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SOCIAL SECURITY NUMBER

**CONTINUOUS RECRUITMENT EXAMINATION NO. 20-195  
EDUCATION AND EXPERIENCE SUPPLEMENT  
FOR MEDICAL TECHNOLOGIST 1**

**This is an education and experience examination. Your rating will be based on a review of your responses to this supplement. All information provided is subject to verification.**

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

**INSTRUCTIONS**

1. **Please print clearly in ink.**
2. Answer all questions on this questionnaire and application form NYS-APP-3 #20-195 (attached) completely and accurately. Incomplete information may result in a lower score or disqualification. Retain a copy of the completed supplemental questionnaire for your records.
3. 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.
4. 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. You can write to the address below for 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 pay the required evaluation fee.
5. Mail this application form NYS-APP-3 #20-195 and SUPP #20-195 to the facilities where you wish to work (see the attached list).
6. Retest Policy – You may reapply for this exam after one year.
7. Appropriate part-time and volunteer experience, which can be verified, will be accepted on a prorated basis.

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

If you are a child of a police officer or firefighter who was killed in the line of duty in the service of New York State, you may be entitled to additional examination credits pursuant to Civil Service Law Section 85-s. For further information, please contact the Department of Civil Service at (518) 473-8893.

**I. ACADEMIC RECORD**

A. Indicate any degrees received or expected to be received.

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	If not, Degree Expected
Name					Yes No	MO.   YR.
Address (City, State)						
Name					Yes No	MO.   YR.
Address (City, State)						

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	If not, Degree Expected
Name					Yes No	MO.   YR.
Address (City, State)						
Name					Yes No	MO.   YR.
Address (City, State)						

SOCIAL SECURITY NUMBER
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**CONTINUOUS RECRUITMENT EXAMINATION NO. 20-195  
EDUCATION AND EXPERIENCE SUPPLEMENT  
FOR MEDICAL TECHNOLOGIST 1**

**II. LICENSE OR CERTIFICATION**

Please provide the following information for any professional licenses or certifications you possess. Attach additional sheets if necessary.

Trade or Profession	License Number	Date License First Issued	Registration MO. YR. MO. YR. FROM TO	If you are not currently licensed, check this box:
Specialty	Granted by (licensing agency)			

Trade or Profession	License Number	Date License First Issued	Registration MO. YR. MO. YR. FROM TO	If you are not currently licensed, check this box:
Specialty	Granted by (licensing agency)			

**III. DESCRIBE YOUR EXPERIENCE:**

Beginning with your most recent, list all employment, military service, or volunteer experience that shows you meet the minimum qualifications for the examination(s). 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
YOUR EXACT TITLE	DUTIES:		
NAME OF YOUR SUPERVISOR			
TELEPHONE NUMBER			
AVERAGE # HOURS/WEEK			

LENGTH OF EMPLOYMENT MO. YR. MO. YR. FROM TO	FIRM NAME	ADDRESS	CITY AND STATE
YOUR EXACT TITLE	DUTIES:		
NAME OF YOUR SUPERVISOR			
TELEPHONE NUMBER			
AVERAGE # HOURS/WEEK			

LENGTH OF EMPLOYMENT MO. YR. MO. YR. FROM TO	FIRM NAME	ADDRESS	CITY AND STATE
YOUR EXACT TITLE	DUTIES:		
NAME OF YOUR SUPERVISOR			
TELEPHONE NUMBER			
AVERAGE # HOURS/WEEK			

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

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SOCIAL SECURITY NUMBER

**CONTINUOUS RECRUITMENT EXAMINATION NO. 20-195  
EDUCATION AND EXPERIENCE SUPPLEMENT  
FOR MEDICAL TECHNOLOGIST 1**

**Send your completed NYS-APP#3 #20-195 and SUPP #20-195  
to the facilities where you wish to work.**

<b>NEW YORK STATE DEPARTMENT OF HEALTH</b>	<b>NEW YORK STATE OFFICE OF MENTAL HEALTH</b>
Attention: Institutional Human Resources <b>Helen Hayes Hospital</b> Route 9W West Haverstraw, New York 10993 (845) 786-4000	Attention: Human Resources <b>Nathan S. Kline</b> <b>Institute for Psychiatric Research</b> 140 Old Orangeburg Road Orangeburg, New York 10962 (845) 398-5500

**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?

**REMARKS:**

**FOR OFFICE USE ONLY**

Training Received From Foreign School  <input type="checkbox"/> Yes <input type="checkbox"/> No	Evaluation Received  <input type="checkbox"/> Yes <input type="checkbox"/> No	Minimum Qual #	E&E Rating	Vets Credits	Final Rating
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**Rated by:**

**Checked by:**

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