



**DEPARTMENT OF HEALTH & HUMAN SERVICE
INDIAN HEALTH SERVICE, WESTERN REGION, YAKAMA SERVICE UNIT
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 and all qualified candidates will receive consideration without regard to race, color, sex, national origin, marital status, age, religion, labor organization affiliation, physical handicap, political affiliation, or sexual orientation.

REISSUED AND AMENDED: REISSUED TO RECRUIT FOR ADDITIONAL CANDIDATES, PREVIOUS APPLICANTS NEED NOT RE-APPLY. AMENDED TO HAVE CLOSING DATE: UNTIL FILLED.

ANNOUNCEMENT NUMBER: PO-06-33 R3 MP/ES

OPEN DATE: May 31, 2006

CLOSE DATE: Until Filled

POSITION TITLE/SERIES/GRADE: Nurse Practitioner (Family) GS-0610-11

STARTING SALARY: \$61,589 - \$75,449

LOCATION: Yakama Service Unit, Toppenish, WA

APPOINTMENT/WORK SCHEDULE: Full Time Term Not To Exceed 2 Years (May be extended up to 2 additional years/May be converted to permanent without further competition), benefits package available

PROMOTION POTENTIAL: No

SUPERVISORY/MANAGERIAL: No

RELOCATION EXPENSES: May be authorized in accordance with Federal Travel Regulations ~ Negotiable

AREA OF CONSIDERATION: Nation Wide

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(8)(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. Disabled veteran's with 30% or more disability are encouraged to apply.

NOTE: Indian Preference candidates who are currently on career conditional or career appointments or who are eligible for reinstatement must indicate on their application if they wish to be considered under the Merit Promotion Plan or the Excepted Service Examining Plan or both. If they do not, their application will be considered only under the Merit Promotion Plan. (Indian Preference candidates are persons who are enrolled in a federally recognized tribe as defined by the Secretary of the Interior, and who submit a properly completed and signed BIA-4432 form).

JOB DESCRIPTION: Provides comprehensive nursing care and preventive and therapeutic health services to individuals, families and community. Secures health and developmental history from the patient or parent, systematically and accurately records findings and critically evaluates same. Performs complete physical examinations using techniques of observation inspection, auscultation, percussion, palpation and diagnostic instruments; such as otoscope, ophthalmoscope and tonometer. Discriminates between normal and abnormal findings to identify early stages of serious physical, emotional or mental problems.

QUALIFICATION REQUIREMENTS

Basic Requirements:

Education: Degree or diploma from a professional nursing program approved by the legally designated State accrediting agency at the time the program was completed by the applicant:

Registration: Applicants must have active, current registration as a professional nurse in a State, District of Columbia, the Commonwealth of Puerto Rico, or a territory of the United States.

EXPERIENCE: GS-11: 1 year of experience equivalent to at least the GS-9 level as a Nurse Practitioner **AND/OR**

EDUCATION: Completion of all requirements for a doctoral degree (Ph.D. or equivalent) or 3 full years of progressively higher level graduate education

QUALITY OF PROFESSIONAL EXPERIENCE: For GS-11, at least 1 year of the professional nurse practitioner experience must be sufficiently related to the nursing specialty, in both subject-matter and grade-level, to demonstrate the candidate's ability to perform the major duties of the position being filled.

PLEASE NOTE: A COPY OF YOUR COLLEGE TRANSCRIPTS MUST BE SUBMITTED WITH YOUR APPLICATION.

BASIS OF RATING: Ratings will be based on your experience as it relates to the qualification requirements and on the knowledge, skills, and abilities (KSA's) listed. You should provide detailed evidence of the KSA's in your application in the form of clear, concise, examples showing level of accomplishment and degree of responsibility. Qualified candidates will be assigned a score between 70 and 100, not including points that may be assigned for veterans' preference. Applicants who meet the basic qualifications and do not respond to these KSA's will only receive a score of 70 out of a possible 100.

1. Knowledge of principles, concepts, and techniques of nursing, clinical medicine, and the nursing process as they relate to the role of the nurse practitioner. In addition, knowledge of public/community health nursing, epidemiology; medical/therapeutic procedures and occupational and environmental health problems are included. This position utilizes these knowledge's to perform detailed physical examinations; order and interpret diagnostic tests; determine the need for and initiate emergency nursing/medical interventions.

2. Ability to counsel and teach. To include ability to communicate orally in order to provide patient, family and community counseling and education, provide informal and formal education to staff; initiate and maintain cooperative relationships with the community; and motivate individuals of different cultural backgrounds to adopt health maintenance and disease prevention measure.

3. Ability to collect, integrate, analyze and evaluate data to solve problems. This is in order to solve problems; make a medical and nursing diagnosis; prescribe appropriate therapeutic and corrective measures; discriminate between normal and abnormal findings to recognize early stages of serious physical, emotional and mental problems; and determine the need for and initiate emergency care.

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.

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.

REASONABLE ACCOMMODATION: The Indian Health Service provides reasonable accommodation to applicants with disabilities. If you need a reasonable accommodation for any part of the application and hiring process, please notify the Human Resource Specialist named below. The decision on granting reasonable accommodation will be on a case-by-case basis.

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**). If Commissioned Officer submit resume' or curriculum vitae (see **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 attach)
9. Written Responses to the Knowledge, Skills, and Abilities (OPTIONAL ~ failure to submit may result in an ineligible rating or substantially lower score).

To be considered for this position all applicable application paperwork must be received at the address below by 4:30 p.m. on the closing date of this announcement. . IF THE APPLICATION IS FAXED BEFORE THE CLOSING DATE, THE ORIGINAL APPLICATION MUST BE MAILED TO OUR ADDRESS.

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

Alaska Area Native Health Service
ATTN: Maria Cunningham, HR Specialist
Western Region Human Resources
4141 Ambassador Drive
Anchorage, Alaska 99508
Phone: 907-729-1353
Fax: 907-729-1312

For further information contact:
Russ Alger
Phone: (503) 544-1582
RAlger@pao.Portland.ihs.gov

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.usajobs.opm.com, 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 eligible is issued for this announcement, for filling additional or similar positions.

HR Specialist: _____ Date: _____

ATTACHMENT A

Resume Requirements - Your resume or other application format ***must*** contain the following information to allow for qualification determination. ***Failure to submit a complete application may result in your application not being considered for this position.***

1. **Job Information** (announcement number, title and grade(s) of the job you are applying for).
2. **Personal Information**
 - 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 (U.S. citizenship required)
3. **Education:** list high school and colleges attended, type of degrees (list major) received, date of degree conferred, city and state of school. ***If no degree received, please document the number of credit hours you possess.***
4. **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)

5. **Other Qualifications**

- 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)

COMMON OMISSIONS – from applicants

1. *No transcript or copy of diploma. If you are substituting education for experience you must include a copy of your transcripts/list of courses OR copy of your diploma.*
2. *Missing starting and ending dates of employment (month/year).*
3. *Missing total number of hours worked per week.*
4. *Missing OF-306*
5. *Missing BIA form 4432 (if claiming Indian Preference)*

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 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 _____
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.

16. 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 (OF 306)
Indian Health Service
Child Care & Indian Child Care Worker Positions

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Item 15a. Agency Specific Questions

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

(Please print)

Job Title in Announcement: _____ **Announcement 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 or guilty to certain crimes.

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

- 1) Have you ever been arrested for or charged with a crime involving a child? YES _____ NO _____
[If AYES@, 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.]

- 2) Have you ever been found guilty of, 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? YES _____ NO _____
[If AYES@, provide the date, explanation of the violation, disposition of the arrest or charge, place of occurrence, and the name address of the police department or court involved.]

I certify that (1) my response to these questions is made under penalty of perjury, which is punishable by fines of 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 (sign in ink) Date

Public Burden Statement: In accordance with Paperwork Reduction Act (5 CFR 1320.8 (b)(3)), 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 currently valid OMB control number. Respondents must be informed (on the reporting instrument, in instructions, or in a cover letter) the reasons for which the information will be collected; the way the information will be used to further the proper performance of the functions of the agency; whether responses to the collection of the information are voluntary, required to obtain a benefit (citing authority), or mandatory (citing authority); and the nature and extent of confidentiality to be provided, if any (citing authority). Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the necessary data, and completing and reviewing the collection information. Send comments regarding the burden estimate or any other aspect of this collection of information to the IHS PRA Information Collection Clearance Staff, 12300 Twinbrook Parkway, Suite 450, Rockville, MD 20852. **Please do not send completed data collection instruments to this address.**