



THE CITY OF NEW YORK  
 DEPARTMENT OF CITYWIDE  
 ADMINISTRATIVE SERVICES  
 APPLICATION UNIT  
 1 CENTRE STREET, 14<sup>TH</sup> FLOOR  
 NEW YORK, NY 10007

<b>REQUIRED INFORMATION</b>
APPLICATION

BILL DE BLASIO  
 Mayor

STACEY CUMBERBATCH  
 Commissioner

# NOTICE OF EXAMINATION

**PROMOTION TO CLERICAL ASSOCIATE (HHC)  
 Exam No. 6500  
 (For The New York City Health and Hospitals Corporation Only)  
 AMENDED NOTICE - September 2, 2015**

<p><b>WHEN TO APPLY:</b> From: July 1, 2015           To: July 21, 2015</p>	<p><b>APPLICATION FEE: \$40.00</b>           If you choose to pay the application fee with a credit/debit/gift card, you will be charged a fee of 2.49% of the payment amount. This fee is nonrefundable.</p>
<p><b>THE TEST DATE:</b> Multiple-choice testing is expected to begin on <b>Monday, October 5, 2015.</b></p>	

**The Notice of Examination is amended to remove the following sentence from THE TEST section: "Your score on this test will be used to determine your place on the eligible list."**

**YOU ARE RESPONSIBLE FOR READING THIS NOTICE IN ITS ENTIRETY  
 BEFORE YOU SUBMIT YOUR APPLICATION.**

**WHAT THE JOB INVOLVES:** Clerical Associates (HHC), under supervision, with some latitude for independent judgment, perform responsible clerical work in various administrative and operational areas by processing, recording, checking and maintaining records, files and invoices using alphabetical and numerical procedures including data/control coding; furnish information and prepare reports requiring the selection of data from simple records or statistics; perform ordinary mathematical computations; operate a telephone call directory, multi-line phone, or switchboard; perform clerical operations in an assigned area, such as the filing of material and the searching of files for difficult to locate material; check records for accuracy of information and for conformity with established policy and procedures; perform data entry and retrieval using a personal computer, video display terminal, or other automated office systems; may perform incidental typing; perform routine data processing functions in the area of production control; may supervise and instruct a small group engaged in the performance of data entry and retrieval operations. They may also perform duties as follows: compile and maintain central file of hospital and clinic patient medical records; compile medical care and census data for statistical reports; maintain indexes on patient, disease, operation and other categories. All Clerical Associates (HHC) perform related work.

(This is a brief description of what you might do in this position and does not include all the duties of this position.)

**Special Working Conditions:** Clerical Associates (HHC) may be required to work shifts including nights, Saturdays, Sundays, and holidays.

**THE SALARY:** The current minimum salary is \$28,965 per annum. This rate is subject to change. There are four assignment levels within this class of positions. Promotions will generally be made to Assignment Level III. After promotion, employees may be assigned to the higher assignment levels at the discretion of the New York City Health and Hospitals Corporation (HHC).

**HOW TO APPLY:** If you believe you are eligible to take this examination, submit an application on the Online Application System (OASys) at [www.nyc.gov/examsforjobs](http://www.nyc.gov/examsforjobs). Follow the onscreen application instructions for electronically submitting your application and payment, and completing any required information. A unique and valid email address is required to file online. Several internet service providers, including but not limited to Google, Yahoo!, AOL, Outlook.com, and Mail.com offer free email addresses. **All new OASys accounts require verification before a candidate can submit an application to ensure the accuracy of candidate information. Verification is instantaneous for most accounts, but some accounts may require up to 24 hours to be reviewed by a staff member and resolved. Email notification will be sent to those creating accounts that require additional documentation before they can be resolved. Please keep this information and the application period deadline in mind when creating your account.** The following methods of payment are acceptable: major credit card, bank card associated with a bank account, or a prepaid debit card with a credit card logo which you may purchase online or at various retail outlets.

If you are receiving or participating in certain forms of public assistance/benefits/programs, or are a veteran, you may qualify to have the application fee waived. For more information on eligibility for a fee waiver and documentation requirements, visit the Fee Waiver FAQ on the Online Application System at <https://a856-eeexams.nyc.gov/OLEE/oasys/FAQFeeWaiver.aspx>.

**READ CAREFULLY AND SAVE FOR FUTURE REFERENCE**

You may come to the DCAS Computer-based Testing & Applications Centers to file for this examination online and submit a money order payable to DCAS (Exams) or to submit documentation for a fee waiver.

The centers will be open Monday through Saturday from 9:00 AM to 5:00 PM:

**Manhattan**  
2 Lafayette Street  
17<sup>th</sup> Floor  
New York, NY 10007

**Brooklyn**  
210 Joralemon Street  
4<sup>th</sup> Floor  
Brooklyn, NY 11201

**The DCAS Computer-based Testing & Applications Centers will be closed on Friday, July 3, 2015 and Saturday, July 4, 2015.**

**Special Circumstances Guide:** This guide is located on the DCAS website at [www.nyc.gov/html/dcas/downloads/pdf/misc/exam\\_special\\_circumstances.pdf](http://www.nyc.gov/html/dcas/downloads/pdf/misc/exam_special_circumstances.pdf) and available at the DCAS Computer-based Testing & Applications Centers. This guide gives important information about requesting an alternate test date because of religious observance or a special test accommodation for disability, claiming Veterans' or Legacy credit, and notifying DCAS of a change in your mailing address. Follow all instructions on the Special Circumstances Guide that pertain to you when you complete your "Application for Examination."

**ELIGIBILITY TO TAKE EXAMINATION:** This examination is open to each employee of HHC who **on the first date of the multiple-choice test:**

- (1) holds a permanent (not provisional) competitive appointment or appears on a Preferred List (see Note, below) for the title of Dental Assistant (HHC), Office Machine Aide (HHC) or Public Health Assistant (HHC); and
- (2) is not otherwise ineligible.

(Note: A "Preferred List" is a civil service list which is only for certain former permanent incumbents of the eligible title who have rehiring rights.)

This examination is also open to employees who were appointed to an eligible title pursuant to Regulation 4 of HHC's Personnel Rules and Regulations and who meet all other eligibility requirements.

If you do not know if you are eligible, check with **your facility's personnel office**. You may be given the test before we verify your eligibility. You are responsible for determining whether or not you meet the eligibility requirements for this examination prior to submitting your application. If it is determined prior to the test date that you are not eligible to participate in this examination, you will not receive an Admission Notice to take the multiple-choice test, you will not be permitted into the test site, and your application fee will not be refunded. If it is determined after the test date that you are not eligible to participate in this examination, your application fee will not be refunded and you will not receive a score.

**ELIGIBILITY TO BE PROMOTED:** In order to be eligible for promotion, you must have completed your probationary period in the eligible title as indicated in the above "Eligibility To Take Examination" section, and you must be permanently employed in the eligible title or your name must appear on a Preferred List for the eligible title at the time of promotion. In addition, you must have a four-year high school diploma or its educational equivalent approved by a State's Department of Education or a recognized accrediting organization **and** eighteen months of satisfactory, full-time clerical experience.

**Skill Requirement:** You will be required to meet the skill requirement of keyboard familiarity by demonstrating the ability to type accurately on a personal computer at a minimum speed of 100 keystrokes (20 words) per minute after errors are deducted. You must meet this requirement in order to be promoted.

**Assignment of Duties:** Section 424-a of the NYS Social Services Law requires an authorized agency to inquire whether a candidate selected for employment who will have regular and substantial contact with children is, or has been, the subject of an indicated child abuse and maltreatment report on file with the Statewide Central Register for child abuse and maltreatment. Statewide Central Register checks will be obtained as part of the background screening process for selected candidates. Candidates who have been the subject of an indicated child abuse and maltreatment report may not be hired or assigned to any position that requires regular and substantial contact with children.

**The Protection of People with Special Needs Act:** Article 20 of the NYS Executive Law and Article 11 of the NYS Social Services Law require an authorized agency to inquire whether a candidate selected for employment to a position with the potential for regular and substantial contact with vulnerable persons with special needs has been found responsible for serious or repeated acts of abuse and neglect through a check of the Staff Exclusion List maintained by the NYS Justice Center for the Protection of People with Special Needs. Candidates who have substantiated/indicated cases on file with the Staff Exclusion List will not be hired or assigned to such a position.

**THE TEST:** The multiple-choice test will be given at a computer terminal. You must achieve a score of at least 70% to pass the test. Your score on this test will determine 85% of your final score. Your seniority will determine the remaining 15%. You must pass the multiple-choice test to have your seniority credited. Your seniority score will be 70 plus 1/2 point for each three months of completed, permanent, continuous service with HHC in competitive class titles. Your service will be credited through the date on which testing is expected to begin, up to a maximum of 15 years. Time served prior to a break in service of more than one year will not be credited.

The multiple-choice test is designed to assess the extent to which candidates have certain abilities determined to be important to the performance of the tasks of a Clerical Associate (HHC). Task areas to be tested are: clerical duties; records management; word processing/data entry; and communication responsibilities.

The test may include questions on standards of proper employee ethical conduct, and questions which require the use of any of the following abilities:

**Deductive Reasoning:** The ability to apply general rules to specific problems to come up with logical answers. It involves deciding if an answer makes sense. It is also defined as Alphabetical and Numerical Coding, or the ability to classify or code files, records, correspondence, and forms according to their contents using a standard/prescribed classification system. Example: A Clerical Associate (HHC) would use this ability when determining which unit should receive a correspondence received from the public.

**Information Ordering:** The ability to follow correctly a rule or set of rules or actions in a certain order. The rule or set of rules used must be given. The things or actions to be put in order can include numbers, letters, words, pictures, procedures, sentences and mathematical or logical operations. Example: A Clerical Associate (HHC) would use this ability when filing items in alphabetical order in filing cabinets.

**Number Facility:** The degree to which adding, subtracting, multiplying and dividing can be done quickly and correctly. This can be steps in other operations like finding percentages. Example: A Clerical Associate (HHC) would use this ability when calculating the total amount of a patient's bill.

**Matching:** The degree to which one can compare letters, numbers, objects, pictures or patterns accurately. It includes the ability to detect errors, make the appropriate corrections, and recognize similarities in clerical materials. Example: A Clerical Associate (HHC) would use this ability when comparing information in a patient's chart to the information entered in the computer system.

**Written Expression:** The ability to use English words or sentences in writing so that others will understand. Example: A Clerical Associate (HHC) would use this ability when writing an email.

After you have completed the multiple-choice test you will receive a tentative score. You will then be given a qualifying practical typing test to determine if you meet the **Skill Requirement** of keyboard familiarity. In order to pass this test you must be able to type accurately on a personal computer at a minimum speed of 100 keystrokes (20 words) per minute after errors are deducted.

**Warning:** You are not permitted to enter the test site with cellular phones, beepers, pagers, cameras, portable media players, or other electronic devices. Calculators are permitted; however, they must be hand-held, battery or solar powered, numeric only. Calculators with functions **other than** addition, subtraction, multiplication and division **are prohibited**. Electronic devices with an alphabetic keyboard or with word processing or data recording capabilities such as planners, organizers, etc. are prohibited. If you use any of these devices in the building at any time before, during, or after the test, you may not receive your test results, your test score may be nullified, and your application fee will not be refunded.

You may not have any other person, including children, present with you while you are being processed for or taking the test, and no one may wait for you inside of the test site while you are taking the test.

**Required Identification:** You are required to bring one (1) form of valid (non-expired) signature and photo bearing identification to the test site. The name that was used to apply for the exam must match the first and last name on the photo ID. A list of acceptable identification documents is provided below. **If you do not have an acceptable ID, you may be denied testing.** Acceptable forms of identification (bring one) are as follows: State issued driver's license, State issued identification card, US Government issued Passport, US Government issued Military Identification Card, US Government issued Alien Registration Card, Employer ID with photo, or Student ID with photo.

**Leaving:** You must leave the test site once you finish the test. If you leave the test site after being fingerprinted but before finishing the test, you will not be permitted to re-enter. If you disregard this instruction and re-enter the test site, you may not receive your test results, your test score may be nullified, and your application fee will not be refunded.

**ADMISSION NOTICE:** You should receive an Admission Notice in the mail about 10 days before the date on which testing is expected to begin. If you do not receive an Admission Notice at least 4 days before the date on which testing is expected to begin, you must go to the Exam Support Group, 1 Centre Street, 14<sup>th</sup> Floor, Manhattan, to obtain a duplicate notice. Test site assignments will take your address into consideration, but proximity cannot be guaranteed.

**THE TEST RESULTS:** If you pass the multiple-choice test and the qualifying practical typing test and are marked eligible, your name will be placed in final score order on an HHC eligible list and you will be given a list number. You will be notified by mail of your test results. If you meet all requirements and conditions, you will be considered for promotion when your name is reached on the eligible list.

**CHANGE OF MAILING AND/OR EMAIL ADDRESS:** It is critical that you promptly notify DCAS of any change to your mailing address and/or email address. You may miss important information about your exam(s) or consideration for appointment, including important information that may require a response by a specified deadline, if we do not have your correct mailing and/or email address. Change of mailing and/or email address requests submitted to any place other than DCAS, such as your facility or to the United States Postal Service will NOT update your records with DCAS. To update your mailing and/or email address with DCAS, you must submit a change request by mail or in person. Your request must include your full name, social security number, exam title(s), exam number(s), old mailing and/or email address, and your new mailing and/or email address. Your request can be mailed to DCAS Records Room, 1 Centre Street, 14<sup>th</sup> Floor, New York, NY 10007 or brought in person to the same address Monday through Friday from 9AM to 5PM.

**ADDITIONAL INFORMATION:**

**Selective Certification for Foreign Language:** If you can speak a foreign language, you may be considered for promotion to positions requiring this ability through a process called Selective Certification. If you pass a qualifying test, you may be given preferred consideration for positions requiring this ability. Follow the instructions given to you on the day of the multiple-choice test to indicate your interest in such Selective Certification.

**Selective Certification for Microsoft Office:** If you meet the requirements below, you may be considered for promotion to positions requiring this experience through a process called Selective Certification. If you qualify for Selective Certification, you may be given preferred consideration for positions requiring this experience. Follow the instructions given to you on the day of the multiple-choice test to indicate your interest in such Selective Certification. Your experience will be checked by the appointing facility at the time of promotion.

**Requirements:** Six months of satisfactory, full-time experience using **Microsoft Office**. This includes basic knowledge of Word (including the ability to open, save, print, and re-open a document; change fonts, align paragraphs, and insert graphics), Excel (including basic data entry, number formatting, and simple functions and formulas), and Outlook (including opening, sending, forwarding and responding to email and scheduling appointments).

**The above Selective Certification requirements may be met at anytime during the duration of the list.** If you meet this requirement at some future date, please submit a request by mail to: DCAS Bureau of Examinations - Exam Development Group, 1 Centre Street, 14<sup>th</sup> Floor, New York, NY 10007. Please include the examination title and number, your social security number, and the Selective Certification you are requesting on your correspondence.

**List Termination:** The eligible list resulting from this examination will be terminated one year from the date it is established, unless extended by HHC.

**SPECIAL ARRANGEMENTS:**

**Late Filing:** Consult **your facility's personnel office** to determine the procedure for filing a late application if you meet one or more of the following conditions:

- (1) You are absent from work for at least one-half of the application period and cannot apply for reasons such as vacation, sick leave or military duty; or
- (2) You become eligible after the above application period but on or before the date on which testing is expected to begin.

**Make-up Test:** You may apply for a make-up test if you cannot take the test on the regular test date(s) for any of the following reasons:

- (1) compulsory attendance before a public body;
- (2) on-the-job injury or illness caused by municipal employment where you are an officer or employee of the City;
- (3) absence from the test within one week after the death of a spouse, domestic partner, parent, sibling, child or child of a domestic partner where you are an officer or employee of the City;
- (4) absence due to ordered military duty;
- (5) a clear error for which the Department of Citywide Administrative Services or the examining agency is responsible; or
- (6) a temporary disability, pregnancy-related, or child-birth-related condition preventing you from taking the test.

To request a make-up test, contact the Exam Support Group in person or by mail at 1 Centre Street, 14<sup>th</sup> Floor, New York, NY 10007, as soon as possible and provide documentation of the special circumstances that caused you to miss your test.

**PENALTY FOR MISREPRESENTATION:** Any intentional misrepresentation on the application or examination may result in disqualification, even after promotion, and may result in criminal prosecution.

---

The General Examination Regulations of the Department of Citywide Administrative Services apply to this examination and are part of this Notice of Examination. They are posted and copies are available at [nyc.gov/dcas](http://nyc.gov/dcas) and at the DCAS Computer-based Testing & Applications Centers.

The New York City Health and Hospitals Corporation is an Equal Opportunity Employer.  
Title Code No. 102620; Clerical Administrative Occupational Group.

**For information about other exams, call 212-669-1357.**  
Internet: [nyc.gov/dcas](http://nyc.gov/dcas)