



THE CITY OF NEW YORK
DEPARTMENT OF CITYWIDE
ADMINISTRATIVE SERVICES
APPLICATIONS CENTER
18 WASHINGTON STREET
NEW YORK, NY 10004

REQUIRED FORMS

APPLICATION FORM
EDUCATION AND EXPERIENCE
TEST PAPER
FOREIGN EDUCATION
FACT SHEET
(IF APPLICABLE)
SPECIAL INSERT

MICHAEL R. BLOOMBERG
Mayor

MARTHA K. HIRST
Commissioner

**NOTICE
OF
EXAMINATION**

**DIETITIAN (HHC)
Exam. No. 3032
(For The New York City Health and Hospitals Corporation Only)
AMENDED NOTICE - August 4, 2004**

**WHEN TO APPLY: From: August 4, 2004
To: August 24, 2004**

**APPLICATION FEE: \$35.00
Payable only by money order to D.C.A.S. (EXAMS)**

The Notice of Examination has been amended to add a Special Insert paragraph in the Required Forms Section.

WHAT THE JOB INVOLVES: Dietitians (HHC), under supervision, assist in the operation of a food and/or nutrition service of an institution or hospital; 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.)

THE SALARY: The current minimum salary is \$32,695 per annum. This rate is subject to change. There are four assignment levels within this class of positions. After appointment, employees may be assigned to the higher assignment levels at the discretion of the agency.

HOW TO APPLY: If you believe that you meet the requirements in the "How to Qualify" section, refer to the "Required Forms" section below for the forms that you must fill out. Return all completed forms and the application fee to DCAS Applications Section, 1 Centre Street, 14th floor, New York, NY 10007 **by mail only**. Applications will not be accepted in person.

HOW TO QUALIFY:

Education and Experience Requirements: By the **last day of the Application Period** you must have:

1. A baccalaureate degree from an accredited college or university with a major in dietetics or foods and nutrition in a program approved by the American Dietetic Association (ADA); or
2. Registration or eligibility for registration by the Commission on Dietetic Registration as a Registered Dietitian.

Candidates who qualify under (2) above must submit proof of registration or of eligibility for registration by the Commission on Dietetic Registration as a Registered Dietitian.

You are responsible for determining whether or not you meet the qualification requirements for this examination prior to submitting your application. If you are marked "Not Qualified," your application fee will not be refunded and your test paper(s) will not be rated.

Medical Requirement: In accordance with applicable Federal, state and local laws and regulations, the NYC Health and Hospitals Corporation has established medical standards for this position. Accordingly, all eligibles will be required to undergo and pass a medical examination prior to the date of appointment to ensure that those medical standards have been met. Additionally, eligibles will be subject to a drug screening test prior to the date of appointment.

Residency: City residency is not required for this position.

English Requirement: You must be able to understand and be understood in English.

Proof of Identity: Under the Immigration Reform and Control Act of 1986, you must be able to prove your identity and your right to obtain employment in the United States prior to employment with the New York City Health and Hospitals Corporation.

READ CAREFULLY AND SAVE FOR FUTURE REFERENCE

REQUIRED FORMS:

1. **Application for Examination:** Make sure that you follow all instructions included with your application form, including payment of fee. Save a copy of the instructions for future reference.
2. **Education and Experience Test Paper:** Write your social security number, the examination title and number in the box at the top right side of the cover page. Fill out Sections A.1, A.2, A.3 and B. This form must be filled out completely and in detail for you to receive your proper rating. Keep a copy of your completed Education and Experience Test Paper for your records.
3. **Foreign Education (Required only if you need credit for your foreign education to meet the education and experience requirements):** If you were educated outside the United States, you must **attach a copy** of either one of the following verification statements to your Education and Experience Test Paper:
 - (A) A **Plan IV Verification Statement** to confirm that you have met the academic requirements for an ADA approved program (the Plan IV program was discontinued in December 1999); or
 - (B) An ADA approved **Didactic Program in Dietetics (DPD) Verification Statement** if you missed the December 1999 deadline for Plan IV.

In addition, if you meet the qualification requirements and wish to apply for additional credit for graduate course work specified in "The Test" section, you must have your foreign education evaluated to determine its equivalence to education obtained in the United States. The services that are approved to make this evaluation are listed on the Foreign Education Fact Sheet included with your application packet. When you contact the evaluation service, ask for a "**course-by-course**" evaluation (including a "document-by-document" evaluation) of your foreign education. You must have one of these services submit its evaluation of your foreign education directly to the Department of Citywide Administrative Services no later than eight weeks from the last date for applying for this examination.

4. **Special Insert:** Write your social security number on each page. This form must be filled out completely and in detail for you to receive your proper rating. Keep a copy of your completed Special Insert for your records.

THE TEST: Your score will be determined by an education and experience test. You will receive a base score of 70 points for meeting the education and experience requirements listed above. In addition, if you have successfully completed a dietetic internship approved by the American Dietetic Association, or if you are a New York State Certified Dietitian Nutritionist, you will receive a base score of 72. If you are a Registered Dietitian you will receive a base score of 76. After these requirements are met, you will receive credit up to a maximum of 20 additional points for your experience on the following basis:

Additional Credit:

1. For experience as a clinical, therapeutic, teaching or production dietitian in a hospital, health-related or skilled nursing facility, you will receive an additional:
 - (A) 15 points for at least one year but less than three years of experience; or
 - (B) 20 points for at least three years of experience.
2. For experience as a dietitian in charge of food production in the main kitchen of a non-health related institution or organization, you will receive an additional:
 - (A) 10 points for at least one year but less than three years of experience; or
 - (B) 15 points for at least three years of experience.
3. For experience as a dietitian in a non-medical setting, you will receive an additional:
 - (A) 5 points for at least one year but less than three years of experience; or
 - (B) 10 points for at least three years of experience.

In addition, after the minimum requirements are met, one point will be given for each graduate course completed at an accredited college or university in dietetics or foods and nutrition in a program approved by the ADA up to a maximum of four points.

You will receive a maximum of one year of experience credit for each year you worked. If you have any of the above experience on a part-time basis, it will be credited according to the equivalent percent of full-time experience. Each year of experience will be credited under only one category which will be the highest appropriate category. Experience used to meet the minimum requirements cannot be used to gain additional credit.

Education and experience must be obtained by **the last day of the application period.**

THE TEST RESULTS: If you pass the education and experience test, your name will be placed in score order on a 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 appointment when your name is reached on the eligible list.

ADDITIONAL INFORMATION:

Selective Certification for Foreign Language and/or American Sign Language: If you can speak Albanian, Arabic, Bengali, Mandarin (Chinese), Cantonese (Chinese), French, German, Greek, Haitian-Creole, Hebrew, Hindi, Hungarian, Italian, Khmer, Korean, Polish, Portuguese, Russian, Spanish, Vietnamese, West African Languages (e.g. Ibo, Swahili, Yoruba), and/or Yiddish, and/or you know American Sign Language, you may be considered for appointment 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. You must complete Section L of the Special Insert to indicate your interest in such Selective Certification.

Selective Certification for Special Experience or Certification: If you are a **Registered Dietitian (RD)**, or if you are a **Registered Dietitian** with two years of experience working with an **HIV/AIDS population**, or if you are **board certified as a Specialist in Pediatric Nutrition (RD, CSP), Renal Nutrition (RD, CSR), Nutrition Support Dietitian (CNSD) or Certified Diabetics Education (CDE)**, or if you have a **Certificate of Training in Adolescent Weight Management or a Certificate of Training in Adult Weight Management**, you may be considered for appointment to positions requiring this type of experience or these certifications through a process called Selective Certification. If you qualify for Selective Certification(s), you may be given preferred consideration for positions requiring such experience or these certifications. Complete the applicable section(s) of the Special Insert to indicate your interest in such Selective Certification(s). The Selective Certification requirements may be met at any time during the duration of the list. If you meet the Selective Certification requirements **at this time**, fill out the Special Insert and submit it with the appropriate documentation together with the rest of your application. If you will meet the Selective Certification requirements **at some future date**, submit the appropriate documentation and a completed copy of the special insert by mail at that time to: DCAS Bureau of Examinations - GEEG, 1 Centre Street, 14th Floor, New York, NY 10007. Please include the examination title and number and your Social Security Number on your correspondence.

Application Receipt: You will be mailed a receipt within three months of the last date of the application period. If you do not receive this item, write to this agency, Attention: Examining Service Section, 1 Centre Street, 14th floor, New York, NY 10007 to request verification that your application was received. Include your social security number and the examination number and title in your request.

List Termination: The eligible list for the New York City Health and Hospitals Corporation resulting from this examination will be terminated one year from the date it is established, unless extended by the Corporation.

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 in the Applications Center of the Division of Citywide Personnel Services, 18 Washington Street, NY, NY.

The New York City Health and Hospitals Corporation is an Equal Opportunity Employer.
Title Code No. 503100; Dietitian Occupational Group

For information about other exams, and your exam, or list status, call 212-669-1357.
Internet: nyc.gov/html/dcas

**SPECIAL INSERT
Dietitian (HHC), Exam. No. 3032**

This Special Insert must be completed and submitted with your application for this examination.

In order to receive additional credit for either a dietetic internship or registration, or eligibility for registration as a Registered Dietitian, or if you are a Certified Dietitian Nutritionist, you must provide the following information:

- A. Have you completed a dietetic internship approved by the American Dietetic Association?
YES _____ NO _____
- B. Are you a New York State Certified Dietitian Nutritionist?
YES _____ NO _____
- C. Section C should be filled out if you are using your Dietetic Registration to meet the Education and Experience Requirements and/or if you wish to apply for the Selective Certification(s) which require such registration.

Have you been registered by the Commission on Dietetic Registration as a Registered Dietitian?
YES _____ NO _____

Are you eligible for registration as a Registered Dietitian by the Commission on Dietetic Registration?
YES _____ NO _____

If you checked "YES" to either (A), (B) or (C) above, you must attach a copy of your eligibility papers, registration or certification to this Special Insert.

- D. **EDUCATION:** List below up to four graduate courses in dietetics or foods and nutrition that you have completed at an accredited college or university.

Name of College or University	Course Number	Exact Title of Course	No. Of Credits	Date Completed

- E. Are you a **Registered Dietitian** with two years of experience working with an **HIV/AIDS population**?
YES _____ NO _____

Check each box which corresponds to the box(es) on the Education and Experience Test Paper that qualifies you for the above selective certification:

Box 1 Box 2 Box 3

- F. Are you a **Board Certified Specialist in Pediatric Nutrition**? YES _____ NO _____
- G. Are you a **Board Certified Specialist in Renal Nutrition**? YES _____ NO _____
- H. Are you a **Board Certified Nutrition Support Dietitian**? YES _____ NO _____
- I. Are you **Board Certified in Diabetics Education**? YES _____ NO _____
- J. Do you have a **Certificate of Training in Adolescent Weight Management**? YES _____ NO _____
- K. Do you have a **Certificate of Training In Adult Weight Management**? YES _____ NO _____

If you checked "YES" to either (F), (G), (H), (I), (J) or (K) above, you must attach a copy of your Certification to this Special Insert.

L. SELECTIVE CERTIFICATION FOR FOREIGN LANGUAGE/AMERICAN SIGN LANGUAGE

I wish to apply for selective certification for the following foreign language(s) and/or American Sign Language:
