The Child and Adult Mental Health Division (CAMHD) of the State of Hawaii Department of Health have Child Psychiatry openings in Hawaii Family Guidance Centers. Child opening is for Hilo Family Guidance Center on the Big Island of Hawaii. The successful applicant for the child and adolescent psychiatry positions will join our multi-disciplinary, mental health teams to provide mental health services for youth and their families in the Hawaii Child and Adolescent Mental Health System of Care. A driver’s license and the ability to travel within the state are required as visits to youth in various treatment settings and rural clinics are a responsibility of these positions.

The primary purpose of this position is to provide clinical and consultative child and adolescent psychiatric services within the Division’s system of Family Guidance Centers (FGC).

**Minimum Qualification**

**EDUCATION:** Requires M.D. or D.O. degree from an accredited program or equivalent and completion of accredited psychiatric and child/adolescent residencies required.

**EXPERIENCE:** Two years of supervised clinical experience in child and adolescent psychiatry (two years accredited residency in child and adolescent psychiatry meets this requirement).

Knowledge of psychological and socio-cultural factors, their inter-relationships and their influence on human behavior and family life; various psychotherapeutic interventions, including, but not limited to; pediatric psycho-pharmacology, individual, family, and group psychotherapy; multisystemic therapy; Hawaii Child and Adolescent Service System Principles; IDEA and ADA requirements relative to the mental health needs of youth in educational systems; principles and practices of mental health consultation; child/adolescent forensic and community psychiatry; community resources; substance abuse treatment; community outreach principles and practices including the comprehensive interdisciplinary bio-psycho-social/cultural treatment of youth; laws and regulations pertaining to psychiatric practice.

Ability to consult with and supervise the work of other mental health professionals; prepare reports; work in an objective and compassionate way with people of many different cultural and socioeconomic backgrounds, both as clients and as colleagues; exercise good judgment and tact with the public; provide; leadership and gain acceptance and cooperation of others; empathize with, understand, and treat youth and families with mental and emotional disorders.

**LICENSE:** Valid license to practice medicine or osteopathy in Hawaii, or eligible for a limited and temporary license. Certificates of completion of accredited psychiatric and child/adolescent psychiatric residencies. Federal and Hawaii controlled substance registration certificates.

**Who May Apply**

**LEGAL AUTHORIZATION TO WORK REQUIREMENT:** The State of Hawaii requires that all persons seeking employment with the government of the State shall be citizens, nationals, or permanent resident aliens of the United States, or eligible under federal law for unrestricted employment in the United States.
Hawaii Family Guidance Center (HFGC) Psychiatric Specialist
Salary commensurate w/ training and experience

How to Apply
Submit completed State of Hawaii Application for Non-Civil Service Appointment, resume, and salary requirements, three letters of reference, and cover letter to:

Department of Health
Child and Adolescent Mental Health Division
3627 Kilauea Ave., Room 101
Honolulu, Hawaii 96816
Attn: Daniel Ulrich, M.D. Medical Director

Other Information
For additional information, you may contact Daniel Ulrich, M.D. at daniel.ulrich@doh.hawaii.gov or at (808) 733-9855.

Recruitment is continuous until needs are met.
GENERAL INSTRUCTIONS TO APPLICANT: Please type or print legibly in blue or black ink.
The information you provide will be used to determine whether you qualify for the job(s), for which you are applying.
- Your entire application and attachments (if any) must be received only at the Personnel Office above.
- This application form is to be used for non-civil service appointments.
- Before applying, read the position requirements described in the Announcement carefully to determine if you qualify for the position.
- Any additional required forms described in the Announcement can be obtained from this office.
- Answer the questions completely and accurately. Your application may be rejected if it is incomplete or you may be disqualified or dismissed from employment if you provide false information.
- You must notify this office in writing of any changes to your name, addresses, telephone numbers or availability information.
- We will not be responsible for any mail or correspondence which does not reach you.
- Your application and supporting documents are confidential and become our property. Please keep copies for your own record.
- The information you submit on this form may be verified.
- The information on pages 1 and 2 will not be released to persons involved in the appointment process.
The State of Hawai‘i is an equal opportunity employer and complies with applicable state and federal laws relating to employment practices.

8. CITIZENSHIP STATUS.
The State of Hawai‘i requires that all persons seeking employment with the government of the State shall be citizens, nationals, or permanent resident aliens of the United States, or eligible under federal law for unrestricted employment in the United States.

☐ I acknowledge I have read and understood the above information.

9. NOTICE OF “AT WILL” EMPLOYMENT
The job you are applying for is temporary in nature. Therefore, if appointed to the position, your employment will be considered to be “At Will,” which means that you may be discharged from your employment at the prerogative of the department head or designee at any time.

CERTIFICATE OF APPLICANT
I have been informed and understand that this application is for consideration of a job that is temporary in duration, has limited or no benefits, and employment, if offered, is only on an “At Will” basis. I hereby certify that all statements in this application are true and correct to the best of my knowledge, and I agree and understand that any misstatements of material facts herein may cause forfeiture of all rights to any employment in the service of the State of Hawai‘i. I have read the terms or conditions stated on this application and understand that there may be additional employment-related tests as required.

____________________________________  ______________________
Date                                             Original Signature of Applicant
Information requested in items 10 through 19 is needed to make determinations on your suitability for employment. Dismissals from employment or dishonorable separations from military service do not automatically disqualify you from employment. The circumstances of each individual case will be evaluated against the requirements of the position for which you have applied, to determine suitability for employment.

10. DISMISSALS FROM EMPLOYMENT AND/OR DISHONORABLE SEPARATIONS FROM MILITARY SERVICE
   Within the past five years, were you:
   A) Fired, terminated for cause, dismissed, discharged or asked to resign from employment?........... □ YES □ NO
   B) Separated from military service under conditions other than honorable?................................. □ YES □ NO
   (If you answer “Yes” to question 10A or 10B, please explain in detail in item #11 below, the dates and reasons for your dismissal from employment or separation from military service. For dismissals from employment, provide also the name and address of the employer.)

11. ............................................................................................................................................................

12. WITHIN THE PAST THREE (3) YEARS, HAVE YOU BEEN CONVICTED OF ANY OFFENSE RELATED TO CONTROLLED SUBSTANCES? □YES □ NO
   (If you answer “Yes” to the above question, please explain in detail in item #13 below, the dates, nature and circumstances of the conviction; the sentence imposed and its current status; and any other relevant information you wish to provide.)

13. ............................................................................................................................................................

14. HAVE YOU EVER BEEN CONVICTED OF ANY ACT, ATTEMPT OR CONSPIRACY TO OVERTHROW THE STATE OR FEDERAL GOVERNMENT BY FORCE OR VIOLENCE? □YES □ NO
   (If you answer “Yes” to the above question, please explain in detail in item #15 below, the dates, nature and circumstances of the conviction; the sentence imposed and its current status; and any other relevant information you wish to provide.)

15. ............................................................................................................................................................

16. SUSPENSION OR REVOCATION OF LICENSE
   Was your license or certification to practice in a regulated profession (for example, physician, engineer, nurse, plumber, etc.) ever suspended or revoked? .......................................................... □YES □ NO
   (If you answer “Yes,” please explain in detail in item #17 below, the type of license; the date; the state; the specific board or organization that suspended or revoked your license; the circumstances of the suspension or revocation; and any other relevant information you wish to provide.)

17. ............................................................................................................................................................

18. SETTLEMENTS OR AGREEMENTS
   Have you accepted a settlement, a cash buyout such as through the State’s Separation Incentive Program or are you subject to any restriction limiting or precluding you from seeking or securing employment with the State of Hawai‘i? .......................................................... □YES □ NO
   (If you answer “Yes,” to question 18, please explain in detail in item #19 below, the reason and date of your settlement or restriction from applying with the State of Hawai‘i.)

19. ............................................................................................................................................................

The information on pages 1 and 2 will not be released to persons involved in the appointment process.
As required by federal and/or state laws, we do not discriminate on the basis of age, sex (including gender identity or expression), religion, race, color, ancestry, national origin, disability, marital status, veteran’s status, sexual orientation, arrest and court record, citizenship, genetic information or any other protected characteristic. The State of Hawai‘i is an equal opportunity employer and complies with applicable state and federal laws relating to employment practices.

8. EDUCATION HISTORY: When verification is required, the documentation must be submitted at the time of the application. If not, you may not receive credit for the training and/or your application may be considered incomplete and rejected. The information you provide in this section will be used strictly in the evaluation of your qualifications for the position(s) for which you are applying. The information you submit on this form may be verified.

A. NAME AND LOCATION (city and state) of last grade school attended: (elementary, intermediate or high school) (School name/type) (City/State/Country)

Did you graduate? Yes ☐ No ☐ If no, what grade level did you complete? 

Did you receive a GED? Yes ☐ No ☐

B. TRAINING: In-service training, business, trade, armed forces, college or university, graduate of professional schools.

NAME & ADDRESS

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<tr>
<th>NAME &amp; ADDRESS</th>
<th>Course or Major Field of Study</th>
<th>Number of Credits or Hours Completed</th>
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9. LICENSES, CERTIFICATES, OTHER QUALIFICATIONS

A. DRIVER’S LICENSE: Yes ☐ I have a valid driver’s license or I am able to obtain a valid driver’s license by the time of appointment.

☐ No, I do not have a driver’s license and/or I am not interested in being considered for positions which require a driver’s license.

B. OTHER LICENSES OR CERTIFICATES: Please indicate the kind, registration number, and the State or other licensing authority. If proof of evidence is required, please submit a photocopy or present for verification.

C. KNOWLEDGE OF LANGUAGE OTHER THAN ENGLISH: List the language and check the appropriate block(s). Some positions require the ability to speak, read, and/or write in a language other than English.

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D. SPECIAL QUALIFICATIONS: Include membership in professional or scientific societies, honors, awards, fellowships, publications (list but do not submit unless requested), etc.

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**Experience**

Please type or print legibly in ink. Begin with your present or last employment/training and work backwards. Describe all employment/training, including military service and volunteer work. Use separate blocks if your duties and responsibilities changed while working for the same employer. To receive full credit for your experience, describe in detail the tasks you were assigned. If you supervised others, explain your duties as a supervisor and indicate the number and job duties of employees you supervised. If more space is needed provide the information on a blank sheet titled “Experience” and attach it to this form. Information you submit on this form may be verified.

Do not submit a resume in place of completing this page.

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<th>Address</th>
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<tr>
<td>Supervisor’s Name and Title</td>
<td>Company Phone Number</td>
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<tr>
<td>Company URL Internet Address</td>
<td>Your Position Title and Duties</td>
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Do you supervise? [ ] Yes [ ] No If yes, how many employees? __

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Full Time [ ] Part Time [ ] Volunteer [ ]

Average hours worked per week ____________

Starting Salary $_________ Per ______

Ending Salary $_________ Per ______

Reason(s) for leaving ____________________

May we contact this employer? [ ] Yes [ ] No

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