



**State Health Planning and Development Agency
Downtown, Oahu**

Rural Health Information Network (RHIN) Program Manager

\$9,462.00 per month, salary commensurate w/ training and experience

Exempt, non-civil service, full-time, temporary appointment. The primary purpose of this position is to provide leadership and oversight for the coordination, management, and implementation of the RHIN initiative and related Rural Value Based Innovation (RVBI) deliverables. This includes guiding project planning and execution; ensuring alignment with Centers for Medicare and Medicaid Services (CMS) expectations and statewide objectives; managing day-to-day operations and cross-program collaboration; overseeing reporting and compliance activities; supporting contract development and monitoring; and serving as a key liaison between State Health Planning and Development Agency (SHPDA), partner agencies, and external stakeholders to advance the goals of the Rural Health Transformation Program (RHTP).

Minimum Qualifications

EDUCATION:

Graduation from an accredited four (4) year college or university with a baccalaureate degree. A master’s degree in public health, public administration and planning, business administration, or any of the health or social sciences is preferred.

Excess work experience as described under the General or work Specialized Experience or other responsible administrative, professional or analytical work experience, which has provided knowledge, skills, and abilities comparable to those acquired in a four (4) years of successful study while completing a college or university curriculum leading to a baccalaureate degree may be substituted on a year-for-year basis. To be acceptable, the experience must have been of such scoop, level and quality as to assure the possession of comparable knowledge, skills, and abilities.

EXEPRIENCE:

General Experience: Work experience must have two and one-half (2½) years of responsible professional work experience requiring a high degree of analytical skill, including direct involvement in community liaison work. This experience included gathering, evaluating, and analyzing facts and other pertinent information to resolve complex issues and recommend appropriate courses of action. Additionally, this work demonstrated the ability to elicit information orally and in writing from diverse community stakeholders; read comprehend, interpret, and evaluate technical subjects, analyses, or proposals; and apply advanced problem-solving methods, such as defining and analyzing problems, identifying alternative courses of action, and determining appropriate solutions.

Experience also includes preparing clear, concise, written reports and actionable recommendations based on both technical and community-driven data.

Specialized Experience:

Two (2) years of professional work experience in any field involved responsibilities such as monitoring, evaluating, or conducting studies and analyses of programs or projects, including community health research initiatives. This experience involved making recommendations for the development or revision of standards, policies, procedures, or techniques that account for both technical requirements and community input. Experience also includes gathering and analyzing data to determine conformance with standards and requirements, providing actionable insights, and recommending improvements. This work extended to developing training materials and giving technical advice and direction pertaining to program standards, requirements, or techniques, with a strong emphasis on community engagement and collaboration as well as health policy, project management, and/or data analytics experience, strongly preferred. Experience in managing or working with the federal grants.

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.

How to Apply

Mail cover letter completed State of Hawaii Application for Non-Civil Service Appointment (HRD278) with original signature, three (3) references, salary requirement and detailed resume.
Send application via email to paula.doan@doh.hawaii.gov.

Other Information

For additional information, you may contact Paula Doan at (808) 587-0787 or paula.doan@doh.hawaii.gov.

Recruitment deadline is 5 working days from posting for position no. 126044.

This position is exempt from civil service and considered temporary in nature. Therefore, if you are 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 your department head or designee at any time.

STATE OF HAWAII APPLICATION FOR NON-CIVIL SERVICE APPOINTMENT

DEPARTMENT OF HEALTH
Human Resources Office – Recruitment & Examination
1250 Punchbowl Street, Room 122
Honolulu, Hawaii 96813



FOR OFFICIAL USE ONLY
DEPARTMENTAL PERSONNEL STAFF
TO SELECT CATEGORY.

☐ Exempt ☐ TAOL
☐ 89 Day ☐ _____

RECEIVED DATE/TIME STAMP

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.

1. _____
POSITION TITLE APPLYING FOR

2. _____
RECRUITMENT NUMBER or POSITION NUMBER

3. NAME: _____
Last First Middle

OTHER NAMES
USED OR FORMER

4. LAST NAME: _____

MAILING
5. ADDRESS: _____
P.O. Box or Number and Street

City State Zip Code

E-MAIL
6. ADDRESS: _____

PHONE
7. NUMBER: _____
Home Other

8. WORK AUTHORIZATION

Please answer both A and B below:

- A. Are you legally authorized to work in the United States? Yes No
- B. Will you now or in the future require sponsorship by the State of Hawaii for employment visa status (e.g. H-1B visa status)? Yes No

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

STATE OF HAWAII APPLICATION FOR NON-CIVIL SERVICE APPOINTMENT

The information on pages 1 and 2 will not be released to persons involved in the appointment process.

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. _____

**STATE OF HAWAI'I DEPARTMENT OF HEALTH
EDUCATION AND EMPLOYMENT HISTORY
STATE OF HAWAI'I APPLICATION FOR NON-CIVIL SERVICE APPOINTMENT**

FOR OFFICIAL USE ONLY

DEPARTMENTAL PERSONNEL
STAFF TO SELECT CATEGORY

☐ Exempt ☐ TAOL
☐ 89 Day ☐ _____

1. POSITION TITLE APPLYING FOR: _____

2. RECRUITMENT NUMBER or POSITION NUMBER: _____

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.

3. NAME: _____

Last

First

Middle

4. OTHER NAMES
USED OR FORMER
LAST NAME: _____

5. E-MAIL

ADDRESS: _____

6. MAILING

ADDRESS: _____

P.O. Box

or

Number and Street

City

State

Zip Code

7. PHONE NO.: _____

Home

Other

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.

**DO NOT
WRITE
IN THIS
SPACE**

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	Course or Major Field of Study	Number of Credits or Hours Completed		Kind of Degree, Diploma or Certificate Received
		Semester	Quarter	

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.

LANGUAGE	SPEAK	READ	WRITE

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

EDUCATION AND EMPLOYMENT HISTORY

STATE OF HAWAII APPLICATION FOR NON-CIVIL SERVICE APPOINTMENT

10. 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.

Your Present or Last Position	Employer _____ Address _____ Supervisor's Name and Title _____ Company Phone Number _____ Company URL Internet Address _____ Your Position Title and Duties _____ _____ _____ _____ _____ _____ Do you supervise? ☐ Yes ☐ No <i>If yes, how many employees?</i> _____	From: _____ Month Year To: _____ Month Year ☐ Full Time ☐ PartTime ☐ Volunteer Average hours worked per week _____ Reason(s) for leaving _____ _____ _____ _____ May we contact this employer? ☐ Yes ☐ No
	Employer _____ Address _____ Supervisor's Name and Title _____ Company Phone Number _____ Company URL Internet Address _____ Your Position Title and Duties _____ _____ _____ _____ _____ _____ Did you supervise? ☐ Yes ☐ No <i>If yes, how many employees?</i> _____	From: _____ Month Year To: _____ Month Year ☐ Full Time ☐ PartTime ☐ Volunteer Average hours worked per week _____ Reason(s) for leaving _____ _____ _____ _____ May we contact this employer? ☐ Yes ☐ No
	Employer _____ Address _____ Supervisor's Name and Title _____ Company Phone Number _____ Company URL Internet Address _____ Your Position Title and Duties _____ _____ _____ _____ _____ _____ Did you supervise? ☐ Yes ☐ No <i>If yes, how many employees?</i> _____	From: _____ Month Year To: _____ Month Year ☐ Full Time ☐ PartTime ☐ Volunteer Average hours worked per week _____ Reason(s) for leaving _____ _____ _____ _____ May we contact this employer? ☐ Yes ☐ No
	Employer _____ Address _____ Supervisor's Name and Title _____ Company Phone Number _____ Company URL Internet Address _____ Your Position Title and Duties _____ _____ _____ _____ _____ _____ Did you supervise? ☐ Yes ☐ No <i>If yes, how many employees?</i> _____	From: _____ Month Year To: _____ Month Year ☐ Full Time ☐ Part Time ☐ Volunteer Average hours worked per week _____ Reason(s) for leaving _____ _____ _____ _____ May we contact this employer? ☐ Yes ☐ No