



**APPLICATIONS MUST BE SUBMITTED TO:**  
**BILLINGS AREA INDIAN HEALTH SERVICE**  
 DIVISION OF HUMAN RESOURCES  
 P.O. BOX 36600 - 2900 FOURTH AVENUE, NORTH  
 BILLINGS, MONTANA 59107  
**FAX #: (406) 247-7251**  
 Email Address: [BILBAHR@ihs.gov](mailto:BILBAHR@ihs.gov)



**NOTE: It is the Applicant's responsibility to ensure they have submitted a complete application.**  
**Please refer to the "How to Apply" page for details.**

**Various positions can be filled under this vacancy announcement.**

<b>POSITION:</b> Nurse Specialist (Emergency Room) GS-0610-9/10	<b>LOCATION:</b> Billings Area Indian Health Service Division of Nursing Services Blackfeet Service Unit Browning, Montana
<b>SALARY:</b> GS-9: \$53,065 TO \$65,008 Per Annum GS-10: \$55,512 TO \$68,661 Per Annum	

<b>ANNOUNCEMENT NUMBER:</b>	<b>OPEN DATE:</b>	<b>CLOSING DATE:</b>	<b>Open Until Filled, 1<sup>st</sup> roster can be issued after</b>
<b>NP-08-017-BF</b>	<b>09/11/2008</b>		<b>10/01/2008</b>

<b>Position Status</b> <input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Temporary NTE <input type="checkbox"/> Term APPT NTE	<b>Work Schedule</b> <input checked="" type="checkbox"/> Full-time <input type="checkbox"/> Intermittent <input type="checkbox"/> Part-time <input checked="" type="checkbox"/> Subject to Rotating Shifts <input type="checkbox"/> On-Call <input type="checkbox"/> Stand-By	<b>Promotion Potential</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No To Grade: _____	<b>Area of Consideration</b> <input type="checkbox"/> Commuting Area <input type="checkbox"/> IHS Area <input checked="" type="checkbox"/> Government-Wide
<b>Supervisory or Managerial</b> <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No <b>*May require one year probationary period</b>	<b>Government Housing May be available</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>Depending on availability</b>	<b>Travel</b> <input type="checkbox"/> Frequent <input checked="" type="checkbox"/> Occasional <input type="checkbox"/> No Traveling	<b>Relocation</b> <input checked="" type="checkbox"/> Travel and transportation expenses will be paid <input type="checkbox"/> Travel and relocation expenses will not be paid

**WHO MAY APPLY**

- Merit Promotion Plan (MPP):** Competitive Status employees, current permanent IHS employees or Reinstatement eligibles.
- Excepted Service Examining Plan (ESEP):** Individuals enrolled in a Federally Recognized Tribe. **NOTE:** If you are a current permanent IHS employee with Indian Preference you may be considered under the MPP and ESEP, if you indicate on your application your request to be considered under both plans. If candidate being referred is a current permanent Federal employee in the Competitive Service and is selected under this category, the selectee will be converted to an Excepted Service Appointment and required to sign a statement indicating that they voluntarily requested their application be considered under the ESEP and will be required to serve 3 years under the Excepted appointment in order to be converted to a competitive appointment and will be giving up any appeal rights under 5 CFR 432 and 752. Temporary IHS employees, Bureau of Indian Affairs Excepted employees and other Indian Preference candidates will be evaluated under the Excepted Service Examining Plan.
- PHS Commissioned Officers:** PHS Commissioned Officers may indicate their interest in being considered by submitting a resume' or curriculum vitae. It is the responsibility of the officer to submit sufficient information as stated on the "How to Apply" page to permit this office to determine whether the officer meets the qualification requirements.
- Direct Hire (Any U.S. Citizen):** This vacancy may be filled through Office of Personnel Management's delegated Direct Hire Authority. If so, the following is applicable: all applicants who meet the basic qualification requirements will be forwarded to the Selecting Official for consideration. The "rule of three", Veterans' preference and traditional rating and ranking of applications do not apply to this vacancy. For more information on OPM's authorization of Direct Hire Authority, please click "[http://www.opm.gov/employ/direct\\_hire/index.asp](http://www.opm.gov/employ/direct_hire/index.asp)". Applicant must undergo a background investigation and be able to qualify for appropriate security clearance, unrestricted access to secure areas. Must possess a valid State government-issued driver's license. Subject to shift operations, to be on-call 24 hours a day, 7 days a week, independent of shift assignments. In addition to the normal salary range, when applicable requirements are met, this position may provide additional compensation through one or more of the following: Physicians Comparability Allowance, Physicians Special Pay or a Recruitment Bonus.

**APPLICATIONS AND RELATED DOCUMENTS MAY BE FAXED IN AND ALL APPLICATIONS MUST BE RECEIVED AT THE ABOVE ADDRESS/FAX NUMBER BY 4:30P.M. BEFORE OR ON THE CLOSING DATE OF THIS VACANCY ANNOUNCEMENT. THERE WILL BE NO EXCEPTIONS TO THIS RULE.**

THE INDIAN HEALTH SERVICE IS COMMITTED TO EQUAL EMPLOYMENT WITHOUT REGARD TO RACE, RELIGION, COLOR, GENDER, NATIONAL ORIGIN, AGE, DISABILITY OR SEXUAL ORIENTATION. HOWEVER, IN ACCORDANCE WITH THE INDIAN PREFERENCE ACT (TITLE 25 U.S.CODE, SECTION 472 AND 473), PREFERENCE FILLING VACANCIES IS GIVEN TO QUALIFIED INDIAN CANDIDATES.

CANDIDATES MUST MEET TIME AFTER COMPETITIVE APPOINTMENT, TIME IN GRADE, LEGAL, REGULATORY, QUALIFICATION REQUIREMENTS BY THE CLOSING DATE OF THE VACANCY ANNOUNCEMENT.

**THE FOLLOWING SPECIAL HIRING AUTHORITIES MAY ALSO BE UTILIZED:** Handicapped individuals, of former Peace Corps, VISTA, VRA eligible and 30% disabled veterans. Individuals who have special priority selection rights under the CTAP and ICTAP must be well qualified for the position to receive consideration. CTAP and ICTAP eligible candidates must be considered well qualified if: (1) Possesses the knowledge, skills and abilities which clearly exceed the minimum qualification requirements for the position. (2) Meets the basic

qualification standards and eligibility requirements for the position. (3) Meets selective placement factor. (4) Be rated above minimally qualified candidates in accordance with the Indian Health Service Merit Promotion Plan. (5) Is physically qualified. DEFINITION OF WELL-QUALIFIED, AS DETERMINED IN THE BILLINGS AREA INDIAN HEALTH SERVICE: Rating out at meeting at least a 3 or 4 on the majority of the KSA's for the position being filled. EXAMPLE: If there are 5 KSA's the applicant must have at least a 3 or 4 on three of the KSA's in order to be considered WELL QUALIFIED. CTAP and ICTAP candidates seeking eligibility must submit a copy of the agency notice, most recent performance rating and most recent SF-50 noting position, grade level and duty location. Please indicate on your application if you are applying as a CTAP or ICTAP eligible. This agency provides reasonable accommodations to applicants with disabilities. If you need a reasonable accommodation for any part of the application and hiring process, please notify the agency. The decision on granting reasonable accommodation will be on a case-by-case basis.

#### **CONDITIONS OF EMPLOYMENT:**

- A. Selectee will be required to sign an OF-306, Declaration for Federal Employment form certifying to the accuracy and truthfulness of the information provided in their application.
- B. All positions in the Billings Area Indian Health Service are covered by P.L. 101-630. Selectee will be required to complete an SF-85, Questionnaire for Non-Sensitive Positions (Background Record Check, CNACI) at the time of appointment. A favorable determination on your CNACI is required to continue to be eligible for employment.
- C. Male applicants born after December 31, 1959, will be required to complete the certification documentation to confirm their Selective Service registration status.
- D. The U.S. Department of Justice Immigration and Naturalization Service by act of Congress requires that all individuals appointed to a position MUST present proof of employment eligibility by completing Verification of Employment Eligibility Form (INS I-9) at time of appointment.
- E. If selected, immunization for such illness as found necessary by the Billings Area. Individuals may also be required to be tested for tuberculosis.

**DUTIES AND RESPONSIBILITIES:** Develops and implements a visit plan for patients entering the emergent care system based on the nursing process, stands of nursing and emergent care and factors influencing patient flow through the system. Initiates and directs nursing interventions based on established plan of care, recognized standards of nursing and emergency care, established protocols and standing orders and system resources and limitations and evaluates effectiveness of interventions. Provides nursing leadership in maintaining the function of the emergency room. Accurately and comprehensively documents nursing activities regarding direct patient care and outcomes. Documents performance improvement, infection control, professional education and training and other nursing activities.

**SELECTIVE PLACEMENT FACTOR:** Selective factors are knowledge, skills, abilities, or special qualifications that are in addition to the minimum requirements in a qualification standard, but are determined to be essential to perform the duties and responsibilities of a particular position. ***APPLICANTS WHO DO NOT MEET THE FOLLOWING SELECTIVE PLACEMENT FACTORS FOR THE POSITION APPLYING FOR ARE INELIGIBLE FOR FURTHER CONSIDERATION.***

Must possess and maintain a current, active, and unrestricted nursing license in a State, District of Columbia, the Commonwealth of Puerto Rico, or a territory of the United States.

If applicable, selected individual is required to obtain and maintain medical staff clinical privileges. If privileges are not obtained or maintained during employment, the employee may be subject to adverse actions, up to and including removal from the Federal Service.

**QUALIFICATION REQUIREMENTS:** Except for the substitution of education as provided in the Operating Manual Qualification Standards for General Schedule Positions, applicants must have had the following type of experience, in the amounts indicated.

#### **Basic Requirement:**

**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. (One year of nursing experience as a military corpsman that has been accepted by a State licensing body may be accepted in lieu of education at the GS-4 level.)

**EVALUATION OF EXPERIENCE:** Experience must have equipped the applicant with the particular knowledge, skills, and abilities to perform successfully the duties of the position. At GS-9 and above, many positions require experience in a specialty area of nursing.

**GS-9:** 2 full years of progressively higher level graduate education or a master's or equivalent degree or 1 year of specialized experience equivalent to at least the GS-7 level

**GS-10:** 1 year of specialized experience equivalent to at least the GS-9 level.

Specialized Experience is professional knowledge of nursing process and emergency health care, including, principles, standards, practices and procedures of nursing care required to meet the nursing needs of the patients of all ages with a wide variety of acute and chronic health needs. Ability to recognize adverse signs and symptoms and to react swiftly and in an organized fashion in emergency situations. Knowledge of pharmaceuticals, especially those used in emergency settings, including their administration, desired effects, side effects and complications of their use. Knowledge of principles and methods of continuous performance improvement and ability to apply principles to the nursing and emergency room setting.

**RANKING FACTORS:** Applicants who meet the qualification requirements described above will be further evaluated to determine the extent to which their education, work related experience, training, awards, professional recognition and supervisory appraisals indicate they possess or have the potential to acquire knowledge, skills, abilities, and personal characteristics, (KSAP's) required to perform the duties and responsibilities described above. ***Applicants are encouraged to address the following KSAP's on a separate sheet attached to their application.***

#### **KSAP'S SUPPLEMENTAL QUESTIONNAIRE**

1. Knowledge of clinical or specialty area.
2. Ability to lead and direct others in the work setting.

The above KSAP's will be the basis for determining which applicants are best qualified.

Additional/alternate selection may be made within 90 days of the date the selection certificate was issued if the position becomes vacant or to fill an identical additional position in the same geographic location.

FOR INFORMATION CONTACT **Taleshia Smart Enemy** AT **(406) 247-7211**. ALL APPLICATIONS ARE SUBJECT TO RETENTION, NO REQUESTS FOR COPIES WILL BE HONORED.

THIS IS AN AEP TARGETED POSITION: YES  NO   
**THE BILLINGS AREA INDIAN HEALTH SERVICE IS A SMOKE FREE WORK ENVIRONMENT**Ⓢ

BAIHS REV: 9/16/03

## HOW TO APPLY

**NOTE: It is the Applicant's responsibility to ensure they have submitted a complete application.**

Choose one of the following forms to apply for this job.

Please submit one application or resume for each job you are applying for.

**Optional Application for Federal Employment (OF-612) with Declaration for Federal Employment (OF-306)**

**Application for Federal Employment (SF-171)**

**Resume or Other written application with Declaration for Federal Employment (OF-306)**

All applicants must ensure the application you submit contains the following required documentation. Failure to submit all required documentation with your application will result in your application being incomplete. Applicants with incomplete applications will not be considered for the position.

Your resume or other application format **MUST** contain the following information:

- ❖ **QUESTIONNAIRE FOR CHILD CARE POSITIONS BY THE CRIME CONTROL ACT OF 1990** must be submitted by **ALL** applicants. A **YES** to any of the questions may remove you from competition.
- ❖ **JOB INFORMATION**
  - Announcement number and lowest grade you wish to be considered for.
  - To receive consideration under the Merit Promotion Plan and the Excepted Service Examining Plan you must submit a written request with your application.
- ❖ **PERSONAL INFORMATION**
  - Full name, mailing address (with zip codes), day and evening telephone numbers.
  - Social Security Number
  - Country of citizenship
  - Do any of your relatives work for the Agency or Government organization to which you are submitting your application? If so, please list name, relationship, location.
- ❖ **EDUCATION**
  - **Official Transcripts must be submitted**
- ❖ **WORK EXPERIENCE** - Give the following for your paid and non-paid work experience related to the job for which you are applying:
  - Job title
  - Duties
  - Employer/Supervisor's name, address and/or telephone number
  - Starting and ending dates of employment must include - month and year
  - **Average hours worked per week**
  - Indicate if we may contact your current supervisor
- ❖ **OTHER QUALIFICATIONS**
  - Job related training courses (title and year)
  - Job related skills, for example: other languages, computer software/hardware, tools, machinery, typing speed
  - Job related certificates and licenses (if you are a licensed medical professional, submit a copy of your license to practice)
  - Honors, awards, and special accomplishments, for example: publications, memberships in professional or honor societies, leadership activities, public speaking, and performance awards

Submit the following documents along with your chosen application format if you are in **any** of the following categories:

<b>COMMISSIONED OFFICER</b>	<b>INDIAN PREFERENCE</b> Excepted Service Examining Plan	<b>VETERAN PREFERENCE</b>	<b>FEDERAL EMPLOYEE</b> Merit Promotion Plan (Current, Former, or Displaced Employees)	<b>DIRECT HIRE</b> (Outside of the Federal Government)
Current Billet description (if available)  Submit a copy of your most recent Commissioned Officer Effectiveness Rating (COER).  If applicable, verification of Indian Preference for Employment – <b>must submit (BIA Form 4432)</b>	Verification of Indian Preference for Employment – <b>must submit (BIA Form 4432)</b>	DD-214 Form (Honorable Discharge)  Form SF-15, if claiming 10-point preference (must submit additional required documents listed on the SF-15)  <b>Must be submitted to receive preference.</b>	<b>Current Federal Employees or Reinstatement Eligible Individuals</b> must submit Notification of Personnel Action SF50-B, which shows #24 <b>Tenure</b> and #34 <b>Position Occupied</b> .  <b>If applicable, verification of Indian Preference for Employment – must submit (BIA Form 4432).</b>	Must write on their application that they wish to be considered under <b>DIRECT HIRE</b> .

**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:** Nurse Specialist (E.R.) **Announcement Number:** NP-08-051-BF

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.**