

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Phoenix Area Indian Health Service
Human Resources, Physician Recruitment Branch, Two Renaissance Square
40 North Central Avenue, Suite 510, Phoenix, AZ 85004-4424**

Preference in filling vacancies is given to qualified Native American Indian Candidates or Alaska Natives in accordance with the INDIAN PREFERENCE ACT, TITLE 25, US CODE, SECTION 472 & 473. In other than the above, the Indian Health Service is an Equal Opportunity Employer.

DIRECT HIRE AUTHORITY VACANCY ANNOUNCEMENT

These positions are being filled through Office of Personnel Management's Government-wide Direct Hire Authority (DHA) for this occupation and are open to all U.S. Citizens. The Direct Hire Authority has been authorized by the Homeland Security Act of 2002 and Part 337, Subpart B, Title 5 of the Code of Federal Regulations (5 CFR). If filled utilizing DHA, 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," Veteran's preference and traditional rating and ranking of applicants do not apply to the Direct Hire process. Indian Preference does apply.

WHO MAY APPLY:

Your resume will be included in the inventory of candidates established for consideration for current and/or future job vacancies. You will be considered for those vacancies that match your desired geographic locations, skills, and other job preferences.

This notice is issued under the direct-hire authority to recruit new talent to occupations for which the Department of Health and Human Services has a severe shortage of candidates or a critical hiring need. As such, this notice is targeted to who are **qualified United States citizens and are not current permanent Federal employees or have had previous Federal Service**. For those with current civil service status or have reinstatement eligibility, must apply to vacancy announcements posted through the local Human Resources Department and are not eligible for a Direct Hire Authority (DHA) appointment.

**ANNOUNCEMENT NUMBER:
SWR-DHA-09-03**

**OPENING DATE:
01-01-2009**

**CLOSING DATE:
12-31-2009**

This announcement covers all vacancies under Title 38.

POSITION TITLE/SERIES/GRADE: Medical Officer (Family Practice or Internal Medicine or Pediatrics and other Medical Specialty), GS-0602-13/14/15*

TITLE 38 SALARY RANGES: \$150,000.00 TO \$175,000.00

FEDERAL GRADE LEVELS: GS-602-13 and GS-14
GS-15 is limited to certain locations and certain sub – specialties only

PROMOTION POTENTIAL: To GS-14 or *GS-15 depending on location

TRAVEL: Yes, travel will be paid in accordance with Federal travel regulations.

GOVERNMENT HOUSING: Is available at some locations and is based on availability.

RECRUITMENT INCENTIVES: All board eligible or board certified Medical Officer positions located in the Phoenix Area Indian Health Service are now covered under the following Title 38 Special Pay provisions:

Years of Experience (post MD/DO) Primary Care Specialties ONLY Annual Salary
(This pay table is for positions located outside the Phoenix Metro Area)

0-3 (board eligible)	150,000
0-3 (board certified)	155,000
Over 3 and up to 6 (board eligible)	160,000

Over 3 and up to 6 (board certified)	165,000
Over 6 and up to 9 (board eligible)	165,000
Over 6 and up to 9 (board certified)	170,000
Over 9 (board eligible)	170,000
Over 9 (board certified)	175,000

Other recruitment incentives may include a recruitment or relocation bonus up to 15% or more of base salary and Supplemental or National Student Loan Repayment incentives.

APPOINTMENT/WORK SCHEDULE: Positions may be filled as permanent full-time, part-time, rotational or intermittent schedule. Positions to be filled as vacancies occur. Physicians may be subject to on-call and/or call back tours of duty.

AREA OF CONSIDERATION: All Sources

DUTY LOCATIONS: Phoenix Area Wide: All locations covered include: Fort Yuma, Parker, Peach Springs, Polacca (Hopi) , San Carlos, Regional Treatment Center, Whiteriver, Native American Cardiology Programs, Elko and Schurz, NV, Roosevelt, UT, Phoenix Indian Medical Center and any other location covered by the Phoenix Area IHS not mentioned in this list.

JOB DESCRIPTION: Provides consultative and/or direct medical care services within the specialty area to both inpatients and outpatients in a hospital, health center and/or clinic setting. This may include care being provided to neo-natal, pediatric, adolescent, adult and geriatric patients.

We have a variety of employment opportunities in the Phoenix Area Indian Health Service, which cover the delivery of health care to approximately 150,000 Indian people located at various rural sites through out the state of Arizona, Nevada and Utah. We also have the largest Medical Center in Indian Health Service located in downtown Phoenix, AZ.

We have endless medical opportunities and benefits that may be of interest to you in starting or enhancing your Federal career. Some of the key benefits as a permanent employee is health and life insurance benefits, Federal retirement, opportunities to tax defer some of your earnings and maximize your yield through the Federal Thrift Saving Plan, opportunity to qualify for loan repayment of medical school debt, no medical malpractice insurance is needed, a majority of your moving expenses are covered, and some locations offer wonderful recruitment and retention bonus incentives.

The Phoenix Area Indian Health Service is constantly seeking dedicated and talented Physicians who want to work as part of a proven health care team working in a wonderful professional environment to improve the health status of our Native Americans. We continue to have challenges of health disparities in Indian country that will provide you with challenges and rewarding satisfaction that cannot be match to any other.

CONDITIONS OF EMPLOYMENT:

1. Selectee(s) are required to be immunized against Measles and Rubella and provide documentation prior to or at the time of their start date. Special consideration may be allowed to individuals who are allergic to a component of the vaccine or are currently pregnant. Selectee must have documented immunity to Rubella and Measles.
2. Selectee(s) are required to complete Security questionnaire and fingerprint chart for investigative purposes under PL 101-630 Indian Child Protection and Family Violence Prevention Act. Persons, who have been arrested for or charged with a crime involving a child, or violent crime against a person, are not eligible for employment with IHS under PL 101-630.
3. Selectee(s) are required to complete a "Declaration of Federal Employment – Optional Form 306" to determine your suitability for Federal Employment, and to certify the accuracy of all the information in your application. Persons making false statements in any part of the application may not be hired; or fired after employment starts; or may be fined.
4. Males born after December 31, 1959 are required to be registered with the Selective Service System in order to be eligible for employment with the Federal Government.
5. Selectee(s) are required to have a viable bank account at a financial institution for electronic direct deposit of salary payment.
6. Some service units operate under extended service hours 7 days per week.

7. The incumbent may be required to travel and must possess a valid driver's license.
8. Unrestricted Medical License.
9. Board eligible or board certified in your specialty.

QUALIFICATION REQUIREMENTS:

Basic Requirements: Must be board eligible or board certified in the required medical specialty.

Basic Requirements:

Degree: Doctor of Medicine or Doctor of Osteopathy from a school in the United States or Canada approved by a recognized accrediting body in the year of the applicant's graduation. A Doctor of Medicine or equivalent degree from a foreign medical school that provided education and medical knowledge substantially equivalent to accredited schools in the United States may be demonstrated by permanent certification by the Educational Commission for Foreign Medical Graduates (ECFMG) or a fifth pathway certificate for Americans who completed premedical education in the United States and graduate education in a foreign country.

Graduate Training: Subsequent to obtaining a Doctor of Medicine or Doctor of Osteopathy degree, a candidate must have had at least 1 year of supervised experience providing direct service in a clinical setting, i.e., a 1-year internship or the first year of a residency program in an institution accredited for such training. (This 1 year of supervised experience may be waived for research or administrative positions not requiring direct patient care.) For purposes of this standard, graduate training programs include only those internship, residency, and fellowship programs that are approved by accrediting bodies recognized within the United States or Canada. Listings of accredited programs are published yearly in the *Directory of Residency Training Programs* and the *Yearbook and Directory of Osteopathic Physicians*.

- *An internship program* involves broadly based clinical practice in which physicians acquire experience in treating a variety of medical problems under supervision (e.g., internal medicine, surgery, general practice, obstetrics-gynecology, and pediatrics). Such programs are in hospitals or other institutions accredited for internship training by a recognized body of the American Osteopathic Association (AOA).
- *A residency program* involves training in a specialized field of medicine in an institution accredited for training in the specialty by a recognized body of the American Medical Association (AMA) or AOA.
- *A fellowship program* involves advanced training (beyond residency training) in a given medical specialty in either a clinical or research setting in a hospital or other institution accredited in the United States for such training.

***Licensure:* For positions involved with direct patient care, candidates must have a permanent, full, and unrestricted license to practice medicine in a State, District of Columbia, the Commonwealth of Puerto Rico, or a territory of the United States. Applications will be accepted from physicians who are not currently licensed; however, if selected for a Federal appointment, they must (a) obtain a license before entering on duty, or (b) meet one of the following provisions:**

- ***Waiver of Licensure Requirement:* An agency may waive the licensure requirement for positions not involving direct patient care, e.g., positions performing disability evaluations, positions performing solely research, or administrative program managers. If the agency does not waive the license requirement for these kinds of positions, candidates may be appointed subject to obtaining a license within 1 year.**
- ***Appointments Pending Meeting Licensure Requirement:* Individual circumstances may warrant appointments pending meeting the licensure requirement (e.g., when a candidate has a temporary license to practice until the next regular session of the licensing board). Persons appointed pending licensure may not be retained beyond 1 year of appointment if they do not obtain the license.**

Additional Requirements for Grades GS-13 and Above:

The requirements below are grouped according to types of programs-clinical and training, aviation medical, occupational health, disability evaluation, maternal and child health, and research.

- *Clinical and Training Programs*-Within Federal clinical and training programs, a distinction is made between general practice and specialist positions. General practitioners must be skilled in recognizing various medical pathologies that require referral to specialists for diagnostic and treatment procedures. Graduate training and experience must, therefore, be well rounded. Specialist positions require graduate training and experience related to the specialty and subspecialty of the position to be filled. Experience may not be substituted for training essential for performing specialized duties. The length and content of residency programs depends upon the specialization and requirements of recognized accrediting American medical specialty boards. These boards are

authorized to conduct examinations to determine the competence of physicians in the specialty, to issue certificates of qualification, to participate in evaluating the quality of residency programs, and to determine the requirements for certification.

Specialist positions

For GS-13--3 years of residency training in the specialty of the position to be filled or equivalent experience and training.

For GS-14--4 years of residency training in the specialty of the position to be filled or equivalent experience and training.

For GS-15--5 years of residency training in the specialty of the position to be filled or equivalent experience and training

Interviews: Applicants may be interviewed to assure that they possess the degree of skill in interpersonal relationships required for satisfactory performance of the duties of the position to be filled.

Substitution of Experience for Residency Training: Experience **may not be substituted** for residency training that is essential for the performance of specialized duties. For example, specialists such as psychiatrists and surgeons must complete the number of years of accredited residency training required in their respective specialties. An exception may be made when a peer panel of physicians (subject-matter experts) determines and documents that the knowledge, skills, and abilities acquired in professional medical practice are equivalent to those acquired during the same period of time in a graduate training program.

Selective placement factor: None

Specialized Experience: Experience that equipped the applicant with the particular knowledge, skills, and abilities to perform successfully the duties of the position, and that is typically in or related to the work of the position to be filled. To be creditable, specialized experience must have been equivalent to at least the next lower grade level in the normal line of progression for the occupation in the organization.

Examples of specialized experience: Direct patient activities that is directly related to your specialized training and residency training.

METHODS OF EVALUATION: Evaluation is made on the basis of appropriate education, experience, performance appraisals, training, self-development, outside activities and special awards. Experience related to tribal involvement and to Indian community projects will also be evaluated.

HOW TO APPLY/REQUIRED FORMS:

1. Applicants may use on the following to apply: (1) OF-612 Optional Application for Federal Employment, **or** (2) Resume (See requirements in **Attachment A**).
2. If claiming Indian Preference, BIA 4432 "Verification of Indian Preference for Employment in BIA and IHS".
3. Copy of current unrestricted Medical License, any state.
4. Completed Selective Service Registration Form (form attached)
5. Cover letter indicating desired locations, interests, etc., so that we can provide a better job match for you.
6. Copy of your Medical Diploma.
7. Copy of the college transcripts associated with your Medical Degree.
8. If your degree was received in a school outside the U.S. and you have passed the examination given by the Education Council for Foreign Medical Graduates, please attach a copy of your certificate.
9. Supplemental Qualification Statement for Medical Officers, GS-602-13/14/15 (attached)
10. Addendum to Declaration for Federal Employment, Child Care & Indian Child care Worker positions (Attached)
11. Declaration for Federal Employment, OF-306.
12. Signed Authorization to Release Information

Application and all required forms must be identified by this announcement number and submitted to the address below:

Larry Lanier
Director, Physician Recruitment
ATTN: SWR-DHA-09-03
Office of Physician Recruitment and Employee Retention
Phoenix Area Indian Health Service
Two Renaissance Square
40 North Central Avenue, Suite 510
Phoenix, AZ 85004
Phone: 1-800-447-1469
Fax: (602) 364-5358

Visit our website at <http://PhxHiresMDS.ihs.gov>.

Facsimile is acceptable. All submitted materials are subject to retention by this office. You should duplicate and retain copies, since requests for copies will not be honored. Additional information regarding Federal job opening can be obtained at www.opm.gov, or at USAJOBS www.usajobs.opm.gov or check the IHS Website at www.ihs.gov. All documents are subject to the provision of the Privacy Act (PL 93-579) and become the property of Department of Health and Human Services (DHHS).

IHS-OPERATED PROPERTIES ARE "TOBACCO FREE."

ATTACHMENT A

Resume Requirements - Your resume or other application format must contain the following information to allow for qualification determination.

- Identify your application/resume by the announcement number, title and grade(s)
- Full Name (first, middle, last ~ include other names used, i.e., maiden name)
- Mailing Address
- Phone Number where you can be reached
- Email Address (if applicable)
- Social Security Number
- Country of citizenship
- Education: list high school and colleges attended, type of degree (list major) received, date of degrees conferred, and city and state of school.
- Work Experience: (include non-paid work as well as paid)
 - Job Title (if Federal employment, indicate series and grade)
 - Duties and Accomplishments
 - Employer's name and Address
 - Employer's name and phone number
 - Starting and ending dates of employment (month/year)
 - Hours of work per week
 - Salary
 - Indicate if you do not want us to contact your current supervisor
(If not specified, it will be assumed that we may do so)
- List job related training (title, year obtained, hours of training)
- Honors or awards received
- License or certificates obtained (submit with application)
- Special accomplishments (i.e., publications, memberships, leadership and community recognition, etc)

Indicate if you do not want your current supervisor contacted for reference purposes.

APPLICANT'S STATEMENT OF SELECTIVE SERVICE REGISTRATION STATUS

If you are a male born after December 31, 1959, and are at least 18 years of age, civil service employment law {5 U.S.C. 3328} requires that you must be registered with the Selective Service law, unless you meet certain exemptions under Selective Service law. If you are required to register but knowingly and willfully fail to do so, you are ineligible for employment by executive agencies of the Federal Government.

CERTIFICATION OF REGISTRATION STATUS

Check one:

- I certify I am registered with the Selective Service System.
- I certify I have been determined by the Selective Service to be exempt from the registration provisions of Selective Service law.
- I certify I have not registered with the Selective Service System.
- I certify I have not reached my 18th birthday and understand I am required by law to register at that time.

NON-REGISTRANTS UNDER AGE 26

If you are under age 26 and have not registered as required, you should register promptly at a United States Post Office or consular office if you are outside the United States.

NON-REGISTRANTS AGE 26 OR OVER

If you were born in 1960 or later, are 26 years of age or older, and were required to register but did not do so, you can no longer register under Selective Service law. According, you are not eligible for appointment to an executive agency unless you can prove to the Office of Personnel Management (OPM) that your failure to register was neither knowing nor willful. You may request an OPM decision through the agency that was considering you for employment by returning this statement with your written request for an OPM determination together with an explanation and documentation you wish to furnish to prove that your failure to register was neither knowing nor willful.

PRIVACY ACT STATEMENT

Because information on your registration status is essential for determining whether you are in compliance with 5 U.S.C. 3328, failure to provide the information requested by this statement will prevent any further consideration of your application for appointment. This information is subject to verification with the Selective Service System and may be furnished to other Federal agencies for law enforcement or other authorized use in implementing this law.

FALSE STATEMENT NOTIFICATION

A false statement may be grounds for not hiring you, or for firing you if you have already begun work. Also, you may be punished by fine or imprisonment (Section 1001 of title 18, United States Code).

Legal signature of individual {please use ink}

Date signed {please use ink}

**Phoenix Area Indian Health Service
Work Location Availability Form**

Name _____ Vacancy Announcement # SWR-DHA-09-03

Check only the locations where you will accept employment.

HOSPITALS:

- | | |
|---|--|
| <input type="checkbox"/> Parker, AZ | <input type="checkbox"/> Polacca, AZ (Hopi Indian Reservation) |
| <input type="checkbox"/> San Carlos, AZ | <input type="checkbox"/> Schurz, NV |
| <input type="checkbox"/> Whiteriver, AZ | |

CLINICS:

- | | |
|---|---|
| <input type="checkbox"/> Peach Springs, AZ | <input type="checkbox"/> Bylas, AZ |
| <input type="checkbox"/> Supai, AZ | <input type="checkbox"/> Fallon, NV |
| <input type="checkbox"/> Reno, NV | <input type="checkbox"/> Nixon, NV |
| <input type="checkbox"/> Elko, NV | <input type="checkbox"/> Gardnerville, NV (Washo) |
| <input type="checkbox"/> East Ely, NV | <input type="checkbox"/> Yerington, NV |
| <input type="checkbox"/> McDermitt, NV | <input type="checkbox"/> Regional Treatment Center, |
| <input type="checkbox"/> Ft. Duchesne, UT | |
| <input type="checkbox"/> Native American Cardiology Program | |
| <input type="checkbox"/> Yuma, AZ | |

SUPPLEMENTAL QUALIFICATIONS STATEMENT
Medical Officer, GS-13/14/15

(You are required to complete and submit this form with your application)

Name (Last, First, Middle) _____ Birth Date _____ Social Security Number _____

Mailing Address (Number, Street, City, State, Zip Code) _____

Basic Professional Training (Name and Location of School) _____

Type of Degree (e.g., MD, DO) and Date Received: _____

If your degree was received in a school outside of the U.S. have you passed the examination given by the Education Council for Foreign Medical Graduates (EMCFMG)? Yes () No ()

Date of ECFMG Certificate (if applicable): _____

Are you a U.S. Citizen? Yes () No ()

Are there any adverse action(s) taken or pending by any Medical Licensing Board or prior Medical Staff, which may preclude granting of full and unrestricted medical privileges at our IHS Facilities?

___ Yes ___ No If yes, please provide an explanation: _____

INTERNSHIP:

Type of Internship and Specialty _____
Name and Location of Hospital (City and State) _____
Name of Chief of Service or Program Director _____
Dates Attended (Month/Year) From _____ To _____
Date Certificate Received _____

RESIDENCY TRAINING AND FELLOWSHIP:

Name of Specialty _____
Name and Location of Hospital (City and State) _____
Name of Chief of Service or Program Director _____
Dates Attended (Month/Year) From _____ To _____
Date Certificate Received _____

OTHER GRADUATE EDUCATION:

Major field of study or program _____
Name and Location in Institute (City and State) _____
Date Certificate, Diploma, or Degree Received _____
Dates Attended (Month/Year) From _____ To _____

CERTIFICATION BY A SPECIALTY BOARD:

Are you eligible for certification by an American Specialty Board? Yes [] No []

Are you board certified by an American Specialty Board? Yes [] No []

If your answer is 'yes' to either question, furnish the following:

Name of Specialty Board _____
Specialty _____
Date of Certification _____

CERTIFICATION

I, certify that all of the statements made in the above questionnaire are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

Signature of Applicant

Date

Addendum to Declaration for Federal Employment (OF 306)
Indian Health Service
Child Care & Indian Child Care Worker Positions

Name: _____ Social Security Number: _____

(Please print)

Job Title in Announcement: MEDICAL OFFICER Announcement Number: SWR-DHA-09-03

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 YES, 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 YES, 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.

Applicants 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.

AUTHORIZATION TO RELEASE INFORMATION

I specifically authorize Phoenix Area Indian Health Service and/or its representatives to consult with any third party who may have information bearing on my professional qualifications, credentials, clinical competence, character, mental or emotional stability, physical condition, ethics, behavior, financial condition or any other matter, as well as to inspect or obtain any and all communications, reports (including but not limited to credit reports), records, statements, documents, recommendations or disclosures of said third parties that may be material to such questions. I also specifically authorize said third parties to release said information to Indian Health Service and/or its authorized representatives upon request. I hereby release from any liability, any and all individuals and institutions or organizations who in good faith and without malice concerning my professional competence, ethics, character, education, training, licensing and other qualifications, provide information to Phoenix Area Indian Health Service, Southwest Regional Human Resources.

A copy of this Authorization to Release Information shall be as binding as the original.

Refusal to sign this Authorization may result in clinical privileging credentialing activities to be discontinued and/or may result in not being considered for any current vacancies.

Name (Print): _____ Date: _____

Signature: _____

Current Address: _____

Addresses over past three years: _____

Date of Birth: _____ Social Security: _____

Maiden Name: _____

Or, other Previous
Names or Aliases: _____