



ANDREW M. CUOMO  
Governor

ANN MARIE T. SULLIVAN, M.D.  
Commissioner

CHRISTOPHER TAVELLA, Ph.D.  
Executive Deputy Commissioner

**CANDIDATE NOTIFICATION OF EXAMINATION RESULTS**  
**\*\*\*THIS IS NOT AN OFFER OF EMPLOYMENT\*\*\***

February 16, 2021

SSN: xxx-xx-2995

RUBEN I SAFIR  
1580 EAST 19TH ST  
BROOKLYN, NY 11230

<u>FOR EXAM NUMBER AND TITLE</u>	<u>ELIGIBILITY DATE</u>	<u>VETERANS' CREDITS</u>	<u>FINAL SCORE</u>
20-127 PHARMACIST	2/16/2021		90

**FINAL SCORE:** A passing score is 70. You must pass in order to have your name placed on the eligible list. If you passed the examination, your final score includes any veterans' credits to which you claimed.

**RETEST ELIGIBILITY DATE:** A candidate cannot be tested more than once during the same 12-month period. You will be eligible for the next available retest after **February 16, 2022**. If you retake the examination before the date shown, you will not receive a score.

**INFORMATION FOR PASSING CANDIDATES:** Keep this notice with your other important records. Please notify OMH in writing of any changes in your mailing address. Mail your letter to the address below and include your social security number and the examination number and title listed above. Your eligibility may be revoked or your appointment may be rescinded if investigation shows you fail to meet any announced requirement.

**ELIGIBILITY DATE:** Your eligibility date is when you become eligible for appointment. If you passed the examination, your eligibility will remain in effect for two years.

**VETERANS' CREDITS:** To be eligible for veterans' credits, you must pass the written examination, have requested veterans' credits at the time of examination application, and be a veteran who served at a time of war. If selected, you will be required to provide documentation to prove your claim. You may use veterans' credits for only one open-competitive or promotional New York State (NYS) or local government appointment; however, you may be eligible for additional disabled veterans' credits if you previously used non-disabled veterans' credits in a prior NYS or local government appointment and have been subsequently determined by the United States Department of Veterans Affairs to be a disabled veteran. You may be eligible for appointment without using veterans' credits. If you claimed veterans' credits at the time of examination application, your score has been adjusted as follows: For an open-competitive examination, five (5) points added for non-disabled and ten (10) points added for disabled veteran status, and for a promotion examination, two-and-a-half (2.5) points added for non-disabled and five (5) points added for disabled veteran status. For more information regarding veterans' credits, visit the NYS Department of Civil Service's website at [www.cs.ny.gov/vetcredits](http://www.cs.ny.gov/vetcredits).

**AVAILABILITY QUESTIONNAIRE:** If you passed the examination, an Availability Questionnaire is enclosed. Please complete and return the enclosed Availability Questionnaire promptly. Failure to return the questionnaire will result in your name being placed **only** on the list for the geographic area in which you reside. After submitting the Availability Questionnaire, you may update your availability again by sending a written request indicating areas you wish to be considered for to the address below:

OMH Facility Personnel Services List Unit  
44 Holland Ave, 7<sup>th</sup> Fl  
Albany, NY 12229

# NEW YORK STATE OFFICE OF MENTAL HEALTH AVAILABILITY QUESTIONNAIRE

**Instructions to Candidates:** Your score will be automatically added to the list in the geographic area of your residence. If you wish to have your score placed on the list for other geographic areas, you must complete and return this form promptly. You must also complete this form if you are willing to accept a temporary and/or part-time appointment.

Please designate below, by placing an X next to the appropriate area, any additional geographic area(s) to which you wish to have your score added.

- |                                  |   |
|----------------------------------|---|
| <input type="checkbox"/> Area 1  | Cayuga, Cortland, Madison, Onondaga, Oswego   |
| <input type="checkbox"/> Area 2  | Broome, Chenango, Delaware, Otsego, Tioga, Tompkins   |
| <input type="checkbox"/> Area 3  | Allegany, Chemung, Schuyler, Seneca, Steuben, Yates   |
| <input type="checkbox"/> Area 4  | Genesee, Livingston, Monroe, Ontario, Orleans, Wayne, Wyoming                                 |
| <input type="checkbox"/> Area 5  | Cattaraugus, Chautauqua, Erie, Niagara  |
| <input type="checkbox"/> Area 6  | Dutchess, Ulster, Putnam  |
| <input type="checkbox"/> Area 7  | Rockland, Westchester   |
| <input type="checkbox"/> Area 8  | Nassau, Suffolk   |
| <input type="checkbox"/> Area 9  | Bronx, New York (Manhattan/Ward=s Island), Queens, Kings (Brooklyn),                          |
| <input type="checkbox"/> Area 9S | Richmond (Staten Island)  |
| <input type="checkbox"/> Area 10 | Albany, Columbia, Greene, Rensselaer, Saratoga, Schenectady,<br>Schoharie, Warren, Washington |
| <input type="checkbox"/> Area 11 | Fulton, Hamilton, Herkimer, Montgomery, Oneida  |
| <input type="checkbox"/> Area 12 | Clinton, Essex, Franklin, Jefferson, Lewis, St. Lawrence                                      |
| <input type="checkbox"/> Area 13 | Orange, Sullivan  |

**Please complete the following:**

Are you willing to accept a temporary appointment?    Yes ( )    No ( )

Are you willing to accept part-time employment?    Yes ( )    No ( )

**Mail your completed Availability Questionnaire form to:**

Office of Mental Health/List Unit  
44 Holland Ave, 7<sup>th</sup> Floor  
Albany, NY 12229

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Area Code & Telephone #

☐ Check here if this is a new address

☐ Check here if this is a new telephone #

**After completing this form make a copy for your records prior to mailing**



**Office of  
Mental Health**  
Office of Mental Health / List Unit  
44 Holland Avenue, 7th Fl  
Albany, New York 12229

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02/18/2021  
FIRST-CLASS MAIL  
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UNABLE TO FORWARD  
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