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|  | Date Revised: 4/11/2023 |  |
| STAFF Position Description |  |

**Instructions:** C*omplete this form for all staff positions. The form is also used to request a classification review of a currently filled position, or to update a position description with no review requested. After completion of the form, a signed copy should be given to the employee (if the position is filled), one copy forwarded to the Office of Human Resources (*[*hrclass-comp@csun.edu*](mailto:hrclass-comp@csun.edu)*), and the original electronic version maintained by the department.* [NOTE: This form is unlocked; you will need to **Ctrl + Click** to open links.]

**A. Action Requested**

Request a New position OR  Fill a Vacant position *(Must initiate through online recruitment)*  
 Initiate a Classification Review for a filled position

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| **Requestor:**  Employee OR  MPP Administrator | **Name:** |

Update an existing position description *(no review requested)*

New Employee/Appointment acknowledgment of the position description *(no review requested)*

*(Employee should be given full position description within one week of start date)*

**B. Current Information**

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| **Name of current incumbent:** *(if filled)* | | | | | | | | **Employee ID #:** | |
| *Or if vacant*, *name of previous incumbent*: | | | | | | | | | |
| **Classification Title:** Athletic Trainer I 12 Mo | | | | **Job Code:** 8180 | | | **Grade:** 1 | **Position #:** 99746861 | |
| **Working Title:** *(optional*)  Assistant Athletic Trainer | | | | | | [**FLSA**](https://www.csun.edu/sites/default/files/CSU-Staff-Job-Codes.pdf) **Status:** Exempt  *(See link to* [***CSU FLSA/Job Code List***](https://www.csun.edu/sites/default/files/CSU-Staff-Job-Codes.pdf)*)* | | | |
| **Department ID:** 10303 | **Department Name:** Sports Medicine | | | | | | | | **Time Base:** 1.0 |
| **Lead** *(Staff lead, if applicable)*  **Name:** | | **Classification Title:** | | | **Working Title:** | | | | |
| **MPP Administrator/Department Chair** *(Reports To)*  **Name:** Steven Grech | | | **Working Title:**  Asst. Athletic Director, Sports Med | | | | | | |

*Please attach an org chart, if requesting a reorganization (current and proposed) (See link to* [***Campus Org Chart***](https://www.csun.edu/hr/orgchart)*)*

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| **Is this a sensitive position as designated by the CSU?**  Yes  No *(See link to* [***Sensitive Positions Table***](http://www.csun.edu/sites/default/files/sensitive-positions-table1.pdf)) |

**C. Position Purpose** *(Hint: Complete Section D. first and then summarize position’s purpose; typically between 2 to 5 sentences)*

*Please briefly describe the primary function, nature, and scope of the position.*

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| Assistant Athletic Trainer will work under the guidance and supervision of the Assistant Athletic Director for Sports Medicine, Director of Athletics and Team Physicians. Assists in the operation of the Sports Medicine Department within the Intercollegiate Athletics Department. Responsibilities include all aspects of screening, prevention and care of sports related injuries and conditions. Assists in coverage of athletic practices and contests, including evening and weekend assignments. Clinical instruction within the Athletic Training Education Program.  Master’s degree in Athletic Training or related field, preferred. Minimum 2 years’ experience (as certified athletic trainer) in Intercollegiate Athletics, Division I preferred. Athletic training experience with both women’s and men’s team are preferred. Classroom or clinical teaching experience in accredited undergraduate curriculum preferred. |

**D. Major Duties**

*Describe each major set of responsibilities assigned to this position (typically 4 to 7) listing them in order of importance. Indicate the approximate percentage (minimum of 5% for a given major duty, with the total equaling 100%) of time spent in each area of responsibility, estimated over a year timeframe. Miscellaneous or other duties as assigned should be 5%.*

*Indicate duties, which are “****essential functions****” by checking the Essential box in the right column (15% or greater to be considered essential).*

*The Americans with Disabilities Act (ADA) provides that there shall not be a barrier to employment for an otherwise qualified disabled individual who is able to perform the “****essential functions****”, which is intrinsic to the work.* ***A function may be essential because******1)*** *the position was established to perform the function;* ***2)*** *a limited number of employees are available to perform the function; and/or* ***3)*** *removing the function would fundamentally change the position.  (Example: A receptionist must be able to respond to in-person, telephone and electronic inquiries).*

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| **Description of Duties** | **% of Time Total = 100** | **Essential  (Minimum 15%)** |
| Assist in all aspects of prevention, evaluation, treatment and rehabilitation of athletic injuries for approximately 370 student-athletes. Develop and administer rehabilitation programs for athletic injuries. May attend practices and athletic events and provide emergency medical coverage to student-athletes. Travel with sports teams to away competitions as needed. | 60 |  |
| Maintain updated files and accurate medical records of the following: athletic injuries, medical insurance, medical history, injury referrals, conditioning programs, schedules, and other necessary data. | 15 |  |
| Coordinate clinical and physician appointments between athlete and SHC or outside referral. Inform coaching staff and other healthcare professionals regarding injury status and treatment plans. Daily control of infection and sanitation of the training room by cleaning and disinfecting all equipment, floors, and tables. | 10 |  |
| Maintain an effective inventory control system for all supplies and equipment. | 5 |  |
| Assist in the development and instruction for Kinesiology Athletic Education Program students. | 5 |  |
| Performs other duties as assigned. | 5 |  |

**E. Physical and Cognitive Demands; and Environmental Conditions**

*Check the appropriate box for each of the following items that most accurately describes the minimum extent of the specific activity performed by this position. Based on a typical workweek.*

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| **PHYSICAL DEMANDS** | **Greater than**  **50%** | **Less than**  **50%** | **N/A** |  |  | **Greater than**  **50%** | **Less than**  **50%** | **N/A** |
| 1. Key Boarding and Mousing |  |  |  |  | 1. Lifting or Carrying |  |  |  |
| 1. Repetitive Motion of upper extremities |  |  |  |  | 1. Up to 10 lbs. |  |  |  |
| 1. Hearing |  |  |  |  | 1. Up to 25 lbs. |  |  |  |
| 1. Sight |  |  |  |  | 1. Up to 50 lbs. |  |  |  |
| 1. Sitting |  |  |  |  | 1. Over 50 lbs. |  |  |  |
| 1. Standing |  |  |  |  | 1. Pushing or Pulling |  |  |  |
| 1. Walking |  |  |  |  | 1. Up to 10 lbs. |  |  |  |
| 1. Bending *(from waist or neck)* |  |  |  |  | 1. Up to 25 lbs. |  |  |  |
| 1. Climbing *(Ladders, stairs or stools)* |  |  |  |  | 1. Up to 50 lbs. |  |  |  |
| 1. Stooping, Kneeling, or Squatting |  |  |  |  | 1. Over 50 lbs. |  |  |  |
| 1. Reaching |  |  |  |  |  |  |  |  |

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| **ENVIRONMENTAL CONDITIONS** | **Greater than**  **50%** | **Less than**  **50%** | **N/A** |
| 1. Inside *(Typical office environment)* |  |  |  |
| 2. Elevated Work *(Raised platform/scaffold)* |  |  |  |
| 1. Extreme Temperature *(hot or cold)* |  |  |  |
| 1. Outdoor |  |  |  |
| 1. Hazards |  |  |  |

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| **OTHER**  *Describe any additional demands/conditions or special circumstances (including special schedules) that are pertinent to the position.* |
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**F. Equipment** *List any special software and machines, tools, and equipment used on a regular basis.*

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| **Type** | **Purpose and Desired Results** |
| *Example A1) Lawn Mower Example B1) Microsoft Word* | *Example A2) Mowing grass Example B2) Create or update documents* |
| Sportware | Maintain updated electronic files and accurate electronic medical records. |
| Point n Click | Maintain updated electronic files and accurate electronic medical records. |

**G. Training and/or Licenses; and Additional Experience, Knowledge, Skills, and Abilities**

**(A). Training and/or Licenses:** *List required and preferred training, licenses or certifications. If a license is required for any position outside of the* [*CSU Professional License Table*](https://www.calstate.edu/hrpims/pims/Appendix/professional_license_table.htm)*, a justification must be provided in description.* ***\*****Any CSU/CSUN “Required” training will be provided after starting the appointment.*

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|  | **Required** | **Preferred** | **N/A** |
| **\***CSU Sexual Harassment Prevention / Title IX / Data Security Training *(Required for ALL employees)* |  |  |  |
| **\***CSUN Procurement Card (P-Card) Training |  |  |  |
| **\***CSUN [Defensive Driver Training](https://www.csun.edu/ehs/request-defensive-driving-powered-cart-training)  and Powered Cart/Low Speed Vehicle Safety Training (if appl) |  |  |  |
| **(B). Additional Experience, Knowledge, Skills, and Abilities:***List additional knowledge, skills, abilities and unique experience. Human Resources will determine the minimum qualifications based on the CSU Classification Standards.* | | | |
| Current NATABOC Certification; Current First Aid and CPR w/ AED Certifications. | | | |

**H. Lead or Oversight of Other Positions**   Yes  No (Please list below) *List positions (including Student Assistants and Volunteers) that incumbent will lead, oversee or provide direct or general work direction, if applicable. (Generally, non-MPP Staff may lead, oversee, coordinate, and provide input for hiring and evaluations to MPP Administrators. Management and supervision authority is held at the MPP Administrator level.):*

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| **Working Title** *(if applicable)* | **Classification Title** | **Position Number(s)** |
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**I. Changes in Position**

*Summarize the changes (including minor updates, additions, and removals) that have been made to the position since it was last reviewed.*

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**J. Signatures** *(Print, sign and date below)*  **EMPLOYEE** (*Acknowledgement of reading and receiving a copy of this job description*)

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| **Employee:** | **Signature:** | **Date:** | **Extension:** |
| **LEADS / MPP ADMINISTRATORS** (*Acknowledgement that the information is accurate*) | | | |
| **Non-MPP Lead:** *(if applicable)* | **Signature:** | **Date:** | **Extension:** |
| **1st level MPP Administrator/Dept. Chair:** *(required)* | **Signature:** | **Date:** | **Extension:** |
| **2nd level MPP Administrator:** *(if applicable)* | **Signature:** | **Date:** | **Extension:** |
| **3rd level MPP Administrator:** *(if applicable)* | **Signature:** | **Date:** | **Extension:** |
| **4th level MPP Administrator:** *(if applicable)* | **Signature:** | **Date:** | **Extension:** |