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|  | Date Revised: 08/28/24 |
| 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:** Radiologic Technologist II | | | | **Job Code:** 7996 | | | **Grade:** 1 | **Position #:** 99740825 | |
| **Working Title:** *(optional*)  Lead, Radiologic Technologist | | | | | | [**FLSA**](https://www.csun.edu/sites/default/files/CSU-Staff-Job-Codes.pdf) **Status:** Nonexempt  *(See link to* [***CSU FLSA/Job Code List***](https://www.csun.edu/sites/default/files/CSU-Staff-Job-Codes.pdf)*)* | | | |
| **Department ID:** 10186 | **Department Name:** Student Health Center | | | | | | | | **Time Base:** 1.0 |
| **Lead** *(Staff lead, if applicable)*  **Name:** | | **Classification Title:** | | | **Working Title:** | | | | |
| **MPP Administrator/Department Chair** *(Reports To)*  **Name:** Monica Tantraphol, MD | | | **Working Title:**  Interim Chief Medical Officer, Klotz Student Health Center | | | | | | |

*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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| Under general supervision, prepares and performs Radiographs. Processes the radiology orders in Point and Click, take the ordered X-rays via CR equipment, electronically submit the filed/stored images to the consulting Radiologists for evaluation, and process the Radiology reports for inclusion in the EHR. Represent the radiology department on management planning issues at Student Health Center or campus meetings; recommend procedures for departmental patient scheduling, filing, and equipment use, in order to increase effectiveness and productivity; coordinate the daily operations and administration of the radiographic unit including providing lead work direction to other Radiologic Technologists I, including professionals including orienting, training, assigning and reviewing work, providing input to management on employee selection and performance evaluations; ensure safety measures are in place in the department and maintain equipment and supplies; performs administrative functions such as writing procedures, approving reports, ensuring compliance and currency with regulatory requirements, overall equipment maintenance, developing information for the budget, and training, scheduling and making assignments to part-time technologists; and provides technical oversight and ensure department compliance with established university policies procedures and protocols for quality improvement. |

**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%)** |
| **Radiography Processing & Operations**   * Operate diagnostic x-ray CR equipment, to provide radiographs of diagnostic quality to the consulting radiologist(s) as ordered by the patient’s attending physician. * Take x-ray(s) which includes positioning, obtaining cooperation for the requested procedure, and reassuring the patient. * Processing of X-ray orders in Point and Click, providing radiographic studies as ordered by providers in the Klotz Student Health Center or Athletic training room. * Electronically submitting the filed/stored images to the consulting Radiologists for evaluation. * Retrieval of X-ray reports from Radiologists’ controlled access website and printout of results to be scanned and placed on the Electronic Health Record. * Processing of X-ray orders in Point and Click, providing radiographic studies as ordered by providers in the Klotz Student Health Center or Athletic training room. | 50 |  |
| **Unit Lead & Admin Operations**   * Coordinate the daily operations and administration of the radiographic unit * Participates in leadership team meetings. * Provides lead work direction to other Radiologic Technologists I, including professionals, including orienting, training, assigning and reviewing work, providing input to management on employee selection and performance evaluations; * Assists with developing information for the budget, and training, scheduling and making assignments to part-time technologists * Represents the radiology unit on management planning issues at Student Health Center or campus meetings; recommend procedures for departmental patient scheduling, filing, and equipment use, in order to increase effectiveness and productivity | 15 |  |
| **Audits & Safety Inspections**   * Conducts QI/audits to the QI committee; prepares reports; reviews and updates policies and procedures with supervisor in compliance with AAAHC, federal and state guidelines. * Coordinates the Radiation safety inspections for the SHC and Dental with EH & S; and updates appropriate staff training files. * Provides technical oversight and ensure department compliance with established university policies procedures and protocols for quality improvement. | 15 |  |
| **Maintenance & Document Release**   * Preparation of duplicate X-ray files (or films, if needed) for release when requested by the Patient as per SHC records release policy. * Coordinates Xray equipment maintenance. | 10 |  |
| **Radiology Student Program**   * Precepts CSUN Radiology program students during their clinical rotations at the SHC on Radiologic techniques. | 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* |
| Point and Click | Practice Management Software |
| CR X-ray | CR X-ray |
| CR Software | CR Software |
| MS Teams and Zoom | Web-conferencing |

**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) |  |  |  |
| HIPAA |  |  |  |
| California License from Department of Health Services |  |  |  |
| California License, Radiologic Technologist |  |  |  |
| N-95 Respiratory Fit Testing |  |  |  |
| CPR |  |  |  |
| Blood Borne Pathogen |  |  |  |
| **(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.* | | | |
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**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)** |
| Ibrahim Badroos | Radiologic Technologist I | 99740827 |
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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:**  **3672** |
| **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:**  **3655** |
| **2nd level MPP Administrator:** *(if applicable)* | **Signature:** | **Date:** | **Extension:**  **3660** |
| **3rd level MPP Administrator:** *(if applicable)* | **Signature:** | **Date:** | **Extension:** |
| **4th level MPP Administrator:** *(if applicable)* | **Signature:** | **Date:** | **Extension:** |