

## Department of Consumer Affairs

### Position Duty Statement

HR-041 (new 5/04)

<b>Classification Title</b>	<b>Board/Bureau/Division</b>
Office Technician (Typing)	Medical Board of California
<b>Working Title</b>	<b>Office/Unit/Section / Geographic Location</b>
	Licensing (Consumer Information Unit) – Sacramento
<b>Position Number</b>	<b>Effective Date</b>
629-160-1139-xxx	

Under the general direction of the Office Services Supervisor II, the Office Technician (typing) works at the advanced journey level in the Medical Board of California's (MBC) Licensing Program's Consumer Information Unit (CIU) and responds to a variety of requests from the public, organizations, applicants and licensees for current information about the professionals and occupations regulated by the Board.

A. SPECIFIC ASSIGNMENTS [Essential (E) / Marginal (M) Functions]

**50% Public Information (E)**

Provides routine answers to consumers, applicants and licensees related to professions and occupations regulated by the Medical Board regarding the licensing and complaint process and various other questions. Provides answers utilizing the CIU informational "fact sheets" and "most frequently asked questions"; informs consumers about basic laws, rules, regulations, policies and procedures relevant to the Medical Board utilizing the Consumer Information Center's reference manuals. Updates reference manuals, "fact sheets" and "most frequently asked questions", as needed, to ensure correct information is given to callers. **(30%)**

Responds to consumers, applicants and licensees regarding physicians, surgeons or other professions licensed by the MBC by accessing the BreZze database and the Board's Internet site. **(15%)**

Determines consumer's complaint jurisdiction and level of urgency to make appropriate referral within MBC or to direct the caller to another state department or agency. Provides appropriate resources available, private sector other government agencies etc., to callers if the issue is not related to the MBC by utilizing the CIU Directory, accessing the BreZze database, and the Internet. **(5%)**

**30% Verification of Licensure/Public Records (E)**

Prepares routine written, typed responses to requests from hospitals, health maintenance organizations, law enforcement agencies, and other public and private entities for verification of the licensure status of physicians and other Board licensee. **(15%)**

Prepares written, typed responses to consumers, in a timely manner, regarding licenses disciplinary history, criminal history and any other information contained in the Board's public records. **(15%)**

**20% General Information (E)**

Prepares correspondence, utilizing templates and various software programs (e.g. Microsoft Word, Microsoft Excel), to respond to routine written inquiries regarding general MBC information directed from the Executive Office. **(10%)**

Utilizing a computer, updates the License Master File database to include: changes of address, name, and health facility financial interests for physicians and other licensees. **(10%)**

B. Supervision Received

The incumbent works under the general direction of the Office Services Supervisor II.

C. Supervision Exercised

None

D. Administrative Responsibility

None

E. Personal Contacts

The incumbent has continuous direct contact with the public, healthcare organizations, other departments and agencies, applicants and licensees for current information about the professionals and occupations regulated by the Board which may be sensitive in nature. Additionally, the incumbent has direct daily contact with Licensing staff and management.

F. Actions and Consequences

If the incumbent does not perform the duties adequately, the Board could be unsuccessful with its goal to provide excellent customer service and may provide inaccurate information to its licensees, public, California Healthcare Consumers, healthcare organizations and etc. This would create an unfavorable perception of Board to the public. MBC Executive Management may begin receiving complaints, the media may draw attention to the issues, government officials may get involved and MBC image would be affected negatively.

G. Functional Requirements

No specific physical requirements are required: the incumbent works 40 hours per week in an office setting, with artificial light and temperature control. Daily access to and use of a personal computer and telephone is essential. Sitting and standing requirements are consistent with office work. Incumbents must consistently exercise initiative and professionalism in performing assigned tasks. **This position requires regular daily attendance and a regular work schedule (Monday through Friday from 8:00 a.m. until 5:00 p.m.)**

H. Other Information

Incumbent must possess good written and verbal communication skills, use good judgment in decision-making, exercise creativity and flexibility in problem identification and resolution, manage time and resources effectively, and be responsive to MBC Staff, Board and Committee Members and DCA management needs.

The incumbent may be privy to sensitive and confidential issues and/or materials and is expected to maintain the privacy and confidentiality of documents and topics pertaining to individuals or to sensitive program matters at all times.

Title 11, section 703D California Code of Regulations requires criminal record checks of all personnel who have access to Criminal Offender Record Information (CORI). Pursuant to this requirement, applicants for this position will be required to submit fingerprints to the Department of Justice and be cleared before hiring.

I have read and understand the duties listed above and I can perform these duties with or without reasonable accommodation. (If you believe reasonable accommodation is necessary, discuss your concerns with the hiring supervisor. If unsure of a need for reasonable accommodation, inform the hiring supervisor, who will discuss your concerns with the Health & Safety analyst.)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

I have discussed the duties of this position with and have provided a copy of this duty statement to the employee named above.

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

**Revised:**   jj 8/2011  
**Approved:**  CZ 9/2013