

STATE UNIVERSITIES CIVIL SERVICE SYSTEM

*Sunnycrest Center
1717 Philo Road, Suite 24
Urbana, Illinois 61802-6099*



*Joanne E. Maitland
Merit Board Chair
Lewis T. (Tom) Morelock
Executive Director*

TO: Designated Employer Representatives/Human Resources Directors
Classification Personnel and Examination Personnel

FROM: Kisha Jones
Human Resource Intern

SUBJECT: Notice of Specification/Examination Revision for the Quality Coordinator Series

DATE: March 16, 2011

Consistent with our transition to electronic testing options, the State Universities Civil Service System (System Office) is proposing a revision to the classification plan for the Quality Coordinator Series (Patient Care Evaluation Specialist Series). In this instance, our primary objective is to simply convert the current examinations to an Electronic Knowledge Test (E-Test) and/or Credentials Assessment model, which can be easily delivered in an electronic format. This conversion should prove to be more efficient and effective in addressing the applicant recruitment and employment components in this occupational area.

This proposal is to notify you of our planned conversion from the current Paper Examination & Experience and Supplemental Information Test. Confidential examination materials will be distributed later to meeting participants.

Current Classes

Patient Care Evaluation Specialist I
Patient Care Evaluation Specialist II

Proposed Classes

Quality Specialist
Quality Coordinator

This proposal will be formally reviewed at a meeting on **March 30, 2011 at 10:00 a.m.** You are invited to attend the meeting at the System Office, by teleconference or by videoconference. We ask each employer utilizing these classifications to please participate in this process. Conference call information will be sent prior to the meeting date along with examination information. For onsite participation, examination information will be distributed upon arrival to the System Office. ***If you plan to utilize videoconference for your participation, please indicate your IP address.***

Please share this information as required, but keep in mind that the purpose of this meeting is to simply change the delivery format of the examination from an applicant-rated paper format to an employer-rated electronic test. Contact Kisha Jones at (217) 278-3150, Ext. 223, or by email at kishaj@sucss.state.il.us if you need any additional information or clarification.

Classification/Examination Review: Quality Coordinator Series

Meeting Date: **March 30, 2011 - 10:00 a.m.**

University/Agency: _____

Please respond by March 28, 2010 if your university/agency plans to participate in the Class Specification and Examination Review Meeting.

***Please indicate below which method of participation you will utilize.
(Teleconference, Videoconference or Physically Attending)***

If you plan to utilize videoconference for your participation, please indicate your IP address:

Name	Position	Department	E-mail Address	Method of Participation