

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 Physical Therapist Series

DATE: May 4, 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 Physical Therapist 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**

Physical Therapist I  
Physical Therapist II  
Physical Therapist III  
Physical Therapist IV

**Proposed Classes**

Physical Therapist I  
Physical Therapist II  
Physical Therapist III  
Physical Therapist IV

This proposal will be formally reviewed at a meeting on **May 18, 2011 at 1:30 p.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](mailto:kishaj@sucss.state.il.us) if you need any additional information or clarification.

Classification/Examination Review: Physical Therapist Series

Meeting Date: **May 18, 2011 - 1:30 p.m.**

University/Agency: \_\_\_\_\_

***Please respond by May 16, 2011 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 |
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