

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 Therapy Assistant

DATE: May 11, 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 Therapy Assistant. 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 Informational Supplement. We do not plan to substantively revise the classification specifications for this series, but we will be minimally changing the specification format to coincide with our standardized model. Confidential examination materials will be distributed later to meeting participants.

Current Class

Physical Therapy Assistant

Proposed Class

Physical Therapy Assistant

This proposal will be formally reviewed at a meeting on **May 25, 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 this classification to please participate in this process. Due to the minor revisions to the class specifications and examination, we do not anticipate a lengthy meeting. 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: Physical Therapy Assistant

Meeting Date: **May 25, 2011 - 1:30 p.m.**

University/Agency: _____

Please respond by May 23, 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