

# STATE UNIVERSITIES CIVIL SERVICE SYSTEM

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



**James D. Montgomery**  
*Merit Board Vice Chair*  
**Lewis T. (Tom) Morelock**  
*Executive Director*

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

FROM: Torre L. Walls  
Operations Division

SUBJECT: Notice of Specification/Examination for the Medical/Certified Medical Assistant Series

DATE: October 2, 2013

Consistent with our transition to electronic testing options, the State Universities Civil Service System (System Office) is proposing a revision to the classification plan. In this instance, our primary objective is to update the Medical Assistant class and in doing so add a certified higher-level classification. We will also create a credentials assessment as the examination component, 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.

Confidential examination materials will be distributed later to meeting participants. *(Please note, the addition of the Certified Medical Assistant has been proposed in part due to new/pending health care regulations. Standard position review process should be used when determining if any current incumbent/position should be delegated to the new class specification.)*

## **Current Class**

Medical Assistant

## **Proposed Classes**

Medical Assistant

**Certified Medical Assistant**

This proposal will be formally reviewed at a meeting on **October 15, 2013 at 2:00 p.m.** You are invited to attend the meeting at the System Office or by videoconference. We ask each employer utilizing these classifications to please participate in this process. Due to the minor revisions to the class specification and examination, we do not anticipate a lengthy meeting. Videoconference exam materials will be sent prior to the meeting. 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 Torre Walls at (217) 278-3150, Ext. 230, or by email at [torrew@sucss.illinois.gov](mailto:torrew@sucss.illinois.gov) if you need any additional information or clarification.

Classification/Examination Review: Certified Medical Assistant

Meeting Date: **October 15, 2013 - 2:00 p.m.**

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

***Please respond by October 11, 2013 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.  
(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