

STATE UNIVERSITIES CIVIL SERVICE SYSTEM

Sunnycrest Center
1717 Philo Road, Suite 24
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James D. Montgomery
Merit Board Chair
Lewis T. (Tom) Morelock
Executive Director

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

FROM: Lucinda M. Neitze 
Assistant Director, Operations and Audit Division

SUBJECT: Meeting Notice of Specification/Examination for classifications for Medical
Radiographer (Modalities)

DATE: April 16, 2014

Consistent with our transition to electronic testing options, the State Universities Civil Service System (System Office) is proposing the revision to the classification plan. This letter is to notify you of a meeting to review the Medical Radiographer and related classifications/occupations. An extensive list is attached to the end of the memorandum.

This proposal will be formally reviewed at a meeting to be conducted on **April 30, 2014 at 10:00 a.m.** You are invited to attend the meeting at the System Office or by Videoconference. We ask that each employer with the potential to utilize these classifications to please participate in this process. For onsite participation, examination information will be distributed upon arrival to the System Office. If you plan to participate via Videoconference, the necessary examination materials will be sent prior to the meeting. Please provide your IP address if you wish to participate in this fashion.

Please share this information as required, but keep in mind that the purpose of this meeting is to review the new/revised class specifications and topics related to new proposed examinations. Please contact Jeff Brownfield at (217) 278-3150, Ext. 236, or by email at jeffb@sucss.illinois.gov if you need any additional information or clarification.

Classification/Examination Review:

Meeting Date: **April 30, 2014 at 10:00 a.m.**

University/Agency: _____

*Please respond by **April 28, 2014** if your university/agency plans to participate in the Class Specification and Examination Review Meeting.*

***Please indicate which method of participation you will utilize below.
(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

Medical Radiographer Modalities

Current Classification Series

Proposed/New Classification Series

Medical Radiographer I
Medical Radiographer II
Medical Radiography Specialist
Medical Radiography Coordinator

Medical Radiographer Technologist I
Medical Radiographer Technologist II
Medical Radiography Specialist
Medical Radiography Supervisor

Nuclear Medicine Technologist I
Nuclear Medicine Technologist II
Nuclear Medicine Technologist III

Nuclear Medicine Technologist
Nuclear Medicine Specialist
Nuclear Medicine Supervisor

None
None
None

Mammography Technologist
Mammography Specialist
Mammography Supervisor

None
None
None

Magnetic Resonance Imaging Technologist
Magnetic Resonance Imaging Specialist
Magnetic Resonance Imaging Supervisor

Please note - the Ultrasound/Sonographer related classifications which are part of this occupational area will be reviewed during a separate meeting.