## **Position Description**

Read each heading carefully before proceeding. Make statements simple, brief, and complete. Be certain the form is signed. Send the original to the Division of Personnel Services.				
CHECK ONE: NEW POSITION				4
Part 1 - Items 1 through 12 to be completed by d	-			
1. Agency Name Kansas State Board of Nursing	9. Position No. K0237083	10. Budget Program Number		
2. Employee Name (leave blank if position vacant)		11. Present Class Title (if existing position) Registered Nurse Specialist – Nursing Education		
		Specialist		
3. Division Education		12. Proposed Cl	lass Title	
4. Section Education	For	13. Allocation		
5. Unit	Use	14. Effective Date		Position Number
6. Location (address where employee works)	Ву	15. By	Approved	Trumoer
City Topeka County Shawnee				
7. (circle appropriate time)	Personnel	16. Audit		
Full time Perm. Inter.		Date:	By:	
Part time Temp. %		Date:	By:	
8. Regular hours of work: (circle appropriate time)	Office	17. Audit		
FROM: 8:00 AM/PM To: 4:30 AM/PM		Date: Date:	By: By:	
PART II - To be completed by department head.	nersonnel office			
18. If this is a request to relocate a position, briefly other factors which changed the duties and resp	onsibilities of the p	position.		
19. Who is the supervisor of this position? (Who as		directions, answer		
Name Carol Moreland E	Title Position Numb Executive Administrator K0144765		mber	
Curot Moreland E.	Accurve 7 turming	14101	10111702	
Who evaluates the work of an incumbent in this	-		Doubling No.	<b>L</b>
Name Carol Moreland Ex	Title Position Num Executive Administrator K0144765		mber	
Carol Moleand Executive Administrator Roll+1/05				
20. a) How much latitude is allowed employee in cogiven to the employee in this position to help				es are
<ul> <li>a) Once oriented, a considerable amount of independent of the provided based on Board complete.</li> </ul>	e Administrator ar	nd other profession		rientation is
21. Describe the work of this position using the page	<u>e or one ad</u> ditiona	l page only. (Use	the following format for describing	job
duties:) <b>What</b> is the action being done (use an action being done (be brief); <b>how</b> is the action being reviewed for?	on verb); to <b>whom</b>	or what is the ac	tion directed (object of action); why	is the
Number Each				

Task and	
Indicate	
Percent of	
Time	
1. 25%	Continuing Education Activities
	Implements evaluation criteria and monitoring procedures for continuing education programs.
	Responds orally and in writing to inquiries and requests concerning continuing education offerings.
	<ul> <li>Reviews continuing education submittals and approves as appropriate.</li> </ul>
	<ul> <li>Assists community and professional groups with CNE course development and approval.</li> </ul>
	Provides education and consultation to providers as needed.
	Reviews Individual Offering Approval requests submitted by licensees.
	Compiles annual report of CNE providers.
	Prepares Committee materials and newsletter report for continuing education.
2. 20%	Agency Records Officer
2. 20%	<ul> <li>Liaison between KSBN and KSHS staff and the State Records Board</li> </ul>
	<ul> <li>Manage the agency's records, record keeping practices and records scheduled</li> </ul>
	Revises agency record schedules and requests new record schedules as necessary
	Facilitates and catalogs the transfer of records and handles records destruction
	Ensures agency records are well managed, regardless of format
	<ul> <li>Monitoring storage locations for condition changes and security risks.</li> </ul>
	<ul> <li>In legal cases the records officer can sign a legal document stating the records in question are accurate</li> </ul>
	and have been filed properly
3. 10%	<u>IV Therapy</u>
	• Implements evaluation criteria and monitoring procedures for IV therapy education providers.
	<ul> <li>Responds orally and in writing to inquiries and requests concerning IV therapy offerings.</li> </ul>
	Reviews IV therapy course applications and approves as appropriate.
	Reviews individual IV therapy approval requests submitted by licensees.
	Compiles annual report of IV therapy providers.
	Prepares committee materials and newsletter report for IV therapy.
4. 10%	Board and Committee meetings
1. 1070	Prepares agenda and report of assigned committees.
	• Completes Board and Committee assignments including written responses for Board and Committee action.
	Provides staff support at Board and committee meetings as assigned.
5. 25%	KS Open Records Requests (KORA)
3. 25%	• Approves and processes requests for the mailing list and/or documents requests or direct request to
	appropriate staff.
	KORA requests could require redacting information that cannot be shared due State laws.
6. 5%	Survey Visits
	Assist the Nursing Education Compliance Officer with school site visits as needed.
7. 5%	Other
7. 570	Attends meetings of selected organizations as assigned.
	Coordinates submission of materials for newsletter.
	<ul> <li>Provides feedback throughout the year. Assigns work and provides oversight and direction as needed for</li> </ul>
	the Administrative Assistant.
	<ul> <li>In addition to the aforementioned, the incumbent will be expected to perform other duties as needed and</li> </ul>
	assigned.

<ul> <li>22. a. If work involves leadership, supervisory, or management responsibilities, check the statement which best describes the position.</li> <li>( ) Lead worker assigns, trains, schedules, oversees, or reviews work of others.</li> <li>( ) Plans, staffs, evaluates, and directs work of employees of a work unit.</li> <li>( ) Delegates authority to carry out work of a unit to subordinate supervisors or managers.</li> <li>b. List the names, class titles, and position numbers of all persons who are supervised directly by employee on this position.</li> </ul>				
Title Position Number				
<ul> <li>23. Which statement best describes the results of error in action or decision of this employee?</li> <li>( ) Minimal property damage, minor injury, minor disruption of the flow of work.</li> <li>( <u>X</u>) Moderate loss of time, injury, damage or adverse impact on healthy and welfare of others.</li> <li>( ) Major program failure, major property loss, or serious injury or incapacitation.</li> <li>( ) Loss of life, disruption of operations of a major agency.</li> <li>Please give examples.</li> </ul>				
Once oriented, the responsibilities will be quite significant, and the mistakes will be very costly in terms of licensure and program failure.				
24. For what purpose, with whom and how frequently are contacts made with the public, other employees or officials?				
Frequent contact with providers, licensees, other Board of Nursing staff.				
25. What hazards, risks or discomforts exist on the job or in the work environment?				
Normal office hazards Some lifting and moving of files and boxes.				
26. List machines or equipment used regularly in the work of this position. Indicate the frequency with which they are used.				
General office equipment. Computer, printer, phone, answering machine, fax, copier.				
PART III - To be completed by the department head or personnel office				
27. List in the spaces below the minimum amounts of education and experience which you believe to be necessary for an employee to begin employment in this position.  Education – General				
Baccalaureate Degree in Nursing required, preferred two (2) years experience in nursing education.				
Education or Training - Special or professional				
Graduate of nationally accredited nursing program, B.S. in Nursing, computer courses, curriculum and education courses.				
License, certificates and registrations				
RN License in Kansas				
Special knowledge, skills and abilities				
People skills – communication important				
Expertise, knowledge and experience in education and administration				
Experience - Length in years and kind				
Two (2) years experience in nursing education preferred.				

State any additional qualifications for this position that are necessary special requirement, a bona fide occupational quand experience statement on the class specification. A specific	ualification (BFOQ) or other requirement that do	oes not contradict education
Kansas State Nursing license		
Travel is required and hours are long during Board meetin function with a minimum of supervision once orientation is		ay be required. Ability to
Signature of Employee Date	Signature of Personnel Official	Date
	Approved:	
Signature of Supervisor Date	Signature of Agency Head or Appointing Authority	Date