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| www.fsbpt.org | Job Description  |

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| Job Title: Exam Services Assistant | Job Code (to be completed by HR):       |
| Grade Level (To be completed by HR):       | FLSA Status (To be completed by HR):       |
| Supervisor Title: Assistant Director of Exam Services | Department: Exam Services |

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| **Job Summary** |
| In 3 – 4 sentences, briefly but specifically, summarize the primary purpose of the work performed. |
| Assists with both internal and external information requests related to exams administered by FSBPT. Answers phone calls on two of the six call center phone lines. Provides outstanding customer service by phone and email to all FSBPT stakeholders. Performs entry-level tasks as assigned (e.g. receives, proceses and distributes incoming mail and faxes). |

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| **Essential Functions** |
| List up to six **essential functions** of the job, indicating the **most important** first, and the approximate percentage of time spent on each over the course of a year. **Only** list any duties or responsibilities that require 10% or more (equivalent to half of a day per week or 5 weeks per year) of the job’s time.  |
| 1. Provides accurate and complete information to inquires in all assigned call centers within established service level |
|  | 40 | % of Time |
| 2. Processes and ensures the accuracy of NPTE candidate service requests and respond to email inquires |
|  | 30 | % of Time |
| 3. Performs daily administrative duties as assigned |
|  | 20 | % of Time |
| 4. Assists Managing Director, Assistant Director and/or Specialists with projects and daily duties. |
|  | 10 | % of Time |
| 5.       |
|  |       | % of Time |
| 6.       |
|  |       | % of Time |
| May perform other duties and responsibilities as assigned or directed by the supervisor. This may include attendance of and participation in required training for role. |
| **Total MUST equal 100%. If not, please adjust your entries.** | 100 | **Total** |

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| **Supervisory Responsibilities** |
| Indicate the type and scope of supervisory responsibilities that most accurately describe this job. **Select only one.**  |
| [ ]  **Direct Supervisor:** Direct authority to make decisions on the following: employee hiring, disciplinary action, starting salaries and merit increases; conduct employee performance evaluations. |
| [ ]  **Assigned Lead:** May recommend the following: employee hiring, disciplinary action, and starting salaries; provide input on employee performance evaluations. |
| [x]  Does not have any supervisory responsibilities. |

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| **Budget Responsibilities** |
| Select the item(s) below which best describe the job’s involvement in the budgetary process. **Select all that apply.** |
| [x]  No Involvement | [ ]  Plan/Forecast | [ ]  Prepare | [ ]  Approve | [ ]  Monitor |
| Does the incumbent have signature authority for purchasing? [ ]  Yes [x]  No |
| If Yes, please provide dollar amount: $       |
| If job has budgetary responsibility, please provide the budget amount for which incumbent has primary responsibility (include grants, if applicable): $       |

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| **Education** |
| Indicate the **minimum** **level** of education generally necessary to effectively perform the job’s essential functions. If a higher level of education is preferred, please indicate that as well. **Select only one educational level in each column.** |
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| Required | Preferred | Level of Education | Field of Study |
| [ ]  | [ ]  | Doctoral/advanced degree |       |
| [ ]  | [ ]  | Master’s degree |       |
| [ ]  | [ ]  | Bachelor’s degree |       |
| [ ]  | [x]  | Associate’s or vocational/ technical school degree |       |
| [ ]  | [ ]  | Vocational or technical training |       |
| [x]  | [ ]  | High school diploma or GED |  |
| Other professional licensures, certifications, or designations required:       |
| If experience can be substituted for the education above, please describe.       |

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| **Work Experience** |
| Indicate the **minimum level** of work-related experience required to effectively perform the job’s responsibilities. This is not necessarily the same as the incumbent’s experience. **Select only one.** |
| [ ]  Less than 12 months [x]  1 – 3 years [ ]  3 – 5 years [ ]  5 – 8 years [ ]  More than 8 years |

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| **Required Knowledge, Skills, and Abilities:**  |
| Describe the type and level of knowledge, skills, and abilities required to perform the essential functions of this job. |
| Excellent customer service, communication and conflict resolution skills. Superior analytical, time management and multi-tasking skills. Understanding of call center fundamentals and key performance indicators. Ability to meet strict deadlines.  |

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| **Physical/Environmental Demands** |
| Indicate the typical physical and/or environmental demands required to effectively handle the job responsibilities and their frequency. S**elect only one.** |
| [x]  Office environment/no specific or unusual physical or environmental demands  |
| [ ]  Specific physical requirements or environmental exposures. If checked, complete the Additional Work Environment Questions in the Addendum |

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| **Work Hours and Travel** |
| **Select all that apply.** |
| [ ]  Work hours and location may be flexible under some circumstances |       |
| [x]  Full-time | [ ]  Part time *(specify number of hours per week)*       |
| [ ]  Evening, holiday, or weekend work required |
| [ ]  Occasional, *please* *describe* |       |
| [ ]  Regular, *please describe* |       |
| [x]  Periods of high volume/work load, *please describe* | During quarterly NPTE administration |
| [ ]  Occasional travel required. *Please describe distance, frequency, trip duration, etc.*       |
| [ ]  Extensive travel required. *Please describe distance, frequency, trip duration, etc.*       |

**This general outline illustrates the type of work that characterizes the job. It is not an all-encompassing statement of the specific duties, responsibilities, and qualifications.**

**APPROVAL SIGNATURES** *(Typed name is acceptable for electronic submission)*

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| Tyler Campbell |       |       |
| Supervisor Name | Supervisor Signature | Date |
| Christine Sousa |       |       |
| Appropriate Leadership Team Member Name | Appropriate Leadership Team Member Signature | Date |