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|  |  | |  |  | | --- | --- | | |  | | --- | | This position description serves as the official classification document of record for this position. Please complete the information as accurately as you can as the position description is used to determine the proper classification of the position. | | |  | | |  |  | | --- | --- | | **2. Employee's Name (Last, First, M.I.)** | **8. Department/Agency** | |  | DOC-CHIPPEWA FAC/CHIPPEWA TEM | | **3. Employee Identification Number** | **9. Bureau (Institution, Board, or Commission)** | |  | Bureau of Health Care Services | | **4. Civil Service Position Code Description** | **10. Division** | | DENTIST-E | Health Care | | **5. Working Title (What the agency calls the position)** | **11. Section** | | Dentist | Health Services | | **6. Name and Position Code Description of Direct Supervisor** | **12. Unit** | | CHOI, JONG R; DENTIST MANAGER-1 | Dental Clinic | | **7. Name and Position Code Description of Second Level Supervisor** | **13. Work Location (City and Address)/Hours of Work** | | CHOI, JONG R; STATE DIVISION ADMINISTRATOR | 4269 W M 80, Kincheloe, MI 49784 / 80 Hours Per Pay Period | | |  | | |  |
|  | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  | |  | | --- | | **14. General Summary of Function/Purpose of Position** | |  |  | |  |  |  |  | | |  | | --- | | Provide Dental Services to prisoners at assigned Correctional Facility and other Dental Clinics, as assigned.  These Dental Services include, but are not limited to: diagnosis, operative/restorative, surgical (including extractions), and prosthetic treatment.  To document and record patient treatment information, as required by Dental Program guidelines, to ensure performance compliance of supervised Dental Staff, to provide patient care in accordance with established and perceived “standard of care guidelines” and to maintain the facility Dental Clinic operational modalities at MDOC Dental Program standards.  Possession of Controlled Substance and U.S.D.E.A Registration is preferred.  This is a test-designated position.  This position has direct contact with and supervisory responsibility over prisoners for more than 50% of work time.  This position is located 100% within the secure perimeter of a Correctional Facility. | | | |  | |  |  |  |  | | | |  |

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|  |  | | | | | |  | | | | | | |  |  |  | | --- | --- | --- | |  | |  | | --- | | **18. What kind of physical effort is used to perform this job? What environmental conditions in this position physically exposed to on the job? Indicate the amount of time and intensity of each activity and condition. Refer to instructions.** | | |  |  | | |  | | --- | | Physical Activities:  Sitting, stooping, reaching, lifting, carrying and bending.  (Sitting–80%, Standing–15%, Carrying–5%)  Condition Hazards:  Noise, odors, chemicals, contaminated waste, radiation and exposure to TB, HIV+ and HBV.           The practice of dentistry requires considerable physical exertion constantly.  This exertion includes moving between chairs, standing during long surgical procedures, and hand strength for the retraction and removal of teeth.           This position is also constantly exposed to adverse environmental conditions such as biologic hazards (TB, HIV+, & HBV) and chemical hazards such as disinfectants and other dental material.  The dental clinic is located               within the secure perimeter of a prison. | | | | | | | | | | | | | | | | | | | | |  |
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|  | |  |  |  |  | | --- | --- | --- | --- | | |  | | --- | | **22. Do you agree with the responses for items 1 through 20? If not, which items do you disagree with and why?** | |  | | |  | |  | |  | | |  | | --- | | Yes | | |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | |  |
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|  |  | | | | | | |  |  |  |  | | --- | --- | --- | --- | | |  | | --- | | **25. What is the function of the work area and how does this position fit into that function?** | |  | | |  | |  | |  | | |  | | --- | | Provides general and emergency dental services to prisoners. | | |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | |  |
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|  |  | | | | | |  | | | | | |  | | | | | |  |  | | | | |  |  | | | |  | | --- | | **TO BE FILLED OUT BY APPOINTING AUTHORITY** | |  |  |
|  |  | | | | | |  | | | | | |  | | | | | |  |  | | | | |  |  | | |  |  |  |
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