DUTY STATEMENT
CALIFORNIA DEPARTMENT OF VETERANS AFFAIRS

PART A	
Position No: 576-156-8279-001	**Date:**
Class: Speech Pathologist I	**Name:**

Under direction of the Chief of Restorative Care Services, this position administers diagnostic tests to determine the nature and extent of speech disorders; provides individual and group speech therapy services to residents; prepares reports and summaries on diagnosis, prognosis, progress, and recommendations for assigned cases; confers with staff and family members regarding progress and treatment; and trains staff and family in therapeutic procedures and methods of motivating residents related to speech therapy for the Veterans Home of California West Los Angeles. Provider must be linked, through their National Practitioner Identification, to their facility for Medicare, Medi-Cal and all other applicable insurance vendors.

Percentage of time performing duties:	ESSENTIAL FUNCTIONS
40%	Maintain an active caseload and administer an active treatment program (individual or group). Prepare reports and summaries regarding diagnosis, prognosis and recommendations for the treatment of communicative and swallowing handicaps. Consult with other disciplines as appropriate. Requisition equipment and supplies as needed.
35%	Administer diagnostic tests to determine the nature and extent of communicative disorders, and to provide therapy for their remediation. Determine the nature and extent of speech, language (communication) and swallowing disorders: a) administer appropriate formal and informal diagnostic procedures. B) when required, engage in short-term diagnostic therapy to accurately assess communicative and/or swallowing potential.
10%	Attend and participate in committee and inter-disciplinary meetings, staff meetings, in-service programs for communication and the integration of speech pathology services. Provider will complete appropriate charge slips for all resident visits in order for Veterans Homes to be reimbursed for services provided.
5%	Attend state and national speech pathology conferences, workshops and seminars to maintain knowledge of current trends and research in order to maintain the necessary level of professional competence with which to adequately service the patients' needs.
5%	Develop and implement quality assurance monitors. Participate in budget planning and various other administrative duties.
NON-ESSENTIAL FUNCTIONS	
5%	Other related duties as assigned.

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PART B - PHYSICAL AND MENTAL REQUIREMENTS OF ESSENTIAL FUNCTIONS

Activity	Not Required	Less than 25%	25% to 49%	50% to 74%	75% or More
VISION: View computer screen; prepare various forms, memos, reports, letters, and proofread documents.					X
HEARING: Answer telephone; communicate with Administration, department managers, department staff; provide verbal information.					X
SPEAKING: Communicate with staff, residents and the public in person and via telephone; interact in meetings.					X
WALKING: Within the home to the various units.			X		
SITTING: Work station, meetings and training.			X		
STANDING: Copy documents; review records.		X			
BALANCING:		X			
CONCENTRATING: Review documentation for accuracy; complete forms, observe residents.					X
COMPREHENSION: Understand resident needs; laws, rules, regulations, policies and procedures; content of meetings, trainings and work discussions; facilitate the dynamic of team work.					X
WORKING INDEPENDENTLY: Must be able to apply laws, rules and processes with minimal guidance.					X
LIFTING UP TO 10 LBS:					X
LIFTING 10 – 25 LBS:		X			
LIFTING 25 – 50 LBS:		X			
FINGERING: Push telephone buttons, calculator keys, and computer keyboard.					X
REACHING: Answer telephone; use a mouse; retrieve documents from printer.		X			
CARRYING: Transport documents, mail.					X
CLIMBING:		X			
BENDING AT WAIST: Use copier; access low file drawers.			X		
KNEELING: Access low file drawers.			X		
PUSHING OR PULLING: Open and close file drawers.			X		
HANDLING: Charts; medical equipment.				X	
DRIVING: Special events.			X		
OPERATING EQUIPMENT: Computer; telephone; copier, printer, fax machine; medical equipment.				X	
WORKING INDOORS: Enclosed office environment.					X
WORKING OUTDOORS: Special events.		X			
WORKING IN CONFINED SPACE: File, supply, storage rooms, etc.		X			

I have read and understand the duties listed on this Duty Statement and I can perform these duties with or without reasonable accommodation. (If reasonable accommodation may be necessary, discuss any concerns with the Equal Employment Opportunity Office.)

Employee signature _____ Date _____

Supervisor signature _____ Date _____

Human Resources signature _____ Date _____