DUTY STATEMENT

Employee Name:	Position Number: **580-220-9928-901**
Classification: Program Technician II	Tenure/Time Base: Limited Term/Full-time
Working Title: Death Registration Technician	Work Location: 3701 N. Freeway Blvd. Sacramento, CA 95834
Collective Bargaining Unit: R04	Position Eligible for Telework (Yes/No): Yes
Center/Office/Division: Vital Records and Statistics Division	Branch/Section/Unit: Vital Records Registration Branch Registration Section Death Registration Unit Death Registration Processing Team

All employees shall possess the general qualifications, as described in California Code of Regulations Title 2, Section 172, which include, but are not limited to integrity, honesty, dependability, thoroughness, accuracy, good judgment, initiative, resourcefulness, and the ability to work cooperatively with others.

This position requires the incumbent to maintain consistent and regular attendance; communicate effectively (orally and in writing) in dealing with the public and/or other employees; develop and maintain knowledge and skill related to specific tasks, methodologies, materials, tools, and equipment; complete assignments in a timely and efficient manner; and adhere to departmental policies and procedures.

All California Department of Public Health (CDPH) employees perform work that is of the utmost importance, where each employee is important in supporting and promoting an environment of equity, diversity, and inclusivity, essential to the delivery of the department's mission. All employees are valued and should understand that their contributions and the contributions of their team members derive from different cultures, backgrounds, and life experiences, supporting innovations in public health services and programs for California.

Competencies

The competencies required for this position are found on the classification specification for the classification noted above. Classification specifications are located on the California Department of Human Resource's Job Descriptions webpage.

Job Summary

This position supports the California Department of Public Health's (CDPH) mission and strategic plan by ensuring the timely registration of Death and Fetal Death Certificates and processing amendments for the people and communities we serve.

The Program Technician II (PT II) receives, reviews, and processes Death and Fetal Death Certificates and is responsible for processing affidavits to amend errors on death and fetal death records. The PT II reviews certificates to ensure acceptability for registration in the Electronic Death Registration System (EDRS) and Fetal Death Registration Module (FDRM) in a timely manner. The

incumbent is responsible for identifying errors, and ensuring completed work is accurate, neat, and well organized. The PT II resolves issues from the EDRS and FDRM Helpdesk regarding disposition permits, password resets, and/or faxed attestations. These issues may be resolved using calls, emails, and written correspondence.

The incumbent works under the general supervision of the Supervising Program Technician II, Supervisor of the Death Registration Processing Team.

Special Requirements

- ☐ Conflict of Interest (COI)
- ☐ Background Check and/or Fingerprinting Clearance
- ☐ Medical Clearance
- ☐ Travel:
- ☐ Bilingual: Pass a State written and/or verbal proficiency exam in
- ☐ License/Certification:
- ☐ Other:

Essential Functions (including percentage of time)

30% Review death records submitted in EDRS and FDRM for accuracy and acceptability, following State guidelines and Vital Records policies and procedures. Assign State File Number (SFN) using the electronic registration systems. Review the date of event compared to the local registration date and date of disposition to ensure proper date sequence is followed.

30% Review affidavit forms and other documents to amend death and fetal death records; determine if submitted amendment is acceptable for registration for both electronic and hard copy registrations. Determine if the appropriate form has been submitted for the type of corrections requested, whether the form is properly and fully completed, whether the requested correction can be made by affidavit, if the proper fee has been submitted, if the supporting affidavits have been signed by appropriate affiants, whether the action requested is complete and meets legal requirements. Compose letters and call applicants to identify needed corrective action if the form or request is not acceptable. If affidavit form is complete, accept form for registration by applying State Registrar's title, date of acceptance, and initials of reviewer.

10% Serve as liaison and contact person on affidavits for the local health departments, county recorders, county clerks, and coroners' offices. Answer complex questions on affidavits that relate to the Health and Safety Code requirements, procedures, fee requirements, and status of requests.

10% Respond to incoming EDRS Helpdesk calls in accordance with established policies, guidelines, and current EDRS practices. Review remote attestations, including voice attestations. The remote attestation is a remote signature method for requesting the medical certification of the causes of death utilizing a telephone (voice) or fax machine. Death certificates with incorrect information shall be flagged for review. Using the Medical Board of California, review the license number to determine if signature is a Medical Doctor or Osteopathic Doctor. Review sequences of date of death to registration date and disposition date.

10% Review flagged records to determine if it is acceptable or if additional information is required.

5% Attend meetings and trainings as needed.

Marginal Functions (including percentage of time)

5% Perform other work-related duties as assigned, which may include assisting other units within the Vital Records Registration Branch when needed.

☐ I certify this duty statement represents an accurate description of the essential functions of this position. I have discussed the duties and have provided a copy of this duty statement to the employee named above.

☐ I have read and understand the duties and requirements listed above and am able to perform these duties with or without reasonable accommodation. (If you believe reasonable accommodation may be necessary, or if unsure of a need for reasonable accommodation, inform the hiring supervisor.)

Supervisor's Name:	Date	Employee's Name:	Date
Supervisor's Signature	Date	Employee's Signature	Date

HRD Use Only:
Approved By: HH
Date: 8/31/26