



# Job Description

## General Information

**Position Title:** Nurse Practitioner/Medical Doctor

**Department:** Student Health Services

**Date:** February 2016

**Reports to:** Director of Student Health Services

**Location:** Dean of Students

**FLSA Classification:**  
(circle one)  
Non-Exempt (Hourly)  
Exempt (Salaried)

## Position Summary

The Nurse Practitioner/Medical Doctor treats illnesses and injuries and provides preventative care, health education and disease prevention through clinical decision-making and problem-solving using a holistic approach.

## Responsibilities (Essential Functions) Include % of time spend for each Essential Function

1. Evaluate, diagnose and develop treatment plans for acute and/or chronic illness;
2. Prescribe and/or provide medications as warranted;
3. Obtain medical histories; perform physical exams and upkeep medical records;
4. Evaluate injuries and provide necessary treatments and referrals;
5. Order and interpret x-rays, laboratory tests or other diagnostic tests, as needed;
6. Provide patient and community education in a variety of venues;
7. Provide patient and community education through a variety of venues;
8. Collaborate with other professionals (medical, psychosocial, nutritional, athletics) to make referrals when appropriate, and maintain a team approach with coworkers;
9. Continue ongoing education through conferences and workshops;
10. Perform other duties for the Health Center as requested or needed.

## Education and Previous Experience Requirements

New York State certification as a Nurse Practitioner or Medical Doctor. Minimum of three years' experience in primary care. Experience working in a college health setting preferred.



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## Knowledge, Skills, and Abilities

Job-related qualifications representing the knowledge, skills, and attributes an individual needs to possess in order to perform the job in a satisfactory manner.

Excellent communication skills are required, as well as the ability to provide outreach programming for students and the Hamilton College Community; and the willingness to serve on various campus committees, as needed.

## Physical Dimensions

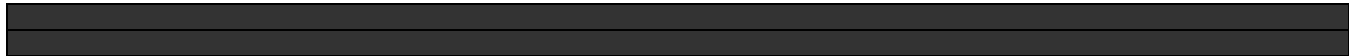
Indicate how often the following physical demands are required to perform the Essential Job Responsibilities.

Activity (Hours per Day)	Never	Occasionally	Frequently	Constantly
	0 hours	Up to 3 hours	3-6 hours	6-8+ hours
Sitting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Bending (neck)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bending (waist)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Squatting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climbing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kneeling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crawling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Twisting (neck)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Twisting (waist)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Hand Use</b>				
Is repetitive use of hand required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Check the frequency of activity required of the employee to perform the job				
Activity (Hours per day)	Never	Occasionally	Frequently	Constantly
	0 hours	Up to 3 hours	3-6 hours	6-8+ hours
Simple grasping (right hand)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Simple grasping (left hand)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Power grasping (right hand)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Power grasping (left hand)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fine manipulation (right hand)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fine manipulation (left hand)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pushing and pulling (right hand)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pushing and pulling (left hand)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Reaching (above shoulder level)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaching (below shoulder level)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Lifting</b>				
Please indicate the daily lifting requirements of the job	Never	Occasionally	Frequently	Constantly
	0 hours	Up to 3 hours	3-6 hours	6-8+ hours
Lifting 0-10 lbs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lifting 11-25 lbs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lifting 26-50 lbs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lifting 51-75 lbs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lifting over 75 lbs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**Reviewed and Approved:  
(Sign and Date)**

**Department Manager/Supervisor:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Department Director/VP:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Human Resources:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Union Representative (If Applicable):** \_\_\_\_\_

**Date:** \_\_\_\_\_