



Office of the City Clerk

Jim Owczarski
City Clerk
jowcza@milwaukee.gov

Dana J. Zelazny
Deputy City Clerk
d.zelazny@milwaukee.gov

VIA ELECTRONIC MAIL

June 9, 2021

The Honorable,
Members of the Board of City Service Commissioners
City Hall

Honorable Members,

I write to request, under Rule IX, Section II of the *Rules* of the Board of City Service Commissioners, an extension of temporary appointment for Gabriela Klein, License Specialist II (under-filling as a "I"), Common Council – City Clerk, from July 16, 2021 and ending January 14, 2022.

Vacancies within the License Division along with an individual being on long-term disability have led to a significant backlog of work. Auxiliary position authority will be sought through the Department of Employee Relations should this request meet with your approval.

I have attached the request for temporary appointment, job description and resume for your reference.

Thank you for your consideration of this matter. Should you have any questions of me, please do not hesitate to contact me at your convenience.

Respectfully,

James R. Owczarski
City Clerk

Cc: Terry MacDonald



Department of Employee Relations
200 E. Wells Street, Room 706
Milwaukee, WI 53202-3554



NOTICE OF TEMPORARY APPOINTMENT

Rule IX, Section 2 of the Civil Service Rules allows a department to appoint a person to a position on a temporary basis. A temporary appointment may be appropriate when services are for a limited period, or during the leave of absence of an employee who plans to return to the service of the city. **Therefore a temporary appointment is limited to a period of 90 days, unless an extension is authorized by the City Service Commission.**

When making an employment offer for a temporary appointment, the appointing officer must submit this completed form to DER no later than the close of the pay period in which the temporary appointment has been made. All temporary appointees must meet the minimum requirements established for the position to which the individual is appointed.

SEND COMPLETED FORM AND SUPPORTING DOCUMENTATION TO DER, CITY HALL, ROOM 706 OR DERCERTIFICATION@MILWAUKEE.GOV

TEMPORARY APPOINTMENT/APPOINTEE DETAILS				
DEPARTMENT/DIVISION COMMON COUNCIL/CITY CLERK LICENSE D	LAST NAME KLEIN	FIRST NAME GABRIELA	INITIAL V	
AUTHORIZED POSITION TITLE License Specialist II	PAY RANGE 3EN	F&P APPROVAL DATE NA	REQUISITION #	
UNDERFILL TITLE (IF APPLICABLE) License Specialist I	PAY RANGE 5DN	WAS THIS INDIVIDUAL FROM AN ELIGIBLE LIST? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, REFERRAL #		
REASON FOR TEMPORARY APPOINTMENT <input type="checkbox"/> During Leave of Absence of an employee who is expected to return <input checked="" type="checkbox"/> To perform services of a temporary nature and for a limited period	EFFECTIVE DATE 7/19/2021	ANTICIPATED EXPIRATION DATE 1/14/2021	T.A. RATE OF PAY \$1,521.77	
ATTACH A COPY OF THE CURRENT JOB DESCRIPTION & A RESUME IN ADDITION TO COMPLETING THE INFORMATION BELOW				
PROVIDE AN EXPLANATION OF WHY THE TEMPORARY APPOINTMENT IS NEEDED: Vacancies within the license Division along with one individual on long term disability have led to a backlog of work. Additionally, the period with the largest influx of license applications began in April.				
EXPLAIN HOW THE INDIVIDUAL WAS SELECTED FOR THE APPOINTMENT, INCLUDING THE SELECTION PROCESS USED AND IF NOT FROM AN ELIGIBLE LIST, HOW THE INDIVIDUAL WAS IDENTIFIED AS A POTENTIAL TEMPORARY APPOINTEE: Applicant was referred by a current employee. After reviewing the resume to ensure the applicant met the qualifications, the applicant was interviewed by the Deputy City Clerk and license Coordinator.				
PROVIDE INFORMATION BELOW TO DEMONSTRATE HOW THE INDIVIDUAL MEETS THE MINIMUM REQUIREMENTS:				
TRAINING AND EDUCATION:	WORK EXPERIENCE: 10 years of office support and high intensity customer contact.		OTHER REQUIREMENTS (i.e. licenses)	
IS THIS INDIVIDUAL A CURRENT CITY OF MILWAUKEE EMPLOYEE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, CURRENT DEPARTMENT:	CURRENT POSITION TITLE:	EMPLOYEE ID NUMBER:	
IS THE INDIVIDUAL BEING GIVEN THIS TEMPORARY APPOINTMENT RELATED BY BLOOD OR MARRIAGE TO THE APPOINTING OFFICER, ANY MEMBER OF THE APPOINTING BOARD OR BODY, DIRECTOR SUPERVISOR, OR TO ANY ELECTIVE OF APPOINTED CITY OFFICIAL? (Refer to CSC Rule VIII, Section 10 regarding nepotism) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES – EXPLAIN RELATIONSHIP:				
THIS TEMPORARY APPOINTMENT IS MADE IN ACCORDANCE WITH RULE IX, SECTION 2 OF THE CITY SERVICE COMMISSION AND IS LIMITED TO A PERIOD OF 90 DAYS UNLESS AN EXTENSION IS APPROVED BY THE COMMISSION.				
REPORTING OFFICER	SIGNATURE JAMES COONEY	TITLE LICENSE DIV MANAGER	DATE 6/7/21	
APPROVING OFFICER	SIGNATURE James R. Ducca	TITLE City Clerk	DATE 6/7/21	
THIS SECTION FOR DER REVIEW				
DER REVIEW COMPLETED BY:	SIGNATURE	TITLE	DATE	



TEMPORARY APPOINTEE STATEMENT OF UNDERSTANDING

Rule IX, Section 2 of the Civil Service Rules allows a hiring authority to appoint a person to a position on a temporary basis. A temporary appointment may be appropriate when services are for a limited period, or during the leave of absence of an employee who plans to return to the service of the city. Therefore a temporary appointment is limited to a period of 90 days, unless an extension is authorized by the City Service Commission.

SECTION I. TO BE COMPLETED BY HIRING AUTHORITY – PLEASE TYPE OR PRINT LEGIBLY

APPLICANT NAME (<i>last, first, middle</i>)		DATE
Klein, Gabriela V		3/31/2021
POSITION TITLE	PAY RANGE	RATE OF PAY
License Specialist I	5DN	1521.77 \$1743

SECTION II. TEMPORARY APPOINTEE STATEMENT OF UNDERSTANDING

I understand that if I am appointed to the position described above on a temporary basis, that I must meet the requirements for the position. I further understand that this temporary appointment may expire at any time and is limited to a period of 90 days, unless an extension at the request of the hiring authority is approved by the City of Milwaukee Civil Service Commission.

I understand that as a temporary appointee I am ineligible for paid holidays, sick leave, vacation or other benefits while serving on this temporary appointment, and that this temporary appointment shall not confer upon me any privilege of regular appointment. (Note: A current City of Milwaukee employee who accepts a temporary appointment to a different position retains his/her current benefits and civil service status).

I understand that if I wish to be considered for regular employment I must compete in a Civil Service examination for the position, and must pass the examination with a grade which shall place me among the top five scores on the eligible list in order to be eligible to interview for regular appointment to the position.

I understand that acceptance of a temporary appointment will not affect my rights to certification for permanent appointment to any position for which I am currently on an eligible list for.

In accordance with Civil Service Rule VIII, Section 10, concerning nepotism, I hereby certify that I am not related, either by blood or through marriage, to the appointing officer or to any member of the appointive board or body or to any direct superior or to any elective or appointive City official. (This includes relative of both whole and half blood, and extends to persons as closely related as first cousins when the relationship is by blood, or more closely related than first cousins when the relationship is through marriage, and includes the cases of husbands of sisters-in-law and wives of brothers-in-law).

A Rule IX, Section 2, temporary appointee who is on an eligible list may be considered for future regular appointment when the appointee ranks among the certifiable highest eligible on the list, or compete in a future examination.


Temporary Appointment Applicant Signature

04-03-21
Date Signed

Yaritza Melendez-Hagedorn
Witness Name (Print)


Witness Signature

JOB DESCRIPTION

FOR DER USE ONLY

Vacancy No.

City Service

Commission: _____

Fire & Police

Commission: _____

Finance

Committee: _____

Common

Council: _____

Instructions: Complete all sections except No. 11. Refer to the "Guidelines for Preparing Job Descriptions" for instructions on completing specific items.

1. Date Prepared/ Revised: 06/05/2021	2. Present Incumbent:	Is incumbent underfilling position? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
3. Date Filled:	4. Previous Incumbent:	If YES, indicate underfill title in box 10.		
5. Department: Common Council - City Clerk		Bureau:	Unit:	
		Division: License Division	Section:	
6. Work Location: City Hall, Room 105		Telephone: 414-286-2238	Work Schedule:	
		Email: license@milwaukee.gov	Hours: 8:00 am - 4:45 pm / Days: Monday - Friday	
7. Represented by a Union? NO	8. Bargaining Unit: District Council 48 If in District Council 48, chose a Local: None		9. FLSA Status: EXEMPT	
10. Official Title: License Specialist II- Step 1	Pay Range	Job Code	EEO Code	
Underfill Title (if applicable): License Specialist I	5EN	0071DC		
Requested Title (if applicable):	5DN	0070DC		
Recommended Title (DER Use Only):	Approved by: _____			
	Date: _____			

11. BASIC FUNCTION OF POSITION:

Process applications and permits in accordance with state statutes, city ordinances and department procedures.

12. DESCRIPTION OF JOB (Check if description applies to **Official Title** ☒ or **Underfill Title** ☐):

A. ESSENTIAL FUNCTIONS/Duties and Responsibilities: (Refer to the "Guidelines for Preparing Job Descriptions" for instructions on determining Essential Functions.)

% of Time	ESSENTIAL FUNCTION
100	<ul style="list-style-type: none"> Process applications for licenses and permits that include fees and reports from other City Departments, especially the Health Department, Development Center, Department of Neighborhood Services and the Police Department. Answering many different questions from applicants and others regarding licenses and permits such as the specific information and documents required for a license application, the process for approving or denying a license, fee required, standards for granting a license, deadline, etc. Responding to inquiries, including complaints from applicants, citizens, and others Entering information into the license system (LIRA) and updating hard copy records Preparing license agendas for Common Council committee s and grant lists for Council action Communicating effectively with a wide range of individuals including elected officials, license applicants, the general public, co-workers, employees from other city departments, business representatives and others. Composing and initiating routine and non-routine correspondence and memorandums for the signature of supervisors and managers Notarizing license applications and other documents. Provide quality customer service and accurate feedback to customers, other departments and elected officials. Process daily credit card payments.

B. PERIPHERAL DUTIES:

% of Time	PERIPHERAL DUTY
	<ul style="list-style-type: none"> The use of Word, Excel, Access to create various documents for applications, notices, and databases to track the progression of applications and issuance of licenses.
	<ul style="list-style-type: none"> Run morning routines in License Computer system.
	<ul style="list-style-type: none"> Search records and databases for information needed by the License Coordinators, Assistant Manager, or Manager for reports speeches and briefings for other departments, governmental and elected officials.
	<ul style="list-style-type: none"> Take responsibility for all steps in the processing of Licenses.
	<ul style="list-style-type: none"> Understand legal entities such as partnerships, corporations, limited liability corporations, as they relate to license application procedures and requirements.
	•
	•
	•
	•
	•

C. NAME AND TITLE OF IMMEDIATE SUPERVISOR:

Janice Wagner, License Coordinator

D. SUPERVISION RECEIVED: (Describe the extent to which work assignments and methods are outlined, reviewed, and approved by this position's supervisor.)

Varies dependent upon difficulty of task

E. SUPERVISION EXERCISED:

Total number of employees for whom responsible, either directly or indirectly = 0.

Direct Supervision: List the number and titles of personnel directly supervised. Specify the kind and extent of supervision exercised by indicating one or more of the following:

a. Assign duties		e. Sign or approve work
b. Outline methods		f. Make hiring recommendations
c. Direct work in progress		g. Prepare performance appraisals
d. Check or inspect completed work		h. Take disciplinary action or effectively recommend such
Number Supervised	Job Title	Extent of Supervision Exercised (Select those that apply from list above, a - h)

F. MINIMUM QUALIFICATIONS REQUIRED: (Indicate the MINIMUM qualifications required to enter the job.)

i. Education and Experience:

Pass the required probationary period for License Specialist I; pass a written examination demonstrating knowledge of basic licenses (manager, bartender, provisional bartender, temporary bartender, certified copy of bartender's license, bed and breakfast, ice cream peddler, public passenger vehicle driver, cigarette, direct seller, bicycle); have a rating of fully satisfactory or higher during the previous rating period.

ii. Knowledge, Skills and Abilities:

- Knowledge of principles and processes for providing customer services. This includes customer needs assessment, meeting quality standards for services, and evaluation of customer satisfaction
- iii. Knowledge of administrative and clerical procedures and systems
 - iv. Attention to detail- achieves thoroughness and accuracy when accomplishing a task through concern for all of the areas involved
 - v. Knowledge of the structure and content of the English language including the meaning and spelling of words, rules of composition and grammar
 - vi. Knowledge of laws, legal codes, regulations, agency rules, and the local democratic political process
 - vii. Communicating with others in a manner that conveys information effectively
 - viii. Giving full attention to what other people are saying, taking time to understand the points being made, asking questions as appropriate, and not interrupting at inappropriate times
 - ix. Using logic and reasoning to identify strength and weaknesses of alternative solutions, conclusions or approaches to problems
 - x. Being aware of others' reactions and understanding why they react why they do
 - xi. Understanding and executing policies and procedures in work related documentation
 - xii. Actively looking for ways to improve processes and help people
 - xiii. The ability to tell when something has the potential to create a problem; is wrong or likely to go wrong; and inform supervisors accordingly

xiv. Certifications, Licenses, Registrations:

Notary Public Commission

xv. Other Requirements:

13. PHYSICAL AND ENVIRONMENTAL DEMANDS: TOOLS AND EQUIPMENT USED

The Americans with Disabilities Act of 1993 requires job descriptions to provide detailed information regarding the physical demands required to perform the essential functions of a job; the conditions under which the job is performed; and the tools and equipment the employee will be required to use on the job. Reasonable accommodations may be made to enable qualified individuals to perform the essential duties and responsibilities of the job for each of the categories listed below.

G. PHYSICAL ACTIVITY OF THE POSITION: (List the physical activities that are representative of those that must be met to successfully perform the essential functions of the job).

CHECK ALL THAT APPLY:

<input type="checkbox"/>	Climbing: Ascending or descending ladders, stairs, scaffolding, ramps, poles, and the like; using feet and legs and/or hands and arms. Body agility is emphasized. Check only if the amount and kind of climbing required exceeds that required for ordinary locomotion.
<input type="checkbox"/>	Balancing: Maintaining body equilibrium to prevent falling when walking, standing or crouching on narrow, slippery or erratically moving surfaces. Check only if the amount and kind of balancing exceeds that needed for ordinary locomotion and maintenance of body equilibrium.
<input type="checkbox"/>	Stooping: Bending body downward and forward by bending spine at the waist. Check only if it occurs to a considerable degree and requires full use of the lower extremities and back muscles.
<input type="checkbox"/>	Kneeling: Bending legs at knee to come to a rest on knee or knees.
<input type="checkbox"/>	Crouching: Bending the body downward and forward by bending leg and spine.
<input type="checkbox"/>	Crawling: Moving about on hands and knees or hands and feet.
<input checked="" type="checkbox"/>	Reaching: Extending Hand(s) and arm(s) in any direction.
<input type="checkbox"/>	Standing: Particularly for sustained periods of time.
<input type="checkbox"/>	Walking: Moving about on foot to accomplish tasks, particularly for long distances.
<input type="checkbox"/>	Pushing: Using upper extremities to exert force in order to draw, press against something with steady force in order to thrust forward, downward or outward.
<input type="checkbox"/>	Pulling: Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion.

<input type="checkbox"/>	Lifting: Raising objects from a lower to a higher position or moving objects horizontally from position-to-position. Check only if it occurs to a considerable degree and requires substantial use of the upper extremities and back muscles.
<input checked="" type="checkbox"/>	Fingering: Picking, pinching, typing or otherwise working primarily with fingers rather than with the whole hand or arm, as in handling.
<input type="checkbox"/>	Grasping: Applying pressure to an object with fingers and palm.
<input type="checkbox"/>	Feeling: Perceiving attributes of objects such as size, shape, temperature or texture by touching with the skin, particularly that of the fingertips.
<input checked="" type="checkbox"/>	Talking: Expressing or exchanging ideas by means of the spoken word. Those activities which demand detailed or important instructions spoken to other workers accurately, loudly or quickly.
<input type="checkbox"/>	Hearing: Perceiving the nature of sounds with no less than a 40 db loss. Ability to receive oral communication and make fine discriminations in sound.
<input checked="" type="checkbox"/>	Repetitive Motions: Substantial movements (motions) of the wrist, hands, and/or fingers.
<input type="checkbox"/>	Driving: Minimum standards required by State Law (including license).

H. PHYSICAL REQUIREMENTS OF THE POSITION: (List the physical requirements that are essential functions of the job.)

CHECK ONE:

<input checked="" type="checkbox"/>	Sedentary Work: Exerting up to 10 pounds of force occasionally and/or negligible amount of force frequently or constantly to lift, carry, push, pull or otherwise move objects. Sedentary work involves sitting most of the time. Jobs are sedentary if walking and standing are required only occasionally and all other sedentary criteria are met.
<input type="checkbox"/>	Light Work: Exerting up to 10 pounds of force occasionally and/or negligible amount of force constantly to move objects. If the use of arm and/or leg controls requires exertion of forces greater than that for sedentary work and the worker sits most of the time, the job is rated for Light Work.
<input type="checkbox"/>	Medium Work: Exerting up to 50 pounds of force occasionally and/or up to 20 pounds of force frequently, and/or up to 10 pounds of force constantly to move objects.
<input type="checkbox"/>	Heavy Work: Exerting up to 100 pounds of force occasionally, and/or up to 50 pounds of force frequently, and/or up to 20 pounds of force constantly to move objects.
<input type="checkbox"/>	Very Heavy Work: Exerting in excess of 100 pounds of force occasionally, and/or in excess of 50 pounds of force frequently, and/or in excess of 20 pounds of force constantly to move objects.

I. VISUAL ACUITY REQUIREMENTS: (List the visual acuity requirements that are essential functions of the job.)

CHECK ONE:

<input checked="" type="checkbox"/>	Operators (Electronic Equipment), Inspection, Close Assembly, Clerical, Administrative: This is a minimum standard for use with those whose job requires work done at close visual range (i.e. preparing and analyzing data and figures, accounting, transcription, computer terminal, extensive reading, visual inspection involving small parts, operation of machines, using measurement devices, assembly or fabrication of parts).
<input type="checkbox"/>	Machine Operators, Mechanics, Skilled Tradespeople: This is a minimum standard for use with those whose work deals with machines where the seeing job is at or within arm's reach. This also includes mechanics and skilled tradespeople and those who do work of a non-repetitive nature such as carpenters, technicians, service people, plumbers, painters, mechanics, etc. (If the machine operator also inspects, check the "Operators" box.)
<input type="checkbox"/>	Mobile Equipment Operators: This is a minimum standard for use with those who operate cars, trucks, forklifts, cranes, and high lift equipment.
<input type="checkbox"/>	Other: This is a minimum standard based on the criteria of accuracy and neatness of work for janitors, sweepers, etc.

J. THE CONDITIONS THE WORKER WILL BE SUBJECT TO IN THIS POSITION:

List the environmental/working conditions to which the employee may be exposed while performing the essential functions of the job. Include scheduling considerations such as on-call for emergencies, rotating shift, etc. **Approximate Percentage of time performing field work: 0%**

CHECK ALL THAT APPLY:

<input checked="" type="checkbox"/>	None: The worker is not substantially exposed to adverse environmental conditions (such as typical office or administrative work).
<input type="checkbox"/>	The worker is subject to inside environmental conditions: Protection from weather conditions but not necessarily from temperature changes (i.e. warehouses, covered loading docks, garages, etc.)
<input type="checkbox"/>	The worker is subject to outside environmental conditions: No effective protection from weather.
<input type="checkbox"/>	The worker is subject to extreme cold: Temperatures below 32 degrees for period of more than one hour.

<input type="checkbox"/>	The worker is subject to extreme heat: Temperatures above 100 degrees for periods of more than one hour.
<input type="checkbox"/>	The worker is subject to noise: There is sufficient noise to cause the worker to shout in order to be heard above the surrounding noise level.
<input type="checkbox"/>	The worker is subject to vibration: Exposure to oscillating movements of the extremities or whole body.
<input type="checkbox"/>	The worker is subject to hazards: Includes a variety of physical conditions, such as proximity to moving mechanical parts, electrical current, working on scaffolding and high places or exposure to chemicals.
<input type="checkbox"/>	The worker is subject to atmospheric conditions: One or more of the following conditions that affect the respiratory system or the skin: Fumes, odors, dust, mists, gases or poor ventilation.
<input type="checkbox"/>	The worker is subject to oil: There is air and/or skin exposure to oils and other cutting fluids.
<input type="checkbox"/>	The worker is required to wear a respirator.

K. MACHINE, TOOLS, EQUIPMENT, ELECTRONIC DEVICES, SOFTWARE, ETC. USED BY POSITION:

List equipment needed to successfully perform the essential functions of the job. Reasonable accommodations may be made to enable qualified individuals with disabilities to perform the essential functions.)

CHECK ALL THAT APPLY:

<input checked="" type="checkbox"/> Camera and photographic equipment	<input checked="" type="checkbox"/> Office Equipment (desk, chair, telephone, etc.)
<input type="checkbox"/> Cleaning supplies	<input checked="" type="checkbox"/> Office supplies (pens, staplers, pencils, etc.)
<input type="checkbox"/> Commercial vehicle	<input type="checkbox"/> Packing materials (boxes, shrink wrap, etc.)
<input checked="" type="checkbox"/> Data processing equipment	<input checked="" type="checkbox"/> PC equipment (monitor, keyboard, printer, etc.)
<input checked="" type="checkbox"/> Handcart	<input checked="" type="checkbox"/> PC software
<input type="checkbox"/> Hand tools <i>(please list):</i>	
<input checked="" type="checkbox"/> Office Machines <i>(check all that apply):</i> <input checked="" type="checkbox"/> Copier <input checked="" type="checkbox"/> Facsimile <input type="checkbox"/> Calculator <input type="checkbox"/> Cash register	
<input type="checkbox"/> Other <i>(please list):</i>	

L. SUPPLEMENTARY INFORMATION: (Indicate any other information which further explains the importance, difficulty, or uniqueness of the position, such as its scope of responsibility related to finances, equipment, people, information, etc. Also indicate success factors such a personal characteristics that contribute to an individual's ability to perform well in the job, and any other special considerations.)

M. I believe that the statements made above in describing this job are complete and accurate:

Signature of Department Head or Designated Representative

Gabriela V. Klein



Summary of Qualifications

- Bilingual in Spanish/English
- Certified CPR & AED
- Skilled in multi line phone systems, patient scheduling, verifying insurance

Professional Experience

Circle K Corporation

San Diego, CA

Assistant Manager

2003 – 2009

- Promoted excellent service and resolved customer complaints in a timely manner
- Developed positive and professional relations with all suppliers
- Provided second verification of employee drawers for accuracy and prepared bank deposits
- Assisted vendors with merchandising and verified store orders
- Trained new employees on all aspects of store including cash handling, customer service, and store cleanliness

Beauty Mate

San Diego, CA

Front Office Manager

2002 – 2003

- Received customers to help create custom ordered jewelry
- Checked the price of daily gold and platinum
- Answered calls and routed messages
- Maintained employee timecards and responsible for payroll
- Oversaw light bookkeeping recording price of merchandise and date of arrival
- Shipped and kept documentation of all incoming and outgoing packages

Paradise Valley Hospital

San Diego, CA

Front Office Register

2000 – 2002

- Verified patient insurance coverage
- Managed five incoming phone lines with multiple extensions, transferring from the Senior Health Center to the main Hospital
- Scheduled patient appointments
- Assisted the back office; filling in for Medical Assistants and additional assigned duties

Castillejos Eye Institute

San Diego, CA

Front Office

1999 – 2000

- Scheduled outpatient and follow up procedures at local hospitals
- Managed prescription orders and refills; contacting pharmacy's
- Answered phones for general inquiries
- Confirmed insurance coverage, and pulled patient records

Education

Center for Employment Training (C.E.T.)

Santa Ana, CA

Certified Medical Assistant

- Front and back office training