TORRANCE MEMORIAL | An Affiliate of Cedars Sinai

Applicant Name:	

Thank you for your interest in Torrance Memorial Medical Center. If you are interested in applying to the **Allied Health Professional Staff,** please review the information listed below.

1. **QUALIFICATIONS FOR MEMBERSHIP**
   - **A.** Allied Health Professional applicants (excluding Psychologist) must maintain in force a professional relationship with a sponsoring/employing physician in good standing at Torrance Memorial Medical Center excluding psychologist. In addition, the applicant must meet the criteria set forth in the Department rules and regulations for which you are applying. Also, please refer to the Medical Staff Bylaws, Article V, Section 5.1. http://www.torrancememorial.org/For_Physicians.aspx

   - **B.** Controlled Substance Education Course is required for all Physician Assistants. The course must be from one of the following course providers.

     - **Advanced Practice Provider Executives, Inc. (APPex)**
       2443 Fillmore St., #380-2683
       San Francisco, CA 94115
       info@APPexecutives.org
       www.appexecutives.org/controlled-substances-courses

     - **California Academy of Physician Associates**
       11870 Santa Monica Blvd., Ste. 106580
       Los Angeles, CA 90025
       (714) 427-0321
       CAPA@capanet.org
       www.capanet.org

     - **Stanford Health Care**
       300 Pasteur Drive
       Stanford, CA 94305
       Advancedpractice@stanfordhealthcare.org
       stanfordhealthcare.cloud-cme.com/ControlledSubstances

2. **ALLIED HEALTH PROFESSIONAL ACCOUNTABILITY**
   Upon becoming a member of the Medical Staff of Torrance Memorial Medical Center applicants must agree to adhere to the following professional responsibilities, including complying with any regulatory requirements. The following documents may be reviewed on the Torrance Memorial Medical Center website by clicking this link: http://www.torrancememorial.org/For_Physicians.aspx

   - **A.** Medical Staff Bylaws (including continuous care of patient)
   - **B.** Medical Staff /General Staff rules and regulations (including participation in the Emergency Room Call Panel)
   - **C.** Medical Staff Department rules and regulations
   - **D.** Medical Staff Policy and Procedures (including Disruptive Behavior policy)
   - **E.** Proctoring Policy (including serving as a proctor on a rotating basis)

3. **APPLICATION FEE**
   - **A.** Application Fee of $600.00 (non-refundable)

4. ALLIED HEALTH PROFESSIONAL ORIENTATION

All Allied Health Professionals must attend orientation prior to being formally appointed. *In accordance with the Medical Staff Bylaws of Torrance Memorial Medical Center, Article VI, Paragraph 6.2, Burden of Producing Information: The time frame for completion of orientation for applicants shall be sixty (60) business days following the date of approval of the application by the department chief. Failure to complete the orientation within this time frame shall be deemed* ***a voluntary withdrawal of the application****.*

A hospital badge and parking access will be provided after orientation. You will be required to provide the following documents

A. Current Driver's License or other government issued identification. Please note that The Joint Commission requires that we physically verify a current original government issued identification (i.e. driver's license/passport) of each applicant.

B. Flu Documentation (required November through March 31 only):

- Please submit a copy of your current year flu documentation.
- Flu Declination: There are two methods for declining the flu vaccine: Medical Exemption and Religious Accommodation. The medical exemption form must be completed by your physician and should be filled out completely including the physician's signature. The religious accommodation must be completed by you. Please contact the Medical Staff Services Department at (310) 517-4616 prior to orientation to request the form. After the form has been submitted, it will be evaluated for approval.

All applicants must provide the required documentation prior to the application link being provided.
All applicants without an approved medical exemption or religious accommodation will be required to get the flu vaccine or you may not be issued temporary privileges.

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To request a link to the online application please complete the information listed below. This form must be typed.

Practitioner Name & Title:	
Group Name (if applicable):	
Primary Specialty:	
Gender:	
Date of Birth:	
Social Security Number:	
NPI Number:	
Practice Address:	
City:	
State:	
Zip:	
Office Phone Number:	
Office Fax Number:	
Cell Phone Number	
Email Address: (must be your individual email address)	

Your Credentialing Staff to receive copy of the application link (if applicable):

First Name & Last Name:	
Title (i.e. Office Manager):	
Office Phone Number:	
Email Address: (must be an individual email address, may not be the same as allied health professional email address)	

Please complete this section with the sponsoring/employing physician information.

Physician Name:	
Primary Specialty:	
Practice Address:	
City:	
State:	
Zip:	
Office Phone Number:	
Office Fax Number:	
Email Address:	

Application Fee of $600 is non-refundable
By signing below, I attest that I have read and understand the qualifications for Allied Health Professional Staff eligibility.

Practitioner Signature:_____

Printed Name:_____

Date:_____

Return form to _MSOOnlineApplication@tmmc.com (please note there is an underscore at the beginning of the email address)