

TORRANCE MEMORIAL MEDICAL CENTER

Continuing Education: See below for general California Law requirements regarding continuing education requirements by license. Please check each licensing agency for other specific requirements.

All Specialties of Physicians	At least 50 hours of approved continuing medical education (CME) during each biennial renewal cycle. One time requirement that 12/50 hours of continuing medical education must be on pain management and the appropriate care and treatment of the terminally ill (pathologists and radiologists exempt).
General Internists & Family Physicians (25% of Pt. Population are 65 years or older)	In addition, the general requirements as noted above, at least 20% of mandatory CME must be in the field of geriatric medicine.
Physician Assistants	At least 50 hours of approved continuing education during each biennial renewal cycle.
Registered Nurses	At least 30 hours of approved continuing education (during each biennial renewal cycle).

The following education requirements apply to Torrance Memorial disease specific accredited programs.

<i>Disease Specific</i>	<i>Specialty</i>	<i>Certificate of Education Required</i>
Requirement Specific to Primary Stroke Center Certification (TJC)	Emergency Medicine, Hospitalists, Intensivists Interventional Radiology	Education in the primary stroke center's (TMMC's) acute stroke protocol(s)*.
Requirement Specific to Inpatient Diabetes Certification (TJC)	Hospitalists and Endocrinologists	Education specific to management of patients with Diabetes in the Inpatient Setting*
Bariatric Surgery (MBSAQIP)	Bariatric Surgeons	8 CME credit hours/year in metabolic and bariatric specific education*
National Accreditation Program for Breast Centers (NAPBC)	Breast Care Team (BCT) who include radiologists (mammographers), pathologists, surgeons (breast), Plastic Surgeons, medical oncologists and radiation oncologists	Physician members of the BCT participate in a minimum of two breast-specific CME activities annually*.

Documentation of education certificates is required.*

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Have you participated in continuing education activities as required above and/or related to your license and/or specialty and privileges during the past two years? YES NO

Complete the grid below with signature of attestation, attach summary or submit education certificates.

Not applicable if out of training in the last 2 years, Board Certified or Re-Certified in the last 2 years.

COMPLETION DATE	SPONSOR	COURSE NAME	CONTACT HOURS
TOTAL HOURS			

Attestation Statement: I have successfully completed the hours of continuing education as stated and as required under specific accreditation standards during the past two (2) years. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. I agree to provide proof of attendance and program content upon request.

Signature

Date