TORRANCE MEMORIAL MEDICAL CENTER

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.
https://www.torrancememorial.org/For_Physicians/Medical_Staff/Bylaws.aspx

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/Medical_Staff.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 during orientation. You will be required to bring the following documents to orientation.

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 September thru April 30 only):

- If possible, please submit a copy of your current year flu documentation prior to your orientation date. Otherwise, please bring a copy of your current year flu vaccine documentation to orientation.
- 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 by a panel made up of HR and legal counsel.

All physicians and allied health professionals without an approved medical exemption or religious accommodation will be required to get the flu vaccine or you may not be issued temporary privileges.

C. COVID-19 Vaccination Documentation

- If possible, please submit a copy of your COVID-19 vaccination documentation prior to your orientation date. Otherwise, please provide documentation at the time of orientation.
- Acceptable forms of documentation are: COVID-19 Vaccination Record Card (CDC white card/WHO yellow card); A photo of Vaccination Record Card (paper or on electronic device); Documentation of COVID-19 vaccination from a healthcare provider or a Digital record that includes a QR code, client name, vaccine dates and vaccine type
- COVID 19 Declination: There are two methods for declining the COVID-19 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 by a panel made up of HR and legal counsel

All physicians and allied health professionals without an approved medical exemption or religious accommodation will be required to get the COVID- 19 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