



LOMA LINDA UNIVERSITY

School of Medicine

Department Listings

Dear Applicant,

Please ***do not*** return your completed Faculty Application to your employer. Please ***do*** return your completed Faculty Application to the respective departmental contact listed below. For further questions, call (909) 558-4000 ext. xxxxx, to reach your departmental assistant.

Sincerely,

The Office of Faculty Development

DEPARTMENT	ASSISTANT	PHONE	EMAIL
Anesthesiology	Dayanara (Day) Gonzalez	88054	RDGonzalez@llu.edu
Basic Science	Brandi Robinson	44480	BRobinson@llu.edu
Cardiothoracic Surgery	Melissa Perez	44354	MPerez@llu.edu
Dermatology	Cindi Morrill	22842	CMorrill@llu.edu
Earth & Biological Sciences	Elieze Strydom	44530	EStrydom@llu.edu
Emergency Medicine	Joanna Lopez	87171	JOALopez@llu.edu
Family Medicine	Rachel Hoover	66505	RHoover@llu.edu
Gynecology & Obstetrics	Linda Moore	15506	LMoore@llu.edu
Medicine	Linda Carter	44421	LCarter@llu.edu
Neurology	Anna Valencia	55929	ANValencia@llu.edu
Neurosurgery	Olivia Portugal	44479	OPortugal@llu.edu
Ophthalmology	Jason Polanco	22182	JPolanco@llu.edu
Orthopedic Surgery	Ellie Hunt	62696	ELHunt@llu.edu
Otolaryngology and Head & Neck	Christina (Tina) Noble-Macomber	87884	CNoble@llu.edu
Pathology / Human Anatomy	Carol Hollstein	44094	CHollstein@llu.edu
Pediatrics	Nathy Delgado	44130	NADelgado@llu.edu
Physical Medicine & Rehabilitation	Candace Lucas	66204	CANLucas@llu.edu
Plastic & Reconstructive Surgery	Karina Carranza	88085	KCarranza@llu.edu
Preventive Medicine	Stephanie Vert	15809	SVert@llu.edu
Psychiatry	Sandra McKinnon	39547	SMcKinnon@llu.edu
Radiation Medicine	Judy Hansen	44258	JHansen@llu.edu
Radiology	Carole Galera	44502	CGalera@llu.edu
Surgery	Nikki McCutchan	55939	NMccutchan@llu.edu
Urology	Jackie Seybert	44196	JSeybert@llu.edu



LOMA LINDA UNIVERSITY
HEALTH

Faculty Application

All Fields are Required

Full Name, Degrees: Last _____ First _____ Middle _____ Degrees _____

School and Department for Application: _____

Social Security Number: _____

Contact Information

Email Address: _____

Home Number: _____ Cell Number: _____

Home Address:

Street: _____

City: _____ State: _____ Zip: _____

Office Address:

Street: _____

City: _____ State: _____ Zip: _____

Certification Information

Certified by American (National) Board of _____ Date _____

Fellow of American College (Academy) of _____ Date _____

License/Registration Number _____ Expiration Date _____

Demographic Information

The following information is needed for statistical purposes. The following data is requested from you to assist the University in compiling statistical data required for it to respond to governmental requests for information regarding diversity and to analyze and support programs to meet the University's goals of balance and diversity in the composition of its faculty. The information provided will not be used in assessing your application for faculty appointment.

Birthdate: _____

Gender: Male Female

Religion: _____

Ethnicity: (check all the apply)

American Indian/Alaskan Native

Asian: Chinese

Black/African American

Asian: Filipino

White/Caucasian

Asian: Japanese

Hispanic

Asian: Korean

Indian Subcontinent

Asian: Malaysian

Middle Eastern

Asian: Pakistani

Native Hawaiian/Other Pacific Islander

Asian: Thai Vietnamese

Asian: Asian Indian

Asian: Other

Asian: Cambodian

Short Answer Questions

What is the reason for terminating present/previous position?

What are your plans for further professional development?

Curriculum Vitae

___ Up-to-Date Curriculum Vitae is Attached

- Education: degree, month/year received and institution attended.
- Postdoctoral Training: Internship, Fellowship, Residency, Graduate, Graduate Certificates/Programs, etc.
- Licenses and Registrations
- Academic Appointments and Employment History
- Other Work History
- Private Practice Experience
- Military Service
- Bibliography: Texts, Monographs, Journal Articles, Papers Presented to Societies and other Publications
- Research and/or Scholarly Activity Now in Progress or Planned
- Research Projects: Grant Supported or Other
- Memberships in Professional Organizations and Honor Societies
- Citations, Awards and Other Honors

Signature Portion

Must be original or electronic. Typed signature is not accepted.

Applicants Signature: _____ Date _____

References

Reference #1:

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Phone: _____

Reference #2:

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Phone: _____

Reference #3:

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Phone: _____



LOMA LINDA UNIVERSITY

School of Medicine

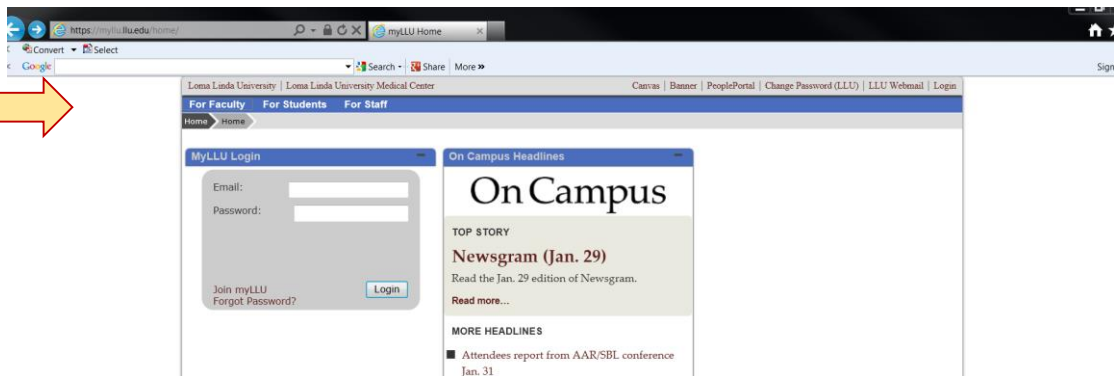
Handbook Navigation Guide

Direct Link

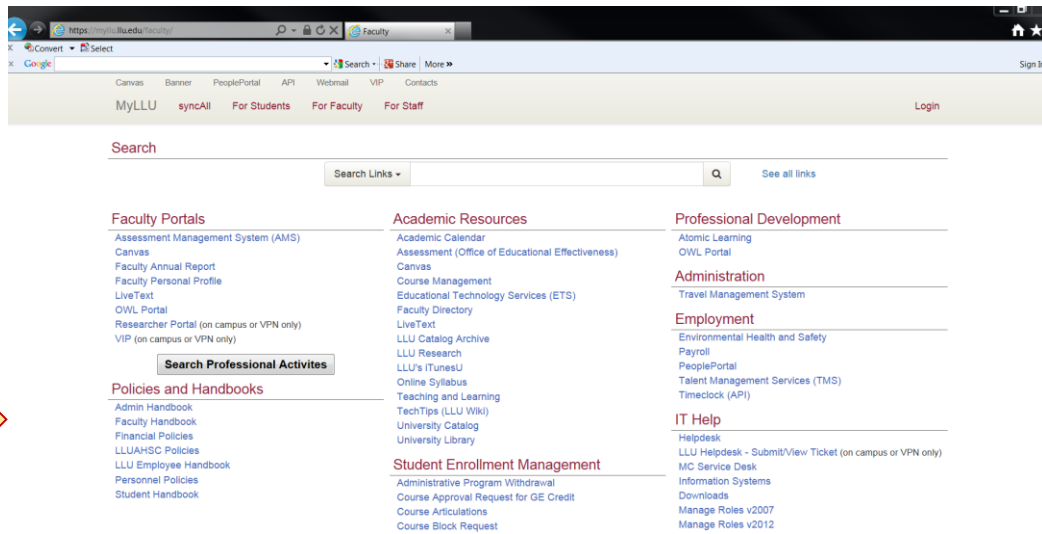
http://www.llu.edu/pages/handbook/facultyhandbook/2020_LLUSM_Faculty_Handbook.pdf

Directions to Link

1. Go to <http://myllu.llu.edu>
2. Click on “For Faculty”

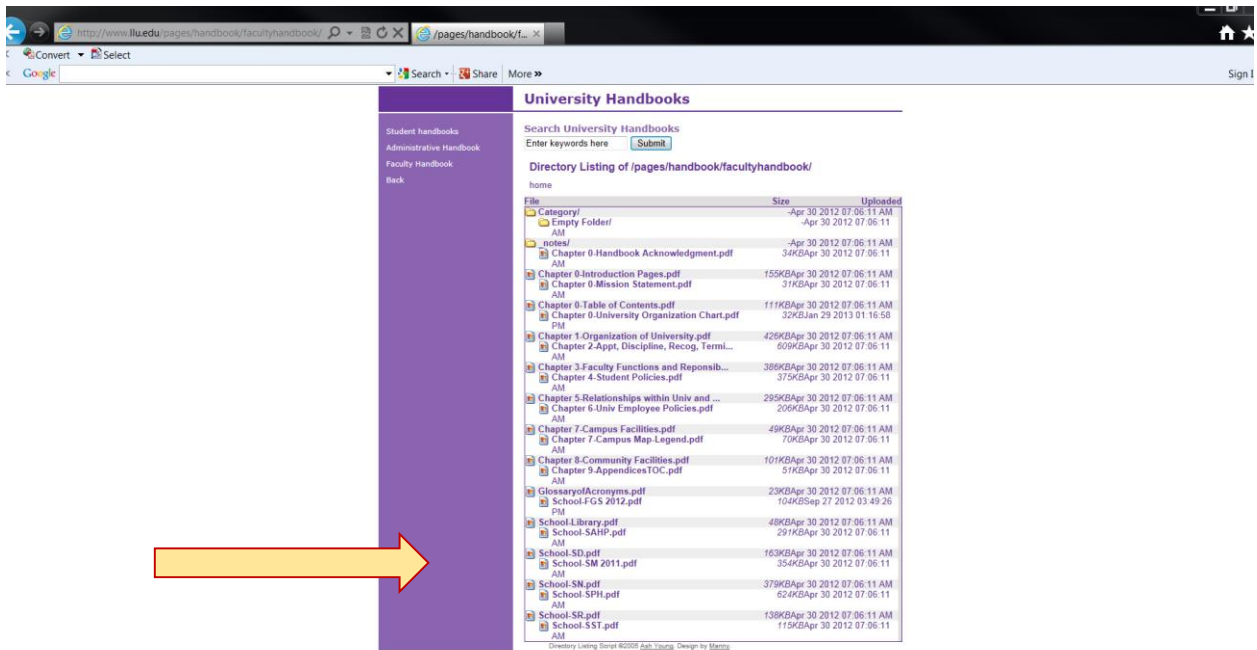


3. Under Policies and Handbooks, click on “Faculty Handbook”



4. Online Faculty Handbook

- You will find all handbooks for Loma Linda University
- Loma Linda University School of Medicine is listed among the handbooks as **School-SM 2015.pdf** and is also pointed out by the yellow arrow for easy guidance.





LOMA LINDA UNIVERSITY

School of Medicine

Faculty Handbook

Acknowledgment

I hereby acknowledge that I have received a directory listing of the Loma Linda University *Faculty Handbook* that I can access online. I understand that I am to read its contents which set forth the terms and conditions of my faculty appointment, including development of intellectual properties and, where applicable, my employment, and supersedes and replaces any previous handbooks.

I understand that if I have any questions about the handbook or its contents, I am to discuss them with the dean of my school or the office of the president.

I understand that circumstances will undoubtedly require that the policies, procedures, rules, and benefits described in this handbook change from time to time as the University deems necessary or appropriate, and that those changes will be valid when voted by the Board of Trustees. I understand that I will be notified of those changes by email and formal publication in the official University publication entitled *TODAY*, and that such changes will be incorporated in future updates of the *Faculty Handbook*.

I further understand that a grievance procedure and binding arbitration is provided for any dispute or claim (including those based upon a statute, tort, or public policy) that I have with the University regarding the terms and conditions of my faculty appointment and employment by the University.

Faculty Member's Name (print/type)

Date

Faculty Member's Signature **Must be original or electronic. Typed signature is not accepted.**

LLU Faculty Handbook online location:

<http://www.llu.edu/pages/handbook/facultyhandbook/School%20-%20SM%202015.pdf>



LOMA LINDA UNIVERSITY

School of Medicine

Mission Statement

Our Mission

To continue the healing and teaching ministry of Jesus Christ, "To Make Man Whole."*

Preparing the Physician

Our purpose is the formation of Christian physicians, providing whole-person care to individuals, families and communities. Fulfilling this responsibility requires:

Education

Creating an environment in which medical students, graduate students and residents will acquire the knowledge, skills, values and attitudes appropriate to Christian health professionals and scholars.

Research

Cultivating an atmosphere of inquiry and discovering new routes to wholeness through basic and clinical research.

Service

Providing timely access to cost-effective, comprehensive whole-person care for all patients without regard for their circumstances or status.

Developing the Whole Person

The Christian view of wholeness holds that the needs of patients go beyond the healing of the body and that the development of students involves more than the training of the mind. We are dedicated to promoting physical, intellectual, social, and spiritual growth in our faculty and students, and to transforming our daily activities into personal ministries.

Reaching the World

Providing whole-person care wherever the opportunity arises; participating with the world community in the provision of local medical education; providing international physicians and scientists the opportunity for professional interaction and enrichment; sharing the good news of a loving God as demonstrated by the life and teachings of Jesus Christ. These are the goals of the students, faculty and graduates of the LLU School of Medicine. *Luke 9:6

Office Use

Department Recommendations

Remarks and recommendations of department Chair/Coordinator:

Rank and status: _____

Effective date: _____

Tenure: No Yes Date: _____

Tenure Track: Yes No

Chair Signature: _____ Date: _____

School Recommendations

Recommendation of the Dean:

Dean Signature: _____ Date: _____