

MONTEFIORE MEDICAL CENTER
Medical Vendor Representative (MVR) Access Application

MVRs must apply for and receive prior authorization to be permitted on designated Montefiore premises. As per the MVR Policy and Procedure, any MVR seeking access must complete this application and **submit by fax to numbers indicated below or via mail**. If faxed, please bring original application to Security for your ID badge.

Please check one: Pharmaceutical #718-798-0722 Medical Device #914-378-6378
 Durable Medical Equipment #718-920-4145 Nursing Home Representative #718-920-4145
 Home Health Representative #718-920-4145 Montefiore Home Health Vendors #718-561-7540
 Other _____

Name: _____

Position/Job Title: _____ **Credentials:** _____
 (i.e., MBA, MD, etc.)

Company: _____

Address: _____

Bus. Phone: _____ **Cell phone/pager:** _____ **Email:** _____

Rationale for access: _____

Department(s) contacted: _____

Department	Contact person(s)	Telephone

Do you need access to patient care areas? Yes No

If yes, indicate areas and rationale: _____

CERTIFICATION: To be completed by the **MVR and MVR's supervisor:**

I attest that I have obtained and read the Montefiore MVR Policy and Procedure and agree to abide by it when visiting Montefiore. I understand that: 1) I will wear my ID badge at all times on Montefiore premises; 2) I am not allowed in patient care areas (unless by permission) and will not loiter in common Medical Center areas; 3) I am not permitted to promote medications, supplies or equipment contrary to the Montefiore policies or guidelines; 4) I will protect the confidentiality and security of any protected health information in accordance with applicable laws and hospital policy; and 5) If I am seeking access to patient care areas, I am up-to-date with MMR vaccination and PPD testing. I understand that violations of this policy will result in disciplinary action, up to and including suspension or termination of access privileges.

MVR Signature: _____ **Date:** _____

Supervisor Name: _____ **Supervisor Signature:** _____

AUTHORIZATION: To be completed by **authorized** Montefiore management and faxed to Security:

- The above MVR has been approved and should receive a designated ID badge with an expiration date of _____ in order to have access to MMC premises as set forth in the Administrative Policy and Procedure that they have read and agreed to abide by. I have contacted the MVR of the approval, expiration date and directions on how to obtain the ID badge.
- The above MVR application is **not** approved and I have faxed to security at 718-798-3375.

Name: _____ **Date:** _____

Signature: _____