

2011

CLERKSHIP
HANDBOOK

FALL 2010

Welcome to the 2011 Clerkship Handbook, listing institutions with available clerkship positions. The handbook was published on August 18, 2010. Any updates will be noted in the Clerkship "What's New" page on www.casprcrip.org under the "Clerkships" heading as well as get emailed to the schools.

Between August and October 2010, SCPM third-year students will be applying for clerkship positions to be served between January through May 2011. They will be using the 2009 application form.

All other students **must** wait until October to begin applying for clerkships. The clerkship programs listed have signed an agreement that they will NOT accept clerkship applications prior to October 15. On October 14, 2010, at 5PM EST, the 2011 Clerkship Application will be published online at http://www.casprcrip.org/html/clerkships/E_obtain.asp.

This application can be completed in Acrobat Reader but the software may not allow you to save the completed form. Therefore, complete as much universal information as possible. Then amend the areas that vary from clerkship to clerkship prior to printing that particular application.

OCPM students will be applying for clerkships to serve between March 2011 – February 2012. All other students will be applying for clerkships to serve between May 2011 and April 2012.

Index By State

DVA - Central Alabama Hlthcare Sys

AZ

DVA - Phoenix (Carl T. Hayden)

DVA - Southern Arizona

Maricopa Medical Center

BC

Hospital Podiatry Group/Vancouver Gen Hosp

CA

Cedars-Sinai Medical Center

Doctors Hospital of West Covina

DVA - Greater Los Angeles Hlthcare Sys

DVA - Loma Linda (Jerry L Pettis)

DVA - Palo Alto Healthcare System

DVA - San Francisco

Kaiser Permanente Santa Clara

Kaiser Permanente Union City

Kaiser Permanente Vallejo

Kaiser SF Bay Area Foot & Ankle

Lakewood Regional Medical Center

Long Beach Memorial Med Center

Scripps Mercy Kaiser Program

SouthWestern (Aestheticare/Mission)

White Memorial Medical Center

CO

DVA - Eastern Colorado Hlth Care

Highlands/PSL

CT

St Francis Hosp and Medical Center

Yale/VA - Podiatric Residency Program

DC

Howard University Hospital

Washington Hospital Center

DE

Christiana Care Health System

FL

Bethesda Memorial Hospital

DVA - Miami

DVA - Tampa (J. A. Haley)

Florida Hospital East Orlando

Jackson South Community Hospital

JFK Medical Center

Kendall Regional Medical Center

Memorial Regional Hospital South

Palmetto General Hospital

South Miami Hospital

St Vincent's Medical Center - FL

UF & Shands Jacksonville Med Ctr

Westchester General Hospital

Westside Regional Medical Center

GA

Dekalb Medical Center

DVA - Atlanta

DVA - Augusta

IA

Covenant Medical Center

Trinity Regional Medical Center

IL

AIMMC/RFUMS (Dr Wm M Scholl)

DVA - Chicago Hlthcare Sys (Jesse Brown)

Hugar Foot Clinic/Loretto Hospital

Norwegian American Hospital

Oak Forest Hospital

Rush Oak Park Hospital

Sacred Heart Hospital

St Joseph Hospital - Chicago

Weiss Memorial Hospital

Index By State

IN

St Joseph Regional Med Ctr - IN
St Mary's Medical Center-IN
St Vincent Hospital and Health Services
Westview Hospital

MN

DVA - Minneapolis
Hennepin County Medical Center
Mercy Hospital
Regions Hospital/Health Partners

KY

Jewish Hospital & St Mary's Healthcare
Norton Healthcare

MO

DePaul Health Center
Mineral Area Regional Med Ctr
Truman Medical Center Lakewood

LA

East Jefferson General Hospital
Ochsner Medical Center at Kenner

MT

Crow/Northern Cheyenne Indian Health Hospital

MA

Beth Israel Deaconess Medical Center
Boston University Medical Center
Cambridge Health Alliance
Metrowest Medical Center
St Elizabeth's Medical Center
St Vincent Hospital/WMC

NC

Womack/Eisenhower Army Medical Ctr

NJ

Cooper University Hospital
DVA - New Jersey Hlth Care Sys
Englewood Hosp & Medical Center
Hoboken University Medical Center
Kennedy Memorial Hosp - Univ Med Ctr NJ
Morristown Memorial Hospital
South Jersey Hospital
St Barnabas Medical Center - NJ
St Mary's Hospital - NJ
University Hospital - UMDNJ
Virtua West Jersey Health System

MD

DVA - Maryland Healthcare System

NM

DVA - New Mexico Healthcare System

MI

Botsford General Hospital
Detroit Medical Center
Genesys Regional Medical Center
Henry Ford Macomb Hospitals
Henry Ford Wyandotte Hospital
Oakwood Annapolis Hospital
POH Regional Medical Center
Providence Hospital
Southeast Michigan Surg Hosp (Kern)
St John Hospital and Medical Center
St John Macomb Oakland Hospital

Index By State

NY

Benedictine Hospital
Beth Israel Medical Center - NY
Catholic Hlth Sys/Sisters of Charity Hosp
Coney Island Hospital
DVA - Hudson Valley Hlthcare Sys
DVA - New York Harbor Healthcare
DVA - Northport
Good Samaritan Hospital Medical Center
Gouverneur & South Manhattan Health Network
Interfaith Medical Center
Kingsbrook Jewish Medical Center
Long Island Jewish - North Shore Manhasset
Lutheran Medical Center
Montefiore North Medical Center
Mt Sinai Hospital of Queens
New York Community Hospital
New York Hospital Queens
New York Methodist Hospital
Our Lady of Lourdes Memorial Hosp
St Barnabas Hospital - NY
St John's Episcopal Hosp - South Shore
United Health Services Hospitals
Wyckoff Heights Med Ctr

OH

Alliance Community Hospital
DVA - Akron/Canton Community Based Outpatient Clin
DVA - Canton Community Based Outpatient Clinic
DVA - Cleveland (Louis Stokes VAMC)
DVA - Dayton
Forum Health (WRCS)
Grant Medical Center
Jewish Hospital of Cincinnati
Kaiser Permanente/CCF
Ohio State University
St Rita's Medical Ctr
St Vincent Charity Hospital
St Vincent Mercy Medical Center
Summa Western Reserve Hospital

OK

Surg Hosp of Oklahoma/CCF

OR

Legacy Portland Hosp/Kaiser

PA

Albert Einstein Medical Center
Aria Health System (formerly Frankford Hospital)
Chestnut Hill Hospital
Community Medical Center - PA
Crozer-Keystone Health System
Drexel Univ College of Medicine/Hahnemann Univ
DVA - Philadelphia
HVHS Beaver
Mercy Suburban Hospital
Millcreek Community Hospital
Penn Presbyterian Medical Center
Roxborough Memorial Hospital
St Joseph's Hospital/NPHS
St Luke's Hosp - Allentown Campus
Temple University Hospital
University of Pittsburgh Medical Center
Western Pennsylvania Hospital

RI

Memorial Hospital of Rhode Island
Roger Williams Medical Center

TN

DVA - Mountain Home

TX

Hunt Regional Medical Center
John Peter Smith Hospital
Scott & White Mem Hosp/Texas A&M Health Sci Ctr
Univ of Texas Health Science Ctr

UT

Intermountain Med Ctr/DVA - Salt Lake City

Index By State

VA

DVA - Richmond (McGuire)

Eastern Virginia Medical School

Inova Fairfax Hospital

WA

Franciscan Health System-St. Francis Hospital

Madigan Army Medical Center

Multicare Foot & Ankle

Swedish Medical Center

WI

DVA - Madison

Gundersen Lutheran Med Foundation

Wheaton Franciscan Hlthcare - St Joseph

AIMMC/RFUMS (Dr Wm M Scholl)

CLERKSHIP DIRECTOR:

Martin Yorath, DPM
 836 W Wellington Avenue
 Chicago, IL 60657

Phone: (867) 578-8408 Fax: (847) 578-8408

Email: martin.yorath@rosalindfranklin.edu

Website:

Alternate Contact:

Phone:

INITIAL APPLICATION REQUIREMENTS:

<input type="checkbox"/> Photograph	<input checked="" type="checkbox"/> US Citizenship	<input type="checkbox"/> CV	No # Ltrs of Rec
<input type="checkbox"/> Letter of Interest	<input type="checkbox"/> Board Scores	<input type="checkbox"/> Car Required	<input type="checkbox"/> Transcript

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input checked="" type="checkbox"/> Doctor/Clinic Immunization Verification Required
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input type="checkbox"/> Immunization Verification - Letter from School Accepted
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input checked="" type="checkbox"/> Background Check
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type General
<input type="checkbox"/> Verification of Liability Insurance	Approx Cost \$0.00

Other/Comments Mask Fit Test - BSIS Training - Completion of Advocate Packet

PROGRAM INFORMATION:

Average # of Clerks per Month:

Accept Clerks from: SCPM

Housing Provided Approx. Housing Cost per Month:

Meals Provided Contact Program for a list of housing suggestions

Other:

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input checked="" type="checkbox"/> US Citizenship Required for Residency
<input checked="" type="checkbox"/> Clerkship Required	<input type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: SCPM

PROGRAM OVERVIEW:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: No Fax: No

[CASPR Directory Page](#)

Albert Einstein Medical Center

CLERKSHIP DIRECTOR:

Larry W Menacker, DPM
 5501 Old York Road
 Philadelphia, PA 19141

Phone: (215) 843-2330 Fax: (215) 423-8837

Email: menackerl@einstein.edu

Website: www.Einstein.edu/podiatry

Alternate Contact:

Phone:

INITIAL APPLICATION REQUIREMENTS:

<input type="checkbox"/> Photograph	<input type="checkbox"/> US Citizenship	<input type="checkbox"/> CV	No # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input type="checkbox"/> Board Scores	<input type="checkbox"/> Car Required	<input type="checkbox"/> Transcript

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required	
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input type="checkbox"/> Immunization Verification - Letter from School Accepted	
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check	<input type="checkbox"/> HIPAA Training
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type	
<input checked="" type="checkbox"/> Verification of Liability Insurance	Approx Cost \$0.00	

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 1

Accept Clerks from: All Colleges of Podiatric Medicine

<input type="checkbox"/> Housing Provided	Approx. Housing Cost per Month:
<input type="checkbox"/> Meals Provided	<input type="checkbox"/> Contact Program for a list of housing suggestions
Other:	

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input checked="" type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Podiatric office/clinic participation with residents and attendings. Journal Club and didactic lectures weekly with participation in podiatric surgical cases two days per week. Student will learn hands on footcare, minor procedures, H&P, and biomechanics. Also charting and medical billing.

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

Alliance Community Hospital

CLERKSHIP DIRECTOR:

Leslie P Niehaus, DPM
 440 East State Street
 Alliance, OH 44601

Phone: (330) 821-6435 Fax: (330) 821-8433

Email: Iniehausdpm@aol.com

Website: www.ACHosp.org

Alternate Contact: Hospital Residents

Phone: (330) 596-7750

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: No

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input checked="" type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	No # Ltrs of Rec
<input type="checkbox"/> Letter of Interest	<input type="checkbox"/> Board Scores	<input checked="" type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required	
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted	
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check	<input type="checkbox"/> HIPAA Training
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type	
<input checked="" type="checkbox"/> Verification of Liability Insurance	Approx Cost	

Other/Comments letter from school for malpractice coverage

PROGRAM INFORMATION:

Average # of Clerks per Month: 1

Accept Clerks from: All Colleges of Podiatric Medicine

Housing Provided Approx. Housing Cost per Month:

Meals Provided Contact Program for a list of housing suggestions

Other: some lunches at hospital, small bed in office or may rent locally

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input checked="" type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input checked="" type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM This is an office rotation with exposure to all hospital surgeries. Residents will take some externs to off site cases. Our residents scrub with over 20 attendings at multiple sites.

[CASPR Directory Page](#)

Aria Health System (formerly Frankford Hospital)

CLERKSHIP DIRECTOR:

S. Jeffrey Siegel, DPM
 Red Lion and Knights Road
 Philadelphia, PA 10114

Phone: (609) 206-6070 Fax:

Email: heeldoc@verizon.net

Website: www.ariahealth.org

Alternate Contact:

Phone:

INITIAL APPLICATION REQUIREMENTS:

<input type="checkbox"/> Photograph	<input type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	3 # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments: Please email all application documents

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input type="checkbox"/> Immunization Verification - Letter from School Accepted
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type
<input type="checkbox"/> Verification of Liability Insurance	Approx Cost \$0.00

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 4

Accept Clerks from: All Colleges of Podiatric Medicine

Housing Provided Approx. Housing Cost per Month:

Meals Provided Contact Program for a list of housing suggestions

Other:

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input checked="" type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input checked="" type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Very busy, hospital based program encompassing a wide variety of clinical cases - including major trauma and hindfoot reconstruction.

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: No

Benedictine Hospital

CLERKSHIP DIRECTOR:

Michael Keller, DPM
 105 Mary's Ave
 Kingston, NY 12401

Phone: (845) 339-4191 Fax: (845) 334-3097

Email: bchauncey@benedictine.org

Website: www.benedictine.org

Alternate Contact: Brigid Chauncey
 Phone: (845) 943-6014

**Application Materials
 should be mailed to the
 program at this address.**

This program will also accept
 application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input type="checkbox"/> US Citizenship	<input type="checkbox"/> CV	No # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input type="checkbox"/> Board Scores	<input checked="" type="checkbox"/> Car Required	<input type="checkbox"/> Transcript

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input checked="" type="checkbox"/> Doctor/Clinic Immunization Verification Required	
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input type="checkbox"/> Immunization Verification - Letter from School Accepted	
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check	<input checked="" type="checkbox"/> HIPAA Training
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type	
<input checked="" type="checkbox"/> Verification of Liability Insurance	Approx Cost	

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 1

Accept Clerks from: All Colleges of Podiatric Medicine

Housing Provided Approx. Housing Cost per Month:

Meals Provided Contact Program for a list of housing suggestions

Other: Please call/email to check availability of the on campus housing - not available every month

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM 4 week program includes rotation in podiatric clinics; wound care; journal club; lectures; daily rounds with **OVERVIEW:** resident/attending; podiatric medicine; podiatric surgery; one weekend of call with resident/attending etc.

Beth Israel Deaconess Medical Center

CLERKSHIP DIRECTOR:

Thanh Dinh, DPM
 1 Deaconess Road
 Dept of Podiatry
 Boston, MA 02215
 Phone: (617) 632-8428 Fax: (617) 632-7090
 Email: tdinh@bidmc.harvard.edu
 Website:
 Alternate Contact:
 Phone:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: No Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

<input type="checkbox"/> Photograph	<input type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	No # Ltrs of Rec
<input type="checkbox"/> Letter of Interest	<input type="checkbox"/> Board Scores	<input type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required	
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input type="checkbox"/> Immunization Verification - Letter from School Accepted	
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check	<input type="checkbox"/> HIPAA Training
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type	
<input type="checkbox"/> Verification of Liability Insurance	Approx Cost \$0.00	

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

<input checked="" type="checkbox"/> Housing Provided	Approx. Housing Cost per Month: \$1000
<input type="checkbox"/> Meals Provided	<input checked="" type="checkbox"/> Contact Program for a list of housing suggestions
Other:	

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input checked="" type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input checked="" type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM Comprehensive program in which student will scrub varied cases, care for in-house patients, and
OVERVIEW: exposed to clinics in outpatient settings.

[CASPR Directory Page](#)

Beth Israel Medical Center - NY

CLERKSHIP DIRECTOR:

Richard Frankel, DPM
 350 East 17th Street
 New York, NY 10003

Phone: (212) 980-6487 Fax: (212) 980-8685

Email: rfrankel@chpnet.org

Website: www.bisurgery.org

Alternate Contact:

Phone:

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	2 # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required
<input checked="" type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type
<input type="checkbox"/> Verification of Liability Insurance	Approx Cost \$0.00

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 4

Accept Clerks from: All Colleges of Podiatric Medicine

Housing Provided Approx. Housing Cost per Month:

Meals Provided Contact Program for a list of housing suggestions

Other: contact Marvia Alston- malston@chpnet.org

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Externs will have the opportunity to shadow and work side by side with Podiatry residents. Students will have exposure to an extensive podiatric medical and surgical service as well as services which include Internal Medicine, Infectious Disease, Radiology, General Surgery, Orthopedic Surgery and Emergency Room.

Application Materials should be mailed to the program at this address.

This program will also accept application materials via:

Email: Yes Fax: No

Bethesda Memorial Hospital

CLERKSHIP DIRECTOR:

Kyle J Kinmon, DPM
 2815 Seacrest Blvd
 Boynton Beach, FL 33435

Phone: (561) 995-0229 Fax: (561) 989-0775

Email: kkinmon@aol.com

Website: www.bethesdaweb.com/podiatryresidency

Alternate Contact:

Phone:

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input checked="" type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	2 # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input checked="" type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required	
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted	
<input checked="" type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check	<input type="checkbox"/> HIPAA Training
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type	
<input checked="" type="checkbox"/> Verification of Liability Insurance	Approx Cost \$0.00	

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

Housing Provided Approx. Housing Cost per Month:

Meals Provided Contact Program for a list of housing suggestions

Other:

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input checked="" type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: This is a new program under provisional approval having started our first two residents July 1, 2010. The program is well rounded with an emphasis on all reconstructive surgery including trauma, limb salvage, Charcot, arthroscopy, ankle replacement, peripheral nerve surgery and pediatrics with clinic exposure in orthopedic, podiatric and wound care settings.

Application Materials should be mailed to the program at this address.

This program will also accept application materials via:

Email: Yes Fax: No

Boston University Medical Center

CLERKSHIP DIRECTOR:

Susan Walsh, DPM
 732 Harrison Avenue
 Boston, MA 02118

Phone: (617) 414-6852 Fax: (617) 414-6829

Email: susan.walsh@bmc.org

Website:

Alternate Contact: Erin Springhetti
 Phone: (617) 414-6821

**Application Materials
 should be mailed to the
 program at this address.**

This program will also accept
 application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	2 # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments: address any materials to attention to Dr. Walsh.

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input checked="" type="checkbox"/> Doctor/Clinic Immunization Verification Required	
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted	
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check	<input checked="" type="checkbox"/> HIPAA Training
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type	
<input checked="" type="checkbox"/> Verification of Liability Insurance	Approx Cost	

Other/Comments: within 3 months prior to starting rotation must have TB/PPD test

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

<input type="checkbox"/> Housing Provided	Approx. Housing Cost per Month:
<input type="checkbox"/> Meals Provided	<input checked="" type="checkbox"/> Contact Program for a list of housing suggestions

Other: www.bumc.bu.edu/ohr

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Four week hospital - based rotation with well-rounded exposure to inpatient care, outpatient office, operating room, and academics. Participates with Vascular Surgery in addition to Podiatry.

[CASPR Directory Page](#)

Botsford General Hospital

CLERKSHIP DIRECTOR:

Jeffrey Yung, DPM

28050 Grand River Avenue

Farmington Hills, MI 48336

Phone: (248) 473-1320 Fax: (248) 473-3984

Email: botsfordpodiatry@hotmail.com

Website: www.botsford.org (go to education, GME, then residencies)

Alternate Contact:

Phone: (248) 478-1150

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	2 # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input checked="" type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments: background check if College of Podiatric Medicine has on file, car preferred.

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required	
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input type="checkbox"/> Immunization Verification - Letter from School Accepted	
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check	<input type="checkbox"/> HIPAA Training
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type	
<input type="checkbox"/> Verification of Liability Insurance	Approx Cost	

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 3

Accept Clerks from: All Colleges of Podiatric Medicine

<input checked="" type="checkbox"/> Housing Provided	Approx. Housing Cost per Month: \$0
<input checked="" type="checkbox"/> Meals Provided	<input type="checkbox"/> Contact Program for a list of housing suggestions

Other: if accepted must contact Karen at Med Ed 248-471-8222 for housing

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input checked="" type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

Cambridge Health Alliance

CLERKSHIP DIRECTOR:

Harry Schneider, DPM
 1493 Cambridge Street
 Cambridge, MA 02139

Phone: (617) 665-3570 Fax: (617) 665-3598

Email: patwalsh@challiance.org

Website: http://www.challiance.org/podiatry_res/program_overview.shtml

Alternate Contact: Patty Walsh

Phone: (617) 665-3570

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: No Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	3 # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required	
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input type="checkbox"/> Immunization Verification - Letter from School Accepted	
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check	<input type="checkbox"/> HIPAA Training
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type	
<input type="checkbox"/> Verification of Liability Insurance	Approx Cost	

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 4

Accept Clerks from: All Colleges of Podiatric Medicine

<input type="checkbox"/> Housing Provided	Approx. Housing Cost per Month:
<input type="checkbox"/> Meals Provided	<input checked="" type="checkbox"/> Contact Program for a list of housing suggestions
Other:	

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input checked="" type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM Program focuses on reconstruction, revisional cases.

OVERVIEW:

[CASPR Directory Page](#)

Catholic Hlth Sys/Sisters of Charity Hosp

CLERKSHIP DIRECTOR:

Joseph M Anain, Jr., DPM
 2157 Main Street
 Buffalo, NY 14214 -2692

Phone: (716) 862-1840 Fax: (716) 862-1212

Email: ssperazza@chsbuffalo.org

Website: <http://www.chsbuffalo.org/>

Alternate Contact: Sharon Sperazza
 Phone: (716) 862-1840

**Application Materials
 should be mailed to the
 program at this address.**

This program will also accept
 application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input checked="" type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	2 # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input checked="" type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type
<input checked="" type="checkbox"/> Verification of Liability Insurance	Approx Cost

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 1

Accept Clerks from: All Colleges of Podiatric Medicine

Housing Provided Approx. Housing Cost per Month: No Fee

Meals Provided Contact Program for a list of housing suggestions

Other: Free Parking. Discounted meals in hospital cafeteria. Housing very limited. 1st come first serve

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW:

[CASPR Directory Page](#)

Cedars-Sinai Medical Center

CLERKSHIP DIRECTOR:

B David Massaband, DPM

8631 W 3rd Street

#940-E

Los Angeles, CA 90048

Phone: (310) 657-2828 Fax:

Email: bmassaband@gmail.com

Website: www.csmc.edu (search: podiatry)

Alternate Contact:

Phone:

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	2 # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input checked="" type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments: Please read Program Overview - IMPORTANT!

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required	
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input type="checkbox"/> Immunization Verification - Letter from School Accepted	
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check	<input type="checkbox"/> HIPAA Training
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type	
<input type="checkbox"/> Verification of Liability Insurance	Approx Cost \$0.00	

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

<input type="checkbox"/> Housing Provided	Approx. Housing Cost per Month:
<input type="checkbox"/> Meals Provided	<input type="checkbox"/> Contact Program for a list of housing suggestions
Other:	

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input checked="" type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: All of the following materials MUST also be sent w/ application: 1) Vaccination record and proof of immunity (MMR, Hep B, and Varicella), annual TB tet, and Tetanus vaccination 2) Copy of health insurance card 3) Copy of school's malpractice/liability insurance 4) HIPAA certification 5) Infectious Disease Control training 6) Letter of good academic standing signed by the Dean

**Application Materials
should be mailed to the
program at this address.**

This program will also accept application materials via:

Email: Yes Fax: No

Chestnut Hill Hospital

CLERKSHIP DIRECTOR:

James Sang, DPM
8815 Germantown Avenue
Suite 11
Philadelphia, PA 19118
Phone: (215) 247-0879 Fax: (215) 247-7014
Email: chhpod@yahoo.com

Website: see below in program overview for website

Alternate Contact:

Phone:

INITIAL APPLICATION REQUIREMENTS:

Photograph US Citizenship CV 2 # Ltrs of Rec
 Letter of Interest Board Scores Car Required Transcript

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

Drug Test - Submitted by Student Doctor/Clinic Immunization Verification Required

Drug Test - Upon Arrival at Hospital Immunization Verification - Letter from School Accepted

Fingerprinting - Submitted by Student Background Check HIPAA Training

Fingerprinting - Upon Arrival at Hospital Type

Verification of Liability Insurance Approx Cost

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

Housing Provided Approx. Housing Cost per Month:
 Meals Provided Contact Program for a list of housing suggestions

Other: Students will receive some meal vouchers to help cover the cost of some of their meals.

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input checked="" type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input checked="" type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM

PROGRAM OVERVIEW: Students will receive hands-on experience on clinical and surgical cases. Surgical cases include forefoot and rearfoot surgical procedures. Students will be exposed to some sports medicine. Students will participate in didactic activities and give a 15 minutes PPT presentation at the end of clerkship. Website: www.chhealthsystem.com/Services/Pages/Pediatric%20Home.aspx

Christiana Care Health System

CLERKSHIP DIRECTOR:

Alternate Contact:

Phone:

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input checked="" type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	2 # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input checked="" type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments: Applications accepted via fax or US Mail - no email

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required	
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted	
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check	<input type="checkbox"/> HIPAA Training
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type	
<input type="checkbox"/> Verification of Liability Insurance	Approx Cost	

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 1

Accept Clerks from: All Colleges of Podiatric Medicine

Housing Provided Approx. Housing Cost per Month:
 Meals Provided Contact Program for a list of housing suggestions

Other: Housing provided to those residing 50 miles or more from hospital as per availability

RESIDENCY RELATIONSHIP:

2011 CASPR Residency Program US Citizenship Required for Residency
 Clerkship Required Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: When the CPME granted the Christiana Care PM&S-36 Residency full accreditation status, they noted Christiana Care's "outstanding educational environment, wealth of clinical resources, and committed faculty." All podiatric surgeons on staff are either "Qualified" or "Certified" by the ABPS. Surgical skill, judgement & professionalism are the hallmarks of our program.

Community Medical Center - PA

CLERKSHIP DIRECTOR:

Timothy Siebecker, DPM
1800 Mulberry Street
Scranton, PA 18510

Phone: (570) 307-1767 Fax: (570) 969-7191

Email: diann.winters@cmchealthsys.org

Website:

Alternate Contact: Diann Winters

Phone: (570) 969-8247

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input checked="" type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	3 # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input checked="" type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required	
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted	
<input checked="" type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check	<input type="checkbox"/> HIPAA Training
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type	
<input checked="" type="checkbox"/> Verification of Liability Insurance	Approx Cost \$0.00	

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 2-

Accept Clerks from: All Colleges of Podiatric Medicine

Housing Provided Approx. Housing Cost per Month: \$0
 Meals Provided Contact Program for a list of housing suggestions
Other: free parking

RESIDENCY RELATIONSHIP:

2011 CASPR Residency Program US Citizenship Required for Residency
 Clerkship Required Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Community Medical Center Residency Program is a PM&S-36 Program. The residency program has emphasis on trauma and reconstructive surgery including lizarov external fixation, taylor spatial frame, total ankle replacements, and peripheral nerve stimulators.

Coney Island Hospital

CLERKSHIP DIRECTOR:

Glenn J. Donovan, DPM
 2601 Ocean Parkway
 Dept of Surgery
 Brooklyn, NY 11235
 Phone: (718) 616-5509 Fax: (718) 616-4436
 Email: glenn.donovan@nycdhc.org
 Website: www.ConeyIslandHospital.com

Alternate Contact:

Phone:

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input checked="" type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	2 # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input type="checkbox"/> Board Scores	<input type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input checked="" type="checkbox"/> Doctor/Clinic Immunization Verification Required	
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input type="checkbox"/> Immunization Verification - Letter from School Accepted	
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check	<input type="checkbox"/> HIPAA Training
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type	
<input type="checkbox"/> Verification of Liability Insurance	Approx Cost \$0.00	

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

Housing Provided Approx. Housing Cost per Month:

Meals Provided Contact Program for a list of housing suggestions

Other: New York City Hospital treating wide variety of foot pathology, Journal Club, active clinic

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input checked="" type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Coney Island Hospital offers a strong PM&S-24 program. Residents have access to a busy city hospital with an academic affiliate at Woodhull Hospital. Program affords the opportunity to participate in continuous, EBM based patient care as part of a multidisciplinary medical team. Residents are able to learn all aspects of podiatric medicine, surgery, and wound care, in the dynamic environment of a very busy ER, hospital OR, as well as participate in grand rounds, various seminars and weekly journal club. After the well rounded program candidates are well prepared to start their own practice and go on to become successful practitioners.

Application Materials should be mailed to the program at this address.

This program will also accept application materials via:

Email: Yes Fax: Yes

Cooper University Hospital

CLERKSHIP DIRECTOR:

David Millili, DPM

1 Cooper Plaza

Camden, NJ 08103

Phone: (856) 270-4030 Fax: (856) 270-4044

Email: millili-david@cooperhealth.edu

Website:

Alternate Contact:

Phone:

INITIAL APPLICATION REQUIREMENTS:

<input type="checkbox"/> Photograph	<input checked="" type="checkbox"/> US Citizenship	<input type="checkbox"/> CV	No # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input type="checkbox"/> Board Scores	<input checked="" type="checkbox"/> Car Required	<input type="checkbox"/> Transcript

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required	
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input type="checkbox"/> Immunization Verification - Letter from School Accepted	
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check	<input type="checkbox"/> HIPAA Training
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type	
<input type="checkbox"/> Verification of Liability Insurance	Approx Cost	

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

Housing Provided Approx. Housing Cost per Month:

Meals Provided Contact Program for a list of housing suggestions

Other:

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input checked="" type="checkbox"/> US Citizenship Required for Residency
<input checked="" type="checkbox"/> Clerkship Required	<input checked="" type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM Cooper University Level I Trauma Center, 580 beds, PM&S-24/ 2 spots.

OVERVIEW:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: No Fax: Yes

Covenant Medical Center

CLERKSHIP DIRECTOR:

P. J. Weires, DPM
 927 West 4th Street
 c/o Family Foot Health Care
 Waterloo, IA 50702
 Phone: (319) 233-6107 Fax: (319) 233-9138
 Email: pweires@familyfoothealthcare.com
 Website:
 Alternate Contact: G.C. Lantz, DPM
 Phone: (319) 233-6107

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: No Fax: No

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	2 # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input checked="" type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required	
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted	
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check	<input checked="" type="checkbox"/> HIPAA Training
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type	
<input checked="" type="checkbox"/> Verification of Liability Insurance	Approx Cost \$0.00	

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

<input checked="" type="checkbox"/> Housing Provided	Approx. Housing Cost per Month:
<input checked="" type="checkbox"/> Meals Provided	<input type="checkbox"/> Contact Program for a list of housing suggestions
Other:	

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input checked="" type="checkbox"/> US Citizenship Required for Residency
<input checked="" type="checkbox"/> Clerkship Required	<input checked="" type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM Multiple attendings from several offices are involved with numerous hospitals and a surgery center.
OVERVIEW: Many communities in NE Iowa are included

[CASPR Directory Page](#)

Crozer-Keystone Health System

CLERKSHIP DIRECTOR:

William Urbas, DPM
 One Medical Center Boulevard
 POB 1, Suite 302
 Upland, PA 19013
 Phone: (610) 447-6354 Fax: (610) 619-7409
 Email: ccmcpodiatry@crozer.org
 Website: crozer.org
 Alternate Contact:
 Phone:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	No # Ltrs of Rec
<input type="checkbox"/> Letter of Interest	<input type="checkbox"/> Board Scores	<input checked="" type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required	
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted	
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check	<input type="checkbox"/> HIPAA Training
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type	
<input type="checkbox"/> Verification of Liability Insurance	Approx Cost	

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 3

Accept Clerks from: All Colleges of Podiatric Medicine

<input type="checkbox"/> Housing Provided	Approx. Housing Cost per Month:
<input checked="" type="checkbox"/> Meals Provided	<input checked="" type="checkbox"/> Contact Program for a list of housing suggestions
Other:	

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input type="checkbox"/> US Citizenship Required for Residency
<input checked="" type="checkbox"/> Clerkship Required	<input type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW:

[CASPR Directory Page](#)

Dekalb Medical Center

CLERKSHIP DIRECTOR:

David C Alder, DPM
 2701 N Decatur Road
 Decatur, GA 30033

Phone: (404) 501-7188 Fax: (404) 501-2095

Email:

Website:

Alternate Contact: Carolyn Massey
 Phone: (404) 501-7188

**Application Materials
 should be mailed to the
 program at this address.**

This program will also accept
 application materials via:

Email: No Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	2/3 # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input checked="" type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required	
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input type="checkbox"/> Immunization Verification - Letter from School Accepted	
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check	<input type="checkbox"/> HIPAA Training
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type	
<input type="checkbox"/> Verification of Liability Insurance	Approx Cost	

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 6

Accept Clerks from: All Colleges of Podiatric Medicine

<input checked="" type="checkbox"/> Housing Provided	Approx. Housing Cost per Month: \$100.00
<input checked="" type="checkbox"/> Meals Provided	<input type="checkbox"/> Contact Program for a list of housing suggestions
Other:	

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input checked="" type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM Student needs a car.

OVERVIEW:

[CASPR Directory Page](#)

DePaul Health Center

CLERKSHIP DIRECTOR:

Jeffrey Boberg, DPM
 12303 DePaul Drive
 Bridgeton, MO 63044

Phone: (314) 739-7100 Fax: (314) 739-3199

Email: deaul.extern@gmail.com

Website: <http://tinyurl.com/DePaulResidencyProgram>

Alternate Contact: Laura Boberg

Phone: (314) 729-7100

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

<input type="checkbox"/> Photograph	<input checked="" type="checkbox"/> US Citizenship	<input type="checkbox"/> CV	No # Ltrs of Rec
<input type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input checked="" type="checkbox"/> Car Required	<input type="checkbox"/> Transcript

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input checked="" type="checkbox"/> Background Check
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type
<input checked="" type="checkbox"/> Verification of Liability Insurance	Approx Cost

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 5

Accept Clerks from: All Colleges of Podiatric Medicine

Housing Provided Approx. Housing Cost per Month:

Meals Provided Contact Program for a list of housing suggestions

Other: lunch provided. area housing approx \$700/month

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input checked="" type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input checked="" type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: busy suburban hospital with 9 residents. Hands on program with strong didactic component. Daily observation/participation in surgery. One week office rotation. Bi-weekly academic calendar.

[CASPR Directory Page](#)

Detroit Medical Center

CLERKSHIP DIRECTOR:

Charles G Kissel, DPM
 29433 Ryan Road
 Warren, MI 48092

Phone: (586) 574-0500 Fax: (586) 574-2694

Email: zee@alum.mit.edu

Website:

Alternate Contact: Zeeshan S Husain, DPM

Phone: (586) 574-0500

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	<input type="checkbox"/> 2 # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input checked="" type="checkbox"/> Doctor/Clinic Immunization Verification Required
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type
<input checked="" type="checkbox"/> Verification of Liability Insurance	Approx Cost

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 5

Accept Clerks from: All Colleges of Podiatric Medicine

<input checked="" type="checkbox"/> Housing Provided	Approx. Housing Cost per Month: \$400
<input type="checkbox"/> Meals Provided	<input checked="" type="checkbox"/> Contact Program for a list of housing suggestions
Other:	

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input checked="" type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Intensive training in full-scope foot and ankle surgery within large medical center. Podiatric residents are fully integrated into the system and function as equals to other residents. Rotations highlight trauma orthopedic surgery, pediatric orthopedics, plastic surgery, vascular surgery, and general surgery.

[CASPR Directory Page](#)

Doctors Hospital of West Covina

CLERKSHIP DIRECTOR:

Bob Alavy, FACFAS, DPM
725 S Orange Ave
West Covina, CA 91790-2614

Phone: (626) 338-1800 Fax: (626) 960-9178
Email: PMS36C@aol.com
Website: DrAlavy.com
Alternate Contact: Jimmy Tsai, DPM
Phone: (626) 338-8481 ext: 292

**Application Materials
should be mailed to the
program at this address.**

This program will also accept application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input checked="" type="checkbox"/> US Citizenship	<input type="checkbox"/> CV	3 # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required	
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input type="checkbox"/> Immunization Verification - Letter from School Accepted	
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check	<input type="checkbox"/> HIPAA Training
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type	
<input type="checkbox"/> Verification of Liability Insurance	Approx Cost	
<p>Other/Comments</p>		

PROGRAM INFORMATION

Average # of Clerks per Month: 1

Accept Clerks from: All Colleges of Podiatric Medicine

Housing Provided Approx. Housing Cost per Month:
 Meals Provided Contact Program for a list of housing suggestions
Other:

RESIDENCY RELATIONSHIP:

2011 CASPR Residency Program US Citizenship Required for Residency
 Clerkship Required Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW:

Drexel Univ College of Medicine/Hahnemann Univ

CLERKSHIP DIRECTOR:

Steven F Boc, DPM
 Broad & Vine Streets
 Mail Stop #310
 Philadelphia, PA 19102
 Phone: (215) 762-7270 Fax:
 Email: Karen.Sembello@tenethealth.com
 Website: www.DrexelMed.edu
 Alternate Contact: Karen Sembello
 Phone: (215) 762-7270

**Application Materials
 should be mailed to the
 program at this address.**

This program will also accept
 application materials via:

Email: Yes Fax: No

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input checked="" type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	<input type="checkbox"/> 3 # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type
<input type="checkbox"/> Verification of Liability Insurance	Approx Cost

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 4

Accept Clerks from: All Colleges of Podiatric Medicine

<input type="checkbox"/> Housing Provided	Approx. Housing Cost per Month:
<input type="checkbox"/> Meals Provided	<input checked="" type="checkbox"/> Contact Program for a list of housing suggestions

Other: Contact Office of Residential Life at 215-553-7400 for apartment listing

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input checked="" type="checkbox"/> US Citizenship Required for Residency
<input checked="" type="checkbox"/> Clerkship Required	<input checked="" type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Visit DrexelMed.edu website to view Podiatric Medicine & Surgery Residency program information

[CASPR Directory Page](#)

DVA - Akron/Canton Community Based Outpatient Clin

CLERKSHIP DIRECTOR:

Nichol L Salvo, DPM

Louis Stokes Cleveland VA Medical Center

55 W. Waterloo

Akron, OH 44319

Phone: (330) 724-7715 ext 1232 Fax: (330) 489-4684

Email: nichol.salvo@va.gov

Website:

Alternate Contact:

Phone: (330) 489-4600 ext: 1669

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

<input type="checkbox"/> Photograph	<input checked="" type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	2 # Ltrs of Rec
<input type="checkbox"/> Letter of Interest	<input type="checkbox"/> Board Scores	<input checked="" type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments: Clerkship will be in both the Akron and Canton Outpatient VA clinics

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required	
<input checked="" type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input type="checkbox"/> Immunization Verification - Letter from School Accepted	
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input checked="" type="checkbox"/> Background Check	<input checked="" type="checkbox"/> HIPAA Training
<input checked="" type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type	
<input type="checkbox"/> Verification of Liability Insurance	Approx Cost \$0.00	

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 1

Accept Clerks from: All Colleges of Podiatric Medicine

Housing Provided Approx. Housing Cost per Month:

Meals Provided Contact Program for a list of housing suggestions

Other:

RESIDENCY RELATIONSHIP:

<input type="checkbox"/> 2011 CASPR Residency Program	<input checked="" type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: The program will expose the clerk to a broad range of podiatric primary care, including palliative routine care, wound care, in office surgical procedures, post-operative care, radiology and biomechanics.

DVA - Atlanta

CLERKSHIP DIRECTOR:

A. Louis Jimenez, DPM
 1670 Clairmont Road Pod 1111
 Decatur, GA 30033

Phone: (404) 321-6111 ext 6589 Fax: (404) 327-4948

Email: aljimenez@bellsouth.net

Website:

Alternate Contact:

Phone: (404) 321-6111

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	<input type="checkbox"/> 2 # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input type="checkbox"/> Immunization Verification - Letter from School Accepted
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type
<input type="checkbox"/> Verification of Liability Insurance	Approx Cost

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 5

Accept Clerks from: All Colleges of Podiatric Medicine

<input type="checkbox"/> Housing Provided	Approx. Housing Cost per Month:
<input type="checkbox"/> Meals Provided	<input checked="" type="checkbox"/> Contact Program for a list of housing suggestions
Other:	

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input checked="" type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input checked="" type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: 36 mo podiatric med & surgery. In hospital clinics and surgery. Outside surgicenters included.

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: No

DVA - Augusta

CLERKSHIP DIRECTOR:

Anthony Cresci, DPM
 1 Freedom Way
 #228
 Augusta, GA 30904
 Phone: (706) 823-3988 Fax: (706) 823-3983
 Email: anthony.cresci@va.gov
 Website:
 Alternate Contact:
 Phone:

**Application Materials
 should be mailed to the
 program at this address.**

This program will also accept
 application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

<input type="checkbox"/> Photograph	<input checked="" type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	<input type="checkbox"/> No # Ltrs of Rec
<input type="checkbox"/> Letter of Interest	<input type="checkbox"/> Board Scores	<input type="checkbox"/> Car Required	<input type="checkbox"/> Transcript

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted
<input checked="" type="checkbox"/> Fingerprinting - Submitted by Student	<input checked="" type="checkbox"/> Background Check
<input checked="" type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type
<input type="checkbox"/> Verification of Liability Insurance	Approx Cost

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

<input type="checkbox"/> Housing Provided	Approx. Housing Cost per Month:
<input type="checkbox"/> Meals Provided	<input checked="" type="checkbox"/> Contact Program for a list of housing suggestions
Other:	

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input checked="" type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input checked="" type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM Students have the opportunity to gain clinical experience in podiatric medicine, wound care, and surgery.
OVERVIEW: Also actively participate in academic program.

[CASPR Directory Page](#)

DVA - Canton Community Based Outpatient Clinic

CLERKSHIP DIRECTOR:

Joel Nelson, DPM
 Louis Stokes Cleveland VA Medical Center
 733 Market Avenue South
 Canton, OH 44702
 Phone: (330) 489-4600 ext 1689 Fax: (330) 489-4684
 Email: joel.nelson@va.gov
 Website:
 Alternate Contact:
 Phone:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input checked="" type="checkbox"/> US Citizenship	<input type="checkbox"/> CV	2 # Ltrs of Rec
<input type="checkbox"/> Letter of Interest	<input type="checkbox"/> Board Scores	<input type="checkbox"/> Car Required	<input type="checkbox"/> Transcript

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required
<input checked="" type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input type="checkbox"/> Immunization Verification - Letter from School Accepted
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input checked="" type="checkbox"/> Background Check
<input checked="" type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type
<input type="checkbox"/> Verification of Liability Insurance	Approx Cost

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 1

Accept Clerks from: BUSPM, OCPM

<input type="checkbox"/> Housing Provided	Approx. Housing Cost per Month:
<input type="checkbox"/> Meals Provided	<input type="checkbox"/> Contact Program for a list of housing suggestions

Other:

RESIDENCY RELATIONSHIP:

<input type="checkbox"/> 2011 CASPR Residency Program	<input type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: 0

PROGRAM OVERVIEW:

primary podiatry in outpatient setting

DVA - Central Alabama Healthcare Sys

CLERKSHIP DIRECTOR:

Angelo Agee, DPM
215 Perry Hill Road 115 (S)
Montgomery,

Phone: (334) 272-4670 ext 4467 Fax: (334) 273-6203

Email: angelo.agee@va.gov

Website:

Alternate Contact: Margarette McGraw

Phone: (334) 272-4670 ext: 5510

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	3 # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input checked="" type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input type="checkbox"/> Immunization Verification - Letter from School Accepted
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type
<input type="checkbox"/> Verification of Liability Insurance	Approx Cost \$0.00

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

<input type="checkbox"/> Housing Provided	Approx. Housing Cost per Month:
<input type="checkbox"/> Meals Provided	<input type="checkbox"/> Contact Program for a list of housing suggestions
Other:	

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input checked="" type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input checked="" type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: CAVHCS Clerkship is a one month program designed to provide exposure in all aspects of Podiatric Medicine and Surgery. The experiences include Podiatric Medicine in a clinical, surgical as well as advanced wound care clinic setting with participation in journal review, radiology review, pre-operative review presentations and weekly lectures during rotation.

[CASPR Directory Page](#)

DVA - Cleveland (Louis Stokes VAMC)

CLERKSHIP DIRECTOR:

Danae Lowell, DPM
 10701 East Boulevard
 W-112
 Cleveland, OH 44105
 Phone: (216) 791-3800 ext 5891 Fax: (216) 707-5970
 Email: danae.lowell@va.gov
 Website:
 Alternate Contact: pager
 Phone: (440) 562-2129

**Application Materials
 should be mailed to the
 program at this address.**

This program will also accept
 application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input checked="" type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	2 # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required	
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input type="checkbox"/> Immunization Verification - Letter from School Accepted	
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input checked="" type="checkbox"/> Background Check	<input checked="" type="checkbox"/> HIPAA Training
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type govt	
<input type="checkbox"/> Verification of Liability Insurance	Approx Cost \$0.00	

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

<input type="checkbox"/> Housing Provided	Approx. Housing Cost per Month:
<input type="checkbox"/> Meals Provided	<input type="checkbox"/> Contact Program for a list of housing suggestions
Other:	

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input checked="" type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input checked="" type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM Busy hospital based program. GPA requirement for residency consideration.

OVERVIEW:

[CASPR Directory Page](#)

DVA - Dayton

CLERKSHIP DIRECTOR:

Jay A Wenig, DPM
 4100 West Third Street
 Surg Ser/Pod Sec (112)
 Dayton, OH 45428
 Phone: (937) 268-6511 ext 2971 Fax: (937) 267-5395
 Email: jay.wenig@va.gov
 Website:
 Alternate Contact:
 Phone:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input checked="" type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	No # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input checked="" type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required	
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted	
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input checked="" type="checkbox"/> Background Check	<input type="checkbox"/> HIPAA Training
<input checked="" type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type	
<input checked="" type="checkbox"/> Verification of Liability Insurance	Approx Cost	

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

<input type="checkbox"/> Housing Provided	Approx. Housing Cost per Month:
<input type="checkbox"/> Meals Provided	<input checked="" type="checkbox"/> Contact Program for a list of housing suggestions
Other:	

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input checked="" type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Well rounded experience. Clinic runs 5 days a week. Surgery is two or more days a week. Surgery at the VA Medical Center and surrounding hospitals and surgery centers. Students will get hands on experience. Housing can be arranged with current residents for about \$130 per month.

[CASPR Directory Page](#)

DVA - Eastern Colorado Hlth Care

CLERKSHIP DIRECTOR:

Stephen Albert, DPM
 Pod Sect, Surg. Serv. (112)
 1055 Clermont Street
 Denver, CO 80220-3808
 Phone: (303) 399-8020 ext 2019 Fax: (303) 394-5853
 Email: stephen.albert@va.gov
 Website: www.vadenver.net
 Alternate Contact:
 Phone:

**Application Materials
 should be mailed to the
 program at this address.**

This program will also accept
 application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	No # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments: Send additional requirements before arrival to carol.ratcliff@va.gov

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required	
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted	
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check	<input checked="" type="checkbox"/> HIPAA Training
<input checked="" type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type	
<input type="checkbox"/> Verification of Liability Insurance	Approx Cost	

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 4

Accept Clerks from: All Colleges of Podiatric Medicine

<input type="checkbox"/> Housing Provided	Approx. Housing Cost per Month:
<input type="checkbox"/> Meals Provided	<input checked="" type="checkbox"/> Contact Program for a list of housing suggestions

Other: U.S. Citizenship required if paid

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input checked="" type="checkbox"/> US Citizenship Required for Residency
<input checked="" type="checkbox"/> Clerkship Required	<input checked="" type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: The clerkship is an intense clinical and surgical month. Clerks spend the month dealing with patients with complex lower extremity problems. There is a weekly journal club, lectures by residents and students are required to make one presentation and complete an exit interview pertaining to the clerkship. Clerks have the opportunity to observe surgical case in house and at outside surgery centers.

[CASPR Directory Page](#)

DVA - Greater Los Angeles Healthcare Sys

CLERKSHIP DIRECTOR:

Aksone Nouvong, DPM
 11301 Wilshire Blvd
 Dept of Surgery 10H-2
 Los Angeles, CA 90073
 Phone: (310) 478-3711 ext 42007 Fax: (310) 268-4967
 Email: anouvong@ucla.edu
 Website:
 Alternate Contact: Daniel Foster
 Phone: (310) 268-3510

**Application Materials
should be mailed to the
program at this address.**

This program will also accept application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	<input type="checkbox"/> 3 # Ltrs of Rec
<input type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input checked="" type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check
<input checked="" type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type
<input type="checkbox"/> Verification of Liability Insurance	Approx Cost \$0.00

Other/Comments student packet will be mailed and completed prior to clerkship

PROGRAM INFORMATION:

Average # of Clerks per Month:

Accept Clerks from: All Colleges of Podiatric Medicine

<input type="checkbox"/> Housing Provided	Approx. Housing Cost per Month:
<input type="checkbox"/> Meals Provided	<input type="checkbox"/> Contact Program for a list of housing suggestions
Other:	

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input checked="" type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input checked="" type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: There are 3 hospitals at this program: DVA GLA West Los Angeles, Olive View-UCLA Medical Center and Kaiser Woodland Hills. The clerks will spend roughly equal amounts of time at the VA and Olive View hospitals with an option to visit Kaiser Woodland Hills. During the externship the student will have daily exposure to clinics, surgery and inpatient care. Didactic experience.

[CASPR Directory Page](#)

DVA - Hudson Valley Hlthcare Sys

CLERKSHIP DIRECTOR:

Mark A Caselli, DPM
 PO Box 100
 Podiatry 112B
 Montrose, NY 10548
 Phone: (914) 737-4400 ext 2446 Fax: (201) 825-4650
 Email: mark.caselli@va.gov
 Website:
 Alternate Contact:
 Phone:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: No

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	No # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input type="checkbox"/> Car Required	<input type="checkbox"/> Transcript

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input checked="" type="checkbox"/> Doctor/Clinic Immunization Verification Required	
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input type="checkbox"/> Immunization Verification - Letter from School Accepted	
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check	<input checked="" type="checkbox"/> HIPAA Training
<input checked="" type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type	
<input type="checkbox"/> Verification of Liability Insurance	Approx Cost \$0.00	

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 1

Accept Clerks from: All Colleges of Podiatric Medicine

<input checked="" type="checkbox"/> Housing Provided	Approx. Housing Cost per Month: No Cost
<input checked="" type="checkbox"/> Meals Provided	<input type="checkbox"/> Contact Program for a list of housing suggestions
Other:	

RESIDENCY RELATIONSHIP:

<input type="checkbox"/> 2011 CASPR Residency Program	<input type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: 0

PROGRAM OVERVIEW:

DVA - Loma Linda (Jerry L Pettis)

CLERKSHIP DIRECTOR:

Carol Tran, DPM
11201 Benton Street (112 G)
Loma Linda, CA 93257

Phone: (909) 583-6073 Fax: (909) 777-3826

Email: carol.tran@va.gov

Website:

Alternate Contact:

Phone:

INITIAL APPLICATION REQUIREMENTS:

Photograph US Citizenship CV No # Ltrs of Rec
 Letter of Interest Board Scores Car Required Transcript

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required	
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input type="checkbox"/> Immunization Verification - Letter from School Accepted	
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check	<input type="checkbox"/> HIPAA Training
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type	
<input type="checkbox"/> Verification of Liability Insurance	Approx Cost \$0.00	
Other/Comments		

PROGRAM INFORMATION:

Average # of Clerks per Month: 4

Accept Clerks from: All Colleges of Podiatric Medicine

Housing Provided Approx. Housing Cost per Month:

Meals Provided Contact Program for a list of housing suggestions

Other:

RESIDENCY RELATIONSHIP:

2011 CASPR Residency Program US Citizenship Required for Residency
 Clerkship Required Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM A 3 year surgical program with six residents. Residents will complete medical and non-podiatry surgical rotations during their first year. Residents in second and third year will also rotate to outside surgical

OVERVIEW. Rotations during their first year. Residents in second and third year will also rotate to outside surgical centers. Participate in PACT program with vascular surgery department. Weekly PACT rounds and Wound clinic.

DVA - Madison

CLERKSHIP DIRECTOR:

Christopher Daniele, DPM
 2500 Overlook Terrace
 Madison, WI 53705

Phone: (608) 256-1901 ext 11855 Fax: (608) 280-7140

Email: madpodiatry@gmail.com

Website:

Alternate Contact:

Phone:

INITIAL APPLICATION REQUIREMENTS:

<input type="checkbox"/> Photograph	<input type="checkbox"/> US Citizenship	<input type="checkbox"/> CV	No # Ltrs of Rec
<input type="checkbox"/> Letter of Interest	<input type="checkbox"/> Board Scores	<input type="checkbox"/> Car Required	<input type="checkbox"/> Transcript

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input checked="" type="checkbox"/> Doctor/Clinic Immunization Verification Required	
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted	
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check	<input type="checkbox"/> HIPAA Training
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type	
<input checked="" type="checkbox"/> Verification of Liability Insurance	Approx Cost \$0.00	

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 4

Accept Clerks from: All Colleges of Podiatric Medicine

Housing Provided Approx. Housing Cost per Month:

Meals Provided Contact Program for a list of housing suggestions

Other:

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input checked="" type="checkbox"/> US Citizenship Required for Residency
<input checked="" type="checkbox"/> Clerkship Required	<input checked="" type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: This is a PM&S-36 residency program. The PGY-1 year is spent primarily at the William S. Middleton VA and other affiliated Hospitals and Surgery Centers in the state of Wisconsin. PGY2 and PGY3 year residents rotate through Rockford area hospitals performing surgery with podiatric surgeons, orthopedic trauma surgeons, and pediatric orthopedist. Program focuses on Podiatric Medicine and Surgery with residents remaining active in clinic and surgery throughout their training.

**Application Materials
should be mailed to the
program at this address.**

This program will also accept application materials via:

Email: Yes Fax: Yes

DVA - Maryland Healthcare System

CLERKSHIP DIRECTOR:

H David Gottlieb, DPM
 10 North Greene Street
 5A119
 Baltimore, MD 21201-1524
 Phone: (410) 605-7000 ext 4167 Fax: (410) 605-7919
 Email: h.gottlieb@va.gov
 Website: myspace.com/podiatric_residency
 Alternate Contact:
 Phone:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

<input type="checkbox"/> Photograph	<input checked="" type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	<input type="checkbox"/> 2 # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments: Email applications get preference. We schedule externs on a first come, first served basis. A

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input type="checkbox"/> Immunization Verification - Letter from School Accepted
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check
<input checked="" type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type
<input type="checkbox"/> Verification of Liability Insurance	Approx Cost

Other/Comments All paperwork will be sent to externs and need to be returned before their arrival here.

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

<input checked="" type="checkbox"/> Housing Provided	Approx. Housing Cost per Month:
<input type="checkbox"/> Meals Provided	<input type="checkbox"/> Contact Program for a list of housing suggestions

Other: Housing available based on availability and not guaranteed

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input checked="" type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input checked="" type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Program emphasis is on complete care of wide variety of patient types from pediatric and geriatric.

OVERVIEW: Heavy patient volume of operative cases as well as busy outpatient clinic settings. The program emphasizes hands on training. Our program has state of the art paperless medical records systems as well as digital and 3 dimensional imaging technology.

[CASPR Directory Page](#)

DVA - Miami

CLERKSHIP DIRECTOR:

Gary M Rothenberg, DPM
 1201 NW 16th Street
 Mailstop 112
 Miami, FL 33125-1624
 Phone: (305) 575-3166 Fax: (305) 575-7234
 Email: gary.rothenberg@va.gov
 Website:
 Alternate Contact:
 Phone: (305) 324-4455 ext: 4920

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input checked="" type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	2 # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input checked="" type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required	
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted	
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check	<input checked="" type="checkbox"/> HIPAA Training
<input checked="" type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type	
<input checked="" type="checkbox"/> Verification of Liability Insurance	Approx Cost	

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 4

Accept Clerks from: All Colleges of Podiatric Medicine

<input type="checkbox"/> Housing Provided	Approx. Housing Cost per Month: \$500
<input type="checkbox"/> Meals Provided	<input checked="" type="checkbox"/> Contact Program for a list of housing suggestions
Other:	

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input checked="" type="checkbox"/> US Citizenship Required for Residency
<input checked="" type="checkbox"/> Clerkship Required	<input checked="" type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: We have a busy inpatient and outpatient podiatry program with diverse pathology seen and treatment options (both conservative and surgical) offered. The students will be exposed to all aspects of podiatry including diabetic wound care, trauma, sports medicine and reconstructive surgery.

[CASPR Directory Page](#)

DVA - Minneapolis

CLERKSHIP DIRECTOR:

Eric Affeldt, DPM
One Veterans Drive
Minneapolis, MN 55417

Phone: (612) 467-1427 Fax: (612) 725-2231

Email: eric.affeldt@va.gov

Website:

Alternate Contact:

Phone:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: No Fax: No

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input checked="" type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	No # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input checked="" type="checkbox"/> Car Required	<input type="checkbox"/> Transcript

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input checked="" type="checkbox"/> Doctor/Clinic Immunization Verification Required
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input type="checkbox"/> Immunization Verification - Letter from School Accepted
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type
<input checked="" type="checkbox"/> Verification of Liability Insurance	Approx Cost \$0.00

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 1

Accept Clerks from: CSPM, CPMS, SCPM

Housing Provided Approx. Housing Cost per Month:

Meals Provided Contact Program for a list of housing suggestions

Other:

RESIDENCY RELATIONSHIP:

<input type="checkbox"/> 2011 CASPR Residency Program	<input type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: 0

PROGRAM OVERVIEW: No Residency available here

DVA - Mountain Home

CLERKSHIP DIRECTOR:

George W Stano Jr, DPM
 Veteran's Way
 Mountain Home, TN 37684

Phone: (423) 926-1171 Fax: (423) 926-2696

Email: george.stano2@va.gov

Website:

Alternate Contact:

Phone:

**Application Materials
 should be mailed to the
 program at this address.**

This program will also accept
 application materials via:

Email: Yes Fax: No

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	3 # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input checked="" type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input checked="" type="checkbox"/> Background Check
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type
<input checked="" type="checkbox"/> Verification of Liability Insurance	Approx Cost

Other/Comments fingerprinting & online training done prior to arrival at hospital

PROGRAM INFORMATION:

Average # of Clerks per Month: 3

Accept Clerks from: All Colleges of Podiatric Medicine

Housing Provided Approx. Housing Cost per Month:

Meals Provided Contact Program for a list of housing suggestions

Other: as of 7/1/2011 all three years of training will be in TN

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input checked="" type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input checked="" type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Our program's focus is biomechanics and reconstructive rearfoot & ankle surgery.

[CASPR Directory Page](#)

DVA - New Jersey Hlth Care Sys

CLERKSHIP DIRECTOR:

W. Aaron Broyles, DPM
 385 Tremont Avenue
 East Orange, NJ 07018

Phone: (973) 676-1000 ext 1164 Fax: (973) 395-7154

Email: william.broyles2@va.gov

Website: www.eastorange.va.gov/services/podiatry.asp

Alternate Contact:

Phone:

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input checked="" type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	2 # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input type="checkbox"/> Board Scores	<input type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required	
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input type="checkbox"/> Immunization Verification - Letter from School Accepted	
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check	<input type="checkbox"/> HIPAA Training
<input checked="" type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type	
<input type="checkbox"/> Verification of Liability Insurance	Approx Cost \$0.00	

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Mediine

<input type="checkbox"/> Housing Provided	Approx. Housing Cost per Month:
<input type="checkbox"/> Meals Provided	<input type="checkbox"/> Contact Program for a list of housing suggestions
Other:	

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input checked="" type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW:

Application Materials should be mailed to the program at this address.

This program will also accept application materials via:

Email: Yes Fax: Yes

DVA - New Mexico Healthcare System

CLERKSHIP DIRECTOR:

Mark Margiotta, DPM
 1501 San Pedro Dr, SE
 (112)
 Albuquerque, NM 87108
 Phone: (505) 265-1711 ext 5313 Fax: (505) 256-5743
 Email: mark.margiotta@va.gov
 Website:
 Alternate Contact:
 Phone:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input checked="" type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	2 # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input checked="" type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input checked="" type="checkbox"/> Doctor/Clinic Immunization Verification Required	
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted	
<input checked="" type="checkbox"/> Fingerprinting - Submitted by Student	<input checked="" type="checkbox"/> Background Check	<input type="checkbox"/> HIPAA Training
<input checked="" type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type cursory	
<input type="checkbox"/> Verification of Liability Insurance	Approx Cost \$0.00	

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

<input type="checkbox"/> Housing Provided	Approx. Housing Cost per Month:
<input type="checkbox"/> Meals Provided	<input checked="" type="checkbox"/> Contact Program for a list of housing suggestions
Other:	

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input checked="" type="checkbox"/> US Citizenship Required for Residency
<input checked="" type="checkbox"/> Clerkship Required	<input type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM 3/3/3 PM&S-36, 25 DPMs working with Program, 2 full time attendings. Very heavy academics and a
OVERVIEW: large number of trauma and reconstructive rearfoot surgical cases

[CASPR Directory Page](#)

DVA - New York Harbor Healthcare

CLERKSHIP DIRECTOR:

Steven L Goldman, DPM
 423 East 23rd Street
 New York, NY 10010-5050

Phone: (516) 426-9365 Fax: (484) 377-5655

Email: stevegoldman@att.net

Website:

Alternate Contact:

Phone:

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input checked="" type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	3 # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input type="checkbox"/> Immunization Verification - Letter from School Accepted
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input checked="" type="checkbox"/> Background Check
<input checked="" type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type
<input type="checkbox"/> Verification of Liability Insurance	Approx Cost

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 5

Accept Clerks from: All Colleges of Podiatric Medicine

Housing Provided Approx. Housing Cost per Month:

Meals Provided Contact Program for a list of housing suggestions

Other:

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input checked="" type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input checked="" type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: The program offers the resident an enriched clinical experience located in lower Manhattan, Brooklyn and Queens. The program is currently an approved 2-yr PM&S-24 with anticipated conversion to a PM&S-36 in July 2011. The hospital maintains affiliations with a local surgery center and a hospital in Mesa, AZ. Residents experience a wide and diverse clinical and academic experience in all phases of podiatry (routine care, wound care, forefoot, rearfoot and reconstructive surgery)

**Application Materials
should be mailed to the
program at this address.**

This program will also accept application materials via:

Email: Yes Fax: Yes

DVA - Northport

CLERKSHIP DIRECTOR:

Gregory A. Davies, DPM
 79 Middleville Road
 Pod Sec (112A)
 Northport, NY 11768-2290
 Phone: (516) 458-4466 Fax: (516) 496-0422
 Email: gregory.davies@va.gov
 Website:
 Alternate Contact: Kimberly Wright
 Phone: (631) 261-4400 ext: 2063

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: No

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input checked="" type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	No # Ltrs of Rec
<input type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required	
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input type="checkbox"/> Immunization Verification - Letter from School Accepted	
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check	<input type="checkbox"/> HIPAA Training
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type	
<input type="checkbox"/> Verification of Liability Insurance	Approx Cost	

Other/Comments Basic Contact Information

PROGRAM INFORMATION:

Average # of Clerks per Month: 3

Accept Clerks from: All Colleges of Podiatric Medicine

<input checked="" type="checkbox"/> Housing Provided	Approx. Housing Cost per Month: no charge
<input type="checkbox"/> Meals Provided	<input type="checkbox"/> Contact Program for a list of housing suggestions

Other: please request with application

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input checked="" type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input checked="" type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM Multidisciplinary program with very active clinics. Great hands on clerkship, with priority given to externs
OVERVIEW: for prospective selection into a residency position.

[CASPR Directory Page](#)

DVA - Palo Alto Healthcare System

CLERKSHIP DIRECTOR:

Jack Bois, DPM
 3801 Miranda Ave (112)
 Palo Alto, CA 94304-1207

Phone: (650) 493-5000 ext 67524 Fax: (650) 849-0556

Email: jack.bois@va.gov

Website:

Alternate Contact:

Phone:

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	No # Ltrs of Rec
<input type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input checked="" type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input checked="" type="checkbox"/> Doctor/Clinic Immunization Verification Required
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input type="checkbox"/> Immunization Verification - Letter from School Accepted
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input checked="" type="checkbox"/> Background Check
<input checked="" type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type preferred by VA
<input type="checkbox"/> Verification of Liability Insurance	Approx Cost

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 4

Accept Clerks from: All Colleges of Podiatric Medicine

Housing Provided Approx. Housing Cost per Month:

Meals Provided Contact Program for a list of housing suggestions

Other:

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input checked="" type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input checked="" type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: The DVA-Palo Alto clerkship program provides comprehensive, hands-on experience in Podiatric

Medicine and Surgery. Surgical experience is provided for each student along with participation in our journal club and didactic programs. DVA-Palo Alto is a teaching hospital for Stanford University which is nearby and is in the San Francisco Bay Area.

Application Materials should be mailed to the program at this address.

This program will also accept application materials via:

Email: Yes Fax: Yes

DVA - Philadelphia

CLERKSHIP DIRECTOR:

Karen Galli, DPM
 University at Woodland Avenue
 Dept of Surg #112
 Philadelphia, PA 19104
 Phone: (215) 823-5800 ext 6647 Fax: (215) 823-4434
 Email: karen.galli@va.gov
 Website: vaww.ga.gov/philadelphia
 Alternate Contact:
 Phone:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

<input type="checkbox"/> Photograph	<input checked="" type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	No # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input type="checkbox"/> Board Scores	<input type="checkbox"/> Car Required	<input type="checkbox"/> Transcript

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required	
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input type="checkbox"/> Immunization Verification - Letter from School Accepted	
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input checked="" type="checkbox"/> Background Check	<input type="checkbox"/> HIPAA Training
<input checked="" type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type at Hospital	
<input type="checkbox"/> Verification of Liability Insurance	Approx Cost	

Other/Comments online learning website for all trainees - completed prior to start of rotation

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

<input type="checkbox"/> Housing Provided	Approx. Housing Cost per Month:
<input type="checkbox"/> Meals Provided	<input type="checkbox"/> Contact Program for a list of housing suggestions
Other:	

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input checked="" type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input checked="" type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM Hands on experiences in high volume outpatient clinic with exposure to diabetic foot

OVERVIEW: operations/complications, pre post op care, biomechanics and palliative care. Opportunity to assist on surgical cases. Experience with inpatient management.

[CASPR Directory Page](#)

DVA - Phoenix (Carl T. Hayden)

CLERKSHIP DIRECTOR:

Edward W Tierney, DPM
 650 E Indian School Rd (112)
 Phoenix, AZ 85012-1839

Phone: (602) 277-5551 ext 7539 Fax: (602) 200-6028

Email: edward.tierney@va.gov; ftxmnr@netscape.net

Website:

Alternate Contact:

Phone: (602) 277-5551 ext: 7418

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	No # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input type="checkbox"/> Car Required	<input type="checkbox"/> Transcript

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required	
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input type="checkbox"/> Immunization Verification - Letter from School Accepted	
<input checked="" type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check	<input type="checkbox"/> HIPAA Training
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type	
<input type="checkbox"/> Verification of Liability Insurance	Approx Cost	

Other/Comments finger printing arranged through VAMC- must be VA done digitally

PROGRAM INFORMATION:

Average # of Clerks per Month: 7

Accept Clerks from: All Colleges of Podiatric Medicine

Housing Provided Approx. Housing Cost per Month:

Meals Provided Contact Program for a list of housing suggestions

Other: breakfast/lunch

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input checked="" type="checkbox"/> US Citizenship Required for Residency
<input checked="" type="checkbox"/> Clerkship Required	<input checked="" type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW:

[CASPR Directory Page](#)

DVA - Richmond (McGuire)

CLERKSHIP DIRECTOR:

Jonathan Brantley, DPM
 1201 Broad Rock Blvd 112H
 Richmond, VA 23249

Phone: (804) 675-6414 Fax: (804) 675-6421

Email: jonathan.brantley@va.gov

Website:

Alternate Contact:

Phone: (804) 675-6412

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input checked="" type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	3 # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input type="checkbox"/> Immunization Verification - Letter from School Accepted
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check
<input checked="" type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type
<input type="checkbox"/> Verification of Liability Insurance	Approx Cost \$0.00

Other/Comments HIPAA onilne training available at the facility

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

Housing Provided Approx. Housing Cost per Month:

Meals Provided Contact Program for a list of housing suggestions

Other:

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input checked="" type="checkbox"/> US Citizenship Required for Residency
<input checked="" type="checkbox"/> Clerkship Required	<input checked="" type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Excellent mixture of surgery and advanced wound care therapy. Extern must be prepared to present a 30 minute Power Point lecture on any aspect of Podiatry during their final week of the rotation.

**Application Materials
should be mailed to the
program at this address.**

This program will also accept application materials via:

Email: Yes Fax: No

DVA - San Francisco

CLERKSHIP DIRECTOR:

Ross Talarico, DPM
 4150 Clement Street
 San Francisco, CA 94121

Phone: (415) 221-4810 ext 3463 Fax:

Email: ross.talarico@va.gov

Website:

Alternate Contact: Tonya Williams

Phone:

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	<input type="checkbox"/> 2 # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments: fingerprinting performed at VA facility

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input type="checkbox"/> Immunization Verification - Letter from School Accepted
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type
<input type="checkbox"/> Verification of Liability Insurance	Approx Cost

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 4

Accept Clerks from: All Colleges of Podiatric Medicine

Housing Provided Approx. Housing Cost per Month:

Meals Provided Contact Program for a list of housing suggestions

Other: craigslist.com for housing information and options

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input checked="" type="checkbox"/> US Citizenship Required for Residency
<input checked="" type="checkbox"/> Clerkship Required	<input checked="" type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: DVA San Francisco is an affiliate of the University of California, San Francisco. The program utilizes training resources at VASF/UCSF, Healdsburg Distric Hosp, Washington Memorial Hosp, Kaiser Permanente Walnut Creek/Antioch, (San Francisco Bay Area Foot & Ankle Residency Program). Training encompasses all areas of foot and ankle surgery including trauma, reconstruction, pediatrics, diabetic limb salvage and diabetic wound care. DVA San Francisco provides a well rounded Podiatric Medicine and Surgery residency program in the San Francisco Bay area. Clerkships are available and students will perform the clinical rotation at the VA San Francisco. Any questions regarding the program can be directed to Ross Talarico, DPM at ross.talarico@va.gov who is a recent graduate of the Kaiser San

[CASPR Directory Page](#)

DVA - Southern Arizona

CLERKSHIP DIRECTOR:

Billy Martin, DPM
 Surgical Care Line (2-112B)
 3601 South 6th Avenue
 Tucson, AZ 85723
 Phone: (520) 792-1450 ext 6913 Fax: (520) 629-1706
 Email: billy.martin@va.gov, debra.harris2@va.gov
 Website:
 Alternate Contact: Debra Harris
 Phone: (520) 792-1450 ext: 6949

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input checked="" type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	<input type="checkbox"/> 3 # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input type="checkbox"/> Immunization Verification - Letter from School Accepted
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input checked="" type="checkbox"/> Background Check
<input checked="" type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type
<input type="checkbox"/> Verification of Liability Insurance	Approx Cost

HIPAA Training

Other/Comments Various VA Forms provided 2 mo prior to scheduled arrival. Complete and return NLT 1 mo

PROGRAM INFORMATION:

Average # of Clerks per Month: 3

Accept Clerks from: All Colleges of Podiatric Medicine

<input type="checkbox"/> Housing Provided	Approx. Housing Cost per Month:
<input type="checkbox"/> Meals Provided	<input checked="" type="checkbox"/> Contact Program for a list of housing suggestions
Other:	

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input checked="" type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input checked="" type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: We offer a well-rounded program with opportunities in state of the art wound care, innovative research, and an extensive variety of clinical and surgical experiences. Attendings are dedicated to teaching and providing one-on-one instruction. Externs encouraged to apply.

[CASPR Directory Page](#)

DVA - Tampa (J. A. Haley)

CLERKSHIP DIRECTOR:

Joshua Bernard, DPM
 13000 Bruce B. Downs Blvd
 Pod Sect (112)
 Tampa, FL 33612-3906
 Phone: (813) 972-2000 ext 6243 Fax: (813) 979-3664
 Email: Joshua.Bernard@va.gov
 Website:
 Alternate Contact:
 Phone:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input checked="" type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	No # Ltrs of Rec
<input type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input checked="" type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input type="checkbox"/> Immunization Verification - Letter from School Accepted
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type
<input type="checkbox"/> Verification of Liability Insurance	Approx Cost

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 4

Accept Clerks from: All Colleges of Podiatric Medicine

<input type="checkbox"/> Housing Provided	Approx. Housing Cost per Month: \$250-\$300
<input type="checkbox"/> Meals Provided	<input checked="" type="checkbox"/> Contact Program for a list of housing suggestions
Other:	

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input checked="" type="checkbox"/> US Citizenship Required for Residency
<input checked="" type="checkbox"/> Clerkship Required	<input checked="" type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Observation in rearfoot and ankle surgery. Participation in busy outpatient clinic.

[CASPR Directory Page](#)

East Jefferson General Hospital

CLERKSHIP DIRECTOR:

Darek L Guichard, DPM

4200 Houma Blvd

Metairie, LA 70006

Phone: (504) 835-1849

Fax: (504) 835-1768

Email: darek113@cox.net

Website: www.EJGH.org

Alternate Contact:

Phone:

INITIAL APPLICATION REQUIREMENTS:

Photograph US Citizenship CV

No # Ltrs of Rec

Letter of Interest Board Scores Car Required

Transcript

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input type="checkbox"/> Immunization Verification - Letter from School Accepted
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type
<input checked="" type="checkbox"/> Verification of Liability Insurance	Approx Cost

HIPAA Training

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 1

Accept Clerks from: All Colleges of Podiatric Medicine

Housing Provided Approx. Housing Cost per Month:

Meals Provided Contact Program for a list of housing suggestions

Other:

RESIDENCY RELATIONSHIP:

2011 CASPR Residency Program

US Citizenship Required for Residency

Clerkship Required

Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: General podiatric care shadowing attendings in their office, as well as assistant surgery in the hospital.

[CASPR Directory Page](#)

Eastern Virginia Medical School

CLERKSHIP DIRECTOR:

Lynette Santiago, DPM
 6477 College Park Square
 Suite 106
 Virginia Beach, VA 23464
 Phone: (757) 523-0414 Fax: (757) 523-2047
 Email: CGP108@AOL.COM
 Website: COASTALPODIATRYGROUP.COM
 Alternate Contact: Kathleen McGee
 Phone: (757) 523-0414

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

<input type="checkbox"/> Photograph	<input type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	No # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input type="checkbox"/> Board Scores	<input checked="" type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type
<input checked="" type="checkbox"/> Verification of Liability Insurance	Approx Cost \$0.00

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 1

Accept Clerks from: All Colleges of Podiatric Medicine

<input type="checkbox"/> Housing Provided	Approx. Housing Cost per Month:
<input type="checkbox"/> Meals Provided	<input type="checkbox"/> Contact Program for a list of housing suggestions
Other:	

RESIDENCY RELATIONSHIP:

<input type="checkbox"/> 2011 CASPR Residency Program	<input type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: The podiatry program was founded in 1998 as a podiatric medicine residency and clerkship program through EVMS. In order to meet demand, the program was transformed to a PM&S program in 2002. Although this program is small in comparison to other programs, the podiatric residency and clerkship programs utilize the clinical excellence of EVMS faculty through extensive surgical and academic training. Each resident and extern develops a strong level of competence through the quality investment of the EVMS faculty.

Englewood Hosp & Medical Center

CLERKSHIP DIRECTOR:

Jeffrey M Cohen, DPM
 350 Engle Street
 Englewood, NJ 07631

Phone: (201) 568-0033 Fax: (201) 568-9891

Email: footfix@optonline.net

Website:

Alternate Contact:

Phone:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	No # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type
<input checked="" type="checkbox"/> Verification of Liability Insurance	Approx Cost \$0.00

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 1

Accept Clerks from: All Colleges of Podiatric Medicine

Housing Provided Approx. Housing Cost per Month:

Meals Provided Contact Program for a list of housing suggestions

Other: Discounted meals

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input checked="" type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input checked="" type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM PM&S-24 program in excellent community. Teaching hospital with 3 residents - clerks well integrated into
OVERVIEW: program busy wound care center - all foot & ankle surgery.

[CASPR Directory Page](#)

Florida Hospital East Orlando

CLERKSHIP DIRECTOR:

Howard Finkelstein, DPM
7975 Lake Underhill Road
Orlando, FL 32822

Phone: (407) 303-8683 Fax: (407) 303-8659

Email: Rebecca.Morgan@flhosp.org

Website: www.fhgme.com

Alternate Contact: Rebecca Morgan

Phone: (407) 303-8683

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input checked="" type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	2 # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input type="checkbox"/> Board Scores	<input checked="" type="checkbox"/> Car Required	<input type="checkbox"/> Transcript

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

Drug Test - Submitted by Student Doctor/Clinic Immunization Verification Required

Drug Test - Upon Arrival at Hospital Immunization Verification - Letter from School Accepted

Fingerprinting - Submitted by Student Background Check HIPAA Training

Fingerprinting - Upon Arrival at Hospital Type

Verification of Liability Insurance Approx Cost \$0.00

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 3

Accept Clerks from: All Colleges of Podiatric Medicine

Housing Provided Approx. Housing Cost per Month: \$200/ 4 wks
 Meals Provided Contact Program for a list of housing suggestions
Other:

RESIDENCY RELATIONSHIP:

2011 CASPR Residency Program US Citizenship Required for Residency
 Clerkship Required Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Thirty-six month program with extensive training in elective forefoot, rearfoot, and ankle surgery, with a high volume of foot and ankle trauma, diabetic limb salvage, and foot and ankle reconstructive surgery with the application of both internal and external fixation devices. Additional ten months of surgical and medical rotations: Emergency Medicine, Internal Medicine, Orthopedics, General Surgery, Plastic Surgery, Vascular Surgery, Infectious Diseases, Anesthesiology, Radiology, and Pathology. Comprehensive clinical training in hospital patient management and outpatient treatment . Fifty-two weeks of Emergency Room foot and ankle trauma call. Opportunity for International AO fellowship training.

CASPR Directory Page

Forum Health (WRCS)

CLERKSHIP DIRECTOR:

Vern M Chuba, DPM

500 Gypsy Lane

Youngstown, OH 44501

Phone: (330) 884-3068 Fax: (330) 884-0651

Email: dlmorgan@forumhealth.org

Website: www.forumhealth.org

Alternate Contact: Diane Morgan

Phone: (330) 884-3068

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

Photograph US Citizenship CV

No # Ltrs of Rec

Letter of Interest Board Scores Car Required

Transcript

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input checked="" type="checkbox"/> Doctor/Clinic Immunization Verification Required	
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input type="checkbox"/> Immunization Verification - Letter from School Accepted	
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check	<input type="checkbox"/> HIPAA Training
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type	
<input checked="" type="checkbox"/> Verification of Liability Insurance	Approx Cost	

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 4

Accept Clerks from: All Colleges of Podiatric Medicine

Housing Provided Approx. Housing Cost per Month:

Meals Provided Contact Program for a list of housing suggestions

Other: Apartment complex across street: Furnished apts \$300/month

RESIDENCY RELATIONSHIP:

2011 CASPR Residency Program

US Citizenship Required for Residency

Clerkship Required

Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM Approved PM&S-36 residency program. Well-rounded clerkship with exposure from wound care to **OVERVIEW:** surgery. Resident run podiatric clinic.

[CASPR Directory Page](#)

Franciscan Health System-St. Francis Hospital

CLERKSHIP DIRECTOR:

Chad Farley, DPM
 34509 9th Avenue South
 Suite 306
 Federal Way, WA 98003
 Phone: (253) 944-4177 Fax: (253) 944-4004
 Email: crystalsowa@fhshealth.org
 Website: <http://franciscanfootankle.com/>

Alternate Contact:

Phone:

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	3 # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input type="checkbox"/> Immunization Verification - Letter from School Accepted
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type
<input checked="" type="checkbox"/> Verification of Liability Insurance	Approx Cost \$0.00

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

<input type="checkbox"/> Housing Provided	Approx. Housing Cost per Month:
<input checked="" type="checkbox"/> Meals Provided	<input checked="" type="checkbox"/> Contact Program for a list of housing suggestions
Other:	

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input checked="" type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

[CASPR Directory Page](#)

Genesys Regional Medical Center

CLERKSHIP DIRECTOR:

Irvin O. Kanat, DPM

One Genesys Parkway

Grand Blanc, MI 48439

Phone: (248) 245-1161

Fax: (810) 606-6556

Email: kjohnson@genesys.org

Website: www.genesys.org

Alternate Contact: Kathy Johnson

Phone: (810) 606-5990

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

Photograph US Citizenship CV

No # Ltrs of Rec

Letter of Interest Board Scores Car Required

Transcript

Other/Comments: The standard AACPM clerkship application

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

Drug Test - Submitted by Student

Doctor/Clinic Immunization Verification Required

Drug Test - Upon Arrival at Hospital

Immunization Verification - Letter from School Accepted

Fingerprinting - Submitted by Student

Background Check

HIPAA Training

Fingerprinting - Upon Arrival at Hospital

Type

Verification of Liability Insurance

Approx Cost

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

Housing Provided Approx. Housing Cost per Month: approx \$50/month

Meals Provided Contact Program for a list of housing suggestions

Other: Every effort is made to accommodate housing requests at the above rate.

RESIDENCY RELATIONSHIP:

2011 CASPR Residency Program

US Citizenship Required for Residency

Clerkship Required

Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: The Clerkship will involve students in the total practice of Podiatry. Students will observe and participate in surgical cases, hospital rounds, foot clinic and podiatry office rotation, case preparation and presentation, lectures, study sessions and mock interviews. Program emphasis is on forefoot and rearfoot surgery, wound care and general podiatric medical practice.

[CASPR Directory Page](#)

Good Samaritan Hospital Medical Center

CLERKSHIP DIRECTOR:

Renato Giorgini, DPM
 1000 Montauk Highway
 West Islip, NY 11795

Phone: (631) 376-4163 Fax: (631) 376-3420

Email: denise.fliedner@chsli.org

Website: www.good-samaritan-hospital.org

Alternate Contact: Denise Fliedner

Phone: (631) 376-4163

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: No Fax: No

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input checked="" type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	1 # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input checked="" type="checkbox"/> Doctor/Clinic Immunization Verification Required	
<input checked="" type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input type="checkbox"/> Immunization Verification - Letter from School Accepted	
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check	<input checked="" type="checkbox"/> HIPAA Training
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type	
<input checked="" type="checkbox"/> Verification of Liability Insurance	Approx Cost	

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

Housing Provided Approx. Housing Cost per Month:

Meals Provided Contact Program for a list of housing suggestions

Other:

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: See website www.good-samaritan-hospital.org for podiatry program information.

[CASPR Directory Page](http://www.aacpm.org)

Gouverneur & South Manhattan Health Network

CLERKSHIP DIRECTOR:

Alfred A Garofalo, DPM

227 Madison Street

New York, NY 10002-7587

Phone: (646) 458-3718 Fax: (212) 504-2606

Email: anuj.singh@nycchhc.org

Website:

Alternate Contact: Anuj Singh, DPM

Phone: (212) 238-7592

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	<input type="checkbox"/> 3 # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input checked="" type="checkbox"/> Doctor/Clinic Immunization Verification Required
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input type="checkbox"/> Immunization Verification - Letter from School Accepted
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type
<input checked="" type="checkbox"/> Verification of Liability Insurance	Approx Cost

Other/Comments All verifications as outlined by the schools requirements for enrollment.

PROGRAM INFORMATION:

Average # of Clerks per Month: 3

Accept Clerks from: All Colleges of Podiatric Medicine

Housing Provided Approx. Housing Cost per Month:

Meals Provided Contact Program for a list of housing suggestions

Other:

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input checked="" type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Well-rounded program with extensive Surgical and Clinical Experience in four Level 1 trauma hospitals.

[CASPR Directory Page](#)

Grant Medical Center

CLERKSHIP DIRECTOR:

Richard D Weiner, DPM
 285 E State Street
 Suite 670
 Columbus, OH 43215
 Phone: (614) 566-9041 Fax: (614) 566-8073
 Email: bsnyder@ohiohealth.com
 Website: www.ohiohealth.com/bodygrant.cfm?id=537
 Alternate Contact: Belinda Snyder
 Phone: (614) 566-9041

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input checked="" type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	3 # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input checked="" type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments: US Citizen or Green Card; Research/Articles published (optional)

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input checked="" type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required	
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted	
<input checked="" type="checkbox"/> Fingerprinting - Submitted by Student	<input checked="" type="checkbox"/> Background Check	<input checked="" type="checkbox"/> HIPAA Training
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type	
<input checked="" type="checkbox"/> Verification of Liability Insurance	Approx Cost	

Other/Comments OSHA Training

PROGRAM INFORMATION:

Average # of Clerks per Month: 3

Accept Clerks from: All Colleges of Podiatric Medicine

<input checked="" type="checkbox"/> Housing Provided	Approx. Housing Cost per Month: NONE
<input type="checkbox"/> Meals Provided	<input type="checkbox"/> Contact Program for a list of housing suggestions

Other: Discounted meals. Bring toiletries for housing.

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input checked="" type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW:

[CASPR Directory Page](#)

Gundersen Lutheran Med Foundation

CLERKSHIP DIRECTOR:

David M Dawson, DPM
 1836 South Avenue
 LaCrosse, WI 54601 -5494

Phone: (608) 775-2427 Fax: (608) 775-1548

Email: jgberg@gundluth.org

Website: www.gundluth.org/education

Alternate Contact: Johanna Berg
 Phone: (608) 775-2961

**Application Materials
 should be mailed to the
 program at this address.**

This program will also accept
 application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	# Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type
<input checked="" type="checkbox"/> Verification of Liability Insurance	Approx Cost

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 1-

Accept Clerks from: All Colleges of Podiatric Medicine

<input checked="" type="checkbox"/> Housing Provided	Approx. Housing Cost per Month: \$0.00
<input checked="" type="checkbox"/> Meals Provided	<input type="checkbox"/> Contact Program for a list of housing suggestions
Other:	

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input type="checkbox"/> US Citizenship Required for Residency
<input checked="" type="checkbox"/> Clerkship Required	<input checked="" type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: 4 week clerkship rotation combining surgical and clinical experience. Will spend time with all seven podiatrists and four residents. Clerkship required to be eligible for residency. See website for additional information and contact information.

[CASPR Directory Page](#)

Hennepin County Medical Center

CLERKSHIP DIRECTOR:

Mindy Benton, DPM
 701 Park Avenue South
 Minneapolis, MN 55415-1829

Phone: (612) 873-4220 Fax: (612) 904-4280

Email: hcmcexterns@gmail.com

Website: hcmc.org

Alternate Contact:

Phone:

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input checked="" type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	No # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input checked="" type="checkbox"/> Car Required	<input type="checkbox"/> Transcript

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required	
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input type="checkbox"/> Immunization Verification - Letter from School Accepted	
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input checked="" type="checkbox"/> Background Check	<input checked="" type="checkbox"/> HIPAA Training
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type HCMC will perform	
<input type="checkbox"/> Verification of Liability Insurance	Approx Cost	

Other/Comments: HIPAA training HCMC will provide

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

<input type="checkbox"/> Housing Provided	Approx. Housing Cost per Month: \$350
<input type="checkbox"/> Meals Provided	<input checked="" type="checkbox"/> Contact Program for a list of housing suggestions
Other:	

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input checked="" type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: HCMC is a level I trauma center located in Minneapolis. The residency serves a diverse patient population and affords the extern exposure to all types of foot and ankle surgery.

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

Henry Ford Macomb Hospitals

CLERKSHIP DIRECTOR:

Jonathan King, DPM
15855 19 Mile Rd
Clinton Township, MI 48038

Phone: (586) 263-2953 Fax: (586) 329-3916

Email: externdirector@gmail.com

Website: <http://henryfordmacomb.com>

Alternate Contact:

Phone:

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	2 # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input checked="" type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type
<input checked="" type="checkbox"/> Verification of Liability Insurance	Approx Cost

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

Housing Provided Approx. Housing Cost per Month:

Meals Provided Contact Program for a list of housing suggestions

Other:

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input checked="" type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Highly diverse program. Exposure to many different facets of podiatry. Strong didactics and clinical exposures. Included but not limited to: diabetic woundcare, function reconstruction, rearfoot and forefoot.

**Application Materials
should be mailed to the
program at this address.**

This program will also accept application materials via:

Email: Yes Fax: No

Henry Ford Wyandotte Hospital

CLERKSHIP DIRECTOR:

Chris Olenech, DPM
 2333 Biddle Avenue
 Wyandotte, MI 48192

Phone: (313) 386-5750 Fax: (313) 386-0579

Email: colenechdpm@yahoo.com

Website: www.henryfordwyandotte.com

Alternate Contact:

Phone:

INITIAL APPLICATION REQUIREMENTS:

<input type="checkbox"/> Photograph	<input type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	No # Ltrs of Rec
<input type="checkbox"/> Letter of Interest	<input type="checkbox"/> Board Scores	<input type="checkbox"/> Car Required	<input type="checkbox"/> Transcript

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input checked="" type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type
<input checked="" type="checkbox"/> Verification of Liability Insurance	Approx Cost \$0.00

Other/Comments letter of good standing from school

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

<input checked="" type="checkbox"/> Housing Provided	Approx. Housing Cost per Month:
<input type="checkbox"/> Meals Provided	<input type="checkbox"/> Contact Program for a list of housing suggestions
Other:	

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input checked="" type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

[CASPR Directory Page](#)

Highlands/PSL

CLERKSHIP DIRECTOR:

William Garrett, DPM
1721 E 19th Ave #520
Denver, CO 80218

Phone: (303) 839-6741 Fax: (303) 869-2258
Email: April.Wingeleth@HealthONEcares.com
Website: www.highlandspsl.com
Alternate Contact: April Wingeleth
Phone: (303) 839-6741

INITIAL APPLICATION REQUIREMENTS:

Photograph US Citizenship CV 2 # Ltrs of Rec
 Letter of Interest Board Scores Car Required Transcript

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

Drug Test - Submitted by Student Doctor/Clinic Immunization Verification Required

Drug Test - Upon Arrival at Hospital Immunization Verification - Letter from School Accepted

Fingerprinting - Submitted by Student Background Check HIPAA Training

Fingerprinting - Upon Arrival at Hospital Type

Verification of Liability Insurance Approx Cost \$0.00

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 3

Accept Clerks from: All Colleges of Podiatric Medicine

Housing Provided Approx. Housing Cost per Month: \$475/month
 Meals Provided Contact Program for a list of housing suggestions
Other:

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input checked="" type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: This is an excellent clerkship for a student who is intellectually curious and is willing to work hard. Program is highly academic with 2 mandatory meetings per week (journal club and Podiatric Lecture Series). Opportunities are many to witness diverse surgical procedures from any of the 34 faculty members. Student is required to research and give a lecture.

Hoboken University Medical Center

CLERKSHIP DIRECTOR:

Thomas Azzolini, DPM
308 Willow Ave
Hoboken, NJ 07030

Phone: (201) 222-5200 Fax: (201) 792-2773

Email: drazzolini@njfootcare.com

Website: www.hobokenUMC.com

Alternate Contact: Nrupa Shah, DPM

Phone: (732) 762-4094

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input checked="" type="checkbox"/> US Citizenship	<input type="checkbox"/> CV	1-2 # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type
<input checked="" type="checkbox"/> Verification of Liability Insurance	Approx Cost

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 3

Accept Clerks from: All Colleges of Podiatric Medicine

Housing Provided Approx. Housing Cost per Month:

Meals Provided Contact Program for a list of housing suggestions

Other:

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input type="checkbox"/> US Citizenship Required for Residency
<input checked="" type="checkbox"/> Clerkship Required	<input type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM Clerks will be involved in all levels of patient care, i.e. clinic, inpatient, O.R., E.R., and will interact with all **OVERVIEW:** residents and multiple attendings.

Hospital Podiatry Group/Vancouver Gen Hosp

CLERKSHIP DIRECTOR:

Howard Green, DPM
203 - 8425 120th Street
Delta, BC V4C 6R2 CANADA

Phone: (604) 597-5098 Fax: (604) 597-8575

Email: drhgreen@dccnet.com

Website:

Alternate Contact:

Phone:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: No

INITIAL APPLICATION REQUIREMENTS:

<input type="checkbox"/> Photograph	<input type="checkbox"/> US Citizenship	<input type="checkbox"/> CV	No # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input type="checkbox"/> Board Scores	<input type="checkbox"/> Car Required	<input type="checkbox"/> Transcript

Other/Comments: Car is not required but is very helpful to have.

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required	
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input type="checkbox"/> Immunization Verification - Letter from School Accepted	
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check	<input type="checkbox"/> HIPAA Training
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type	
<input checked="" type="checkbox"/> Verification of Liability Insurance	Approx Cost	

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 1

Accept Clerks from: All Colleges of Podiatric Medicine

<input type="checkbox"/> Housing Provided	Approx. Housing Cost per Month:
<input type="checkbox"/> Meals Provided	<input checked="" type="checkbox"/> Contact Program for a list of housing suggestions
Other:	

RESIDENCY RELATIONSHIP:

<input type="checkbox"/> 2011 CASPR Residency Program	<input type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Well-rounded office & surgery program. All outside rotations are hospital based.

Howard University Hospital

CLERKSHIP DIRECTOR:

Kirk Geter, DPM
 2041 Georgia Ave NW, St 4C-04
 Washington, DC 20060

Phone: (202) 865-6413 Fax: (202) 865-3131

Email: kgeter@huhosp.org

Website:

Alternate Contact:

Phone:

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	2 # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input type="checkbox"/> Board Scores	<input type="checkbox"/> Car Required	<input type="checkbox"/> Transcript

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type
<input checked="" type="checkbox"/> Verification of Liability Insurance	Approx Cost

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

<input type="checkbox"/> Housing Provided	Approx. Housing Cost per Month:
<input type="checkbox"/> Meals Provided	<input checked="" type="checkbox"/> Contact Program for a list of housing suggestions
Other:	

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: During the student's clerkship they will be exposed to both inpatient and outpatient experiences. This will include office based and clinic care as well as inpatient rounds and medical care. The student will also gain exposure to increase their knowledge of surgical care. The student will take part in lectures, journal club and gain insight into how to function in a multidisciplinary environment. The student will also be required to take part in a case presentation. The program will allow for growth through exposure to many different aspects of the medical experience.

Application Materials should be mailed to the program at this address.

This program will also accept application materials via:

Email: Yes Fax: No

Hugar Foot Clinic/Loretto Hospital

CLERKSHIP DIRECTOR:

Ronald W Hugar, DPM
 1614 N Harlem Avenue
 Elmwood Park, IL 60707-4302

Phone: (708) 452-6100 Fax: (708) 452-1614

Email: rwh@hugarfootclinic.com

Website: www.hugarfootclinic.com

Alternate Contact: Rose

Phone: (708) 452-6100

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input checked="" type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	No # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input type="checkbox"/> Board Scores	<input checked="" type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required	
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input type="checkbox"/> Immunization Verification - Letter from School Accepted	
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check	<input type="checkbox"/> HIPAA Training
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type	
<input type="checkbox"/> Verification of Liability Insurance	Approx Cost	

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 1

Accept Clerks from: All Colleges of Podiatric Medicine

Housing Provided Approx. Housing Cost per Month:

Meals Provided Contact Program for a list of housing suggestions

Other: 1 meal per day at hospital

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input checked="" type="checkbox"/> US Citizenship Required for Residency
<input checked="" type="checkbox"/> Clerkship Required	<input checked="" type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: The clerkship rotation mirrors the PM&S-24 podiatric residency program with exposure to out-patient clinic, in-patient care, general and podiatric surgery, diabetic foot care, practice management and managed care podiatry.

[CASPR Directory Page](#)

Hunt Regional Medical Center

CLERKSHIP DIRECTOR:

Steven P Brancheau, DPM
 4215 Joe Ramsey Blvd
 P.O. Drawer 1059
 Greenville, TX 75401
 Phone: (903) 455-2383 Fax: (903) 408-1689
 Email: dmcdonald@huntrregional.org
 Website:
 Alternate Contact: Diana McDonald
 Phone: (903) 408-1604

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input checked="" type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	2 # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input checked="" type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required	
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input type="checkbox"/> Immunization Verification - Letter from School Accepted	
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check	<input type="checkbox"/> HIPAA Training
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type	
<input checked="" type="checkbox"/> Verification of Liability Insurance	Approx Cost	

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

<input type="checkbox"/> Housing Provided	Approx. Housing Cost per Month: \$400/month
<input type="checkbox"/> Meals Provided	<input checked="" type="checkbox"/> Contact Program for a list of housing suggestions
Other:	

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input checked="" type="checkbox"/> US Citizenship Required for Residency
<input checked="" type="checkbox"/> Clerkship Required	<input checked="" type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW:

[CASPR Directory Page](#)

HVHS Beaver

CLERKSHIP DIRECTOR:

Kevin L Sams, DPM
 6832 Big Beaver Blvd
 Beaver Falls, PA 15010

Phone: (724) 843-7010 Fax: (724) 846-9938

Email: collegehillpodiatry@yahoo.com

Website: www.heritagevalley.org

Alternate Contact: Delores Sams

Phone: (724) 843-7010

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	2 # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input checked="" type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type
<input checked="" type="checkbox"/> Verification of Liability Insurance	Approx Cost

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

<input checked="" type="checkbox"/> Housing Provided	Approx. Housing Cost per Month:
<input checked="" type="checkbox"/> Meals Provided	<input type="checkbox"/> Contact Program for a list of housing suggestions
Other:	

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input checked="" type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Wound care, clinics, hospital based surgery rounds, doctor office visitation, lecture and journal club.

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: No Fax: Yes

Inova Fairfax Hospital

CLERKSHIP DIRECTOR:

Stephen Stern, DPM
3300 Gallows Road
Falls Church, VA 22042

Phone: (703) 776-6141 Fax: (703) 776-3718

Email: stephen.stern@inova.org

Website:

Alternate Contact: Kimberly Etherith

Phone:

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	2 # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type
<input type="checkbox"/> Verification of Liability Insurance	Approx Cost

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 3

Accept Clerks from: All Colleges of Podiatric Medicine

<input checked="" type="checkbox"/> Housing Provided	Approx. Housing Cost per Month:
<input type="checkbox"/> Meals Provided	<input type="checkbox"/> Contact Program for a list of housing suggestions
Other:	

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input checked="" type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: See CASPR Directory

Application Materials should be mailed to the program at this address.

This program will also accept application materials via:

Email: Yes Fax: Yes

[CASPR Directory Page](#)

Interfaith Medical Center

CLERKSHIP DIRECTOR:

O. Joseph Falcone, DPM
 1545 Atlantic Avenue
 Brooklyn, NY 11213

Phone: (718) 613-4856 Fax: (718) 613-4896

Email: jfalcone@interfaithmedical.com

Website: www.interfaithmedical.com

Alternate Contact:

Phone:

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	1 # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments: 1 letter of recommendation from school

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required
<input checked="" type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type
<input checked="" type="checkbox"/> Verification of Liability Insurance	Approx Cost \$0.00

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 10

Accept Clerks from: All Colleges of Podiatric Medicine

<input type="checkbox"/> Housing Provided	Approx. Housing Cost per Month:
<input type="checkbox"/> Meals Provided	<input checked="" type="checkbox"/> Contact Program for a list of housing suggestions
Other:	

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input type="checkbox"/> US Citizenship Required for Residency
<input checked="" type="checkbox"/> Clerkship Required	<input checked="" type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: We are a comprehensive program that focuses on surgical management of all types of foot and ankle deformities as well as trauma.

Application Materials should be mailed to the program at this address.

This program will also accept application materials via:

Email: Yes Fax: Yes

Intermountain Med Ctr/DVA - Salt Lake City

CLERKSHIP DIRECTOR:

Nan Hodge, DPM
 500 Foothill Blvd
 Salt Lake City, UT 84148

Phone: (801) 582-1565 ext 1622 Fax: (801) 584-2587

Email: vhaslcpodiatry@va.gov

Website: <http://imcpodiatryresidencyprogram.wordpress.com>

Alternate Contact:

Phone:

INITIAL APPLICATION REQUIREMENTS:

<input type="checkbox"/> Photograph	<input type="checkbox"/> US Citizenship	<input type="checkbox"/> CV	No # Ltrs of Rec
<input type="checkbox"/> Letter of Interest	<input type="checkbox"/> Board Scores	<input type="checkbox"/> Car Required	<input type="checkbox"/> Transcript

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required	
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input type="checkbox"/> Immunization Verification - Letter from School Accepted	
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input checked="" type="checkbox"/> Background Check	<input type="checkbox"/> HIPAA Training
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type VA	
<input type="checkbox"/> Verification of Liability Insurance	Approx Cost \$0.00	

Other/Comments Fingerprinting require prior to arrival at the hospital, can be done at another VA hospital.

PROGRAM INFORMATION:

Average # of Clerks per Month: 3

Accept Clerks from: All Colleges of Podiatric Medicine

<input type="checkbox"/> Housing Provided	Approx. Housing Cost per Month:
<input type="checkbox"/> Meals Provided	<input type="checkbox"/> Contact Program for a list of housing suggestions
Other:	

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input checked="" type="checkbox"/> US Citizenship Required for Residency
<input checked="" type="checkbox"/> Clerkship Required	<input type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Direct hands-on, diverse high volume. Podiatry clinics. Emphasis on wound care and biomechanics. Visit website for more details.

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: No

Jackson South Community Hospital

CLERKSHIP DIRECTOR:

Jaime A Carbonell, DPM
9333 SW 152nd Street
Miami, FL 33157

Phone: (305) 251-2552 Fax: (305) 252-7768

Email: jenniferroselloDPM@gmail.com

Website:

Alternate Contact: Jennifer Rosello

Phone:

INITIAL APPLICATION REQUIREMENTS:

<input type="checkbox"/> Photograph	<input type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	No # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input type="checkbox"/> Board Scores	<input checked="" type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required	
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input type="checkbox"/> Immunization Verification - Letter from School Accepted	
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check	<input type="checkbox"/> HIPAA Training
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type	
<input checked="" type="checkbox"/> Verification of Liability Insurance	Approx Cost \$0.00	

Other/Comments BLS

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

<input type="checkbox"/> Housing Provided	Approx. Housing Cost per Month:
<input type="checkbox"/> Meals Provided	<input type="checkbox"/> Contact Program for a list of housing suggestions
Other:	

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input checked="" type="checkbox"/> US Citizenship Required for Residency
<input checked="" type="checkbox"/> Clerkship Required	<input checked="" type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW:

Extensive elective surgeries, high volume of reconstructive trauma

**Application Materials
should be mailed to the
program at this address.**

This program will also accept application materials via:

Email: Yes Fax: No

Jewish Hospital & St Mary's Healthcare

CLERKSHIP DIRECTOR:

Robert Levine, DPM
9110 Leesgate Road
Louisville, KY 40222

Phone: (502) 426-7222 Fax: (502) 897-7412

Email: rebecca@footdoctorspsc.com

Website: email: drlevine@kyfootdocs.com

Alternate Contact: Rebecca Clark, Program Coordinator

Phone: (502) 897-1616

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: No

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	2 # Ltrs of Rec
<input type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input checked="" type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type
<input checked="" type="checkbox"/> Verification of Liability Insurance	Approx Cost

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 3

Accept Clerks from: All Colleges of Podiatric Medicine

<input checked="" type="checkbox"/> Housing Provided	Approx. Housing Cost per Month: \$0
<input checked="" type="checkbox"/> Meals Provided	<input type="checkbox"/> Contact Program for a list of housing suggestions
Other:	

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input checked="" type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input checked="" type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW:

[CASPR Directory Page](#)

Jewish Hospital of Cincinnati

CLERKSHIP DIRECTOR:

Cary Copeland, DPM
4777 E Galbraith Rd
Cincinnati, OH 45236

Phone: (513) 769-4408 Fax: (513) 686-5469

Email: tjschleimer@health-partners.org

Website: thejewishhospitalsurgicalresidency.org

Alternate Contact: Teresa Schleimer

Phone: (513) 686-5474

INITIAL APPLICATION REQUIREMENTS:

Photograph US Citizenship CV 2 # Ltrs of Rec
 Letter of Interest Board Scores Car Required Transcript

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required	
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted	
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check	<input checked="" type="checkbox"/> HIPAA Training
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type	
<input checked="" type="checkbox"/> Verification of Liability Insurance	Approx Cost	

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 3

Accept Clerks from: All Colleges of Podiatric Medicine

Housing Provided Approx. Housing Cost per Month: No cost
 Meals Provided Contact Program for a list of housing suggestions
Other:

RESIDENCY RELATIONSHIP:

2011 CASPR Residency Program US Citizenship Required for Residency
 Clerkship Required Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM: Well balanced experience with exposure to all aspects of podiatry, including but not limited to: diabetic limb salvage, forefoot and rearfoot reconstruction, trauma, clinic and private practice.

JFK Medical Center

CLERKSHIP DIRECTOR:

James T. Clancy, DPM
 5301 S. Congress Avenue
 Atlantis, FL 33462

Phone: (561) 548-1273 Fax: (561) 548-1254

Email: diane.fitz@hcahealthcare.com

Website: www.jfkmcpodiatry.com

Alternate Contact: Diane S. Fitz

Phone: (561) 548-1273

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input checked="" type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	2 # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input checked="" type="checkbox"/> Background Check
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type HCA
<input checked="" type="checkbox"/> Verification of Liability Insurance	Approx Cost \$60.00

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

<input checked="" type="checkbox"/> Housing Provided	Approx. Housing Cost per Month: \$0
<input checked="" type="checkbox"/> Meals Provided	<input checked="" type="checkbox"/> Contact Program for a list of housing suggestions

Other: Some housing - limited basis

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input checked="" type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input checked="" type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW:

John Peter Smith Hospital

CLERKSHIP DIRECTOR:

Travis Motley, DPM
 1500 South Main Street
 Fort Worth, TX 76104

Phone: (817) 927-1370 Fax: (817) 927-3955

Email: tmotley@jpshealth.org

Website: <http://www.jpshealthnet.org>

Alternate Contact:

Phone:

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	No # Ltrs of Rec
<input type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type
<input checked="" type="checkbox"/> Verification of Liability Insurance	Approx Cost

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 3

Accept Clerks from: All Colleges of Podiatric Medicine

Housing Provided Approx. Housing Cost per Month:

Meals Provided Contact Program for a list of housing suggestions

Other: meals provided while in hospital, in hospital housing at no cost if available (call early)

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input checked="" type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input checked="" type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: The JPS Podiatry Residency offers residents and students the opportunity to practice as integrated team members in a Level I trauma center. Our residents work closely with orthopedic, family practice and general surgery residents with both trauma patients and the residents of Tarrant County. Outpatient clinics provide exposure to every type of lower extremity pathology.

**Application Materials
should be mailed to the
program at this address.**

This program will also accept application materials via:

Email: Yes Fax: No

Kaiser Permanente Santa Clara

CLERKSHIP DIRECTOR:

Cristian Neagu, DPM
710 Lawrence Expressway
Dept 140
Santa Clara, CA 95051
Phone: (408) 851-1957 Fax: (408) 851-1971

Email: cristian.neagu@kp.org
Website: residency.kp.org/ncal/podi/santaclara/santaclara.html

Alternate Contact:

Phone:

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	2-3 # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input checked="" type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required	
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input type="checkbox"/> Immunization Verification - Letter from School Accepted	
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check	<input type="checkbox"/> HIPAA Training
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type	
<input type="checkbox"/> Verification of Liability Insurance	Approx Cost	

GRAM INFORMATION:

Average # of Clerks per Month: 2

Actual Clerks for All Calls of Patients/Month

Accept Clerks from: All Colleges of Podiatric Medicine

Housing Provided Approx. Housing Cost per Month:
 Meals Provided Contact Program for a list of housing suggestions

Other:

RESIDENCY RELATIONSHIP:

2011 CASPR Residency Program US Citizenship Required for Residency
 Clerkship Required Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM New hospital, one location, high volume clinics and surgery. Very good mix of forefoot/rearfoot/trauma
OVERVIEW: and reconstructive cases. A "hands on" Clerkship

**Application Materials
should be mailed to the
program at this address.**

This program will also accept application materials via:

Email: Yes Fax: No

[CASPP Directory Page](#)

Kaiser Permanente Union City

CLERKSHIP DIRECTOR:

Jeffrey Karlin, DPM

also known as Kaiser Foundation Hospital - Hayward

3555 Whipple Rd

Union City, CA 94587-1507

Phone: (510) 675-4341

Fax: (510) 675-4901

Email: Jeff.Karlin@kp.org

Website:

Alternate Contact:

Phone:

INITIAL APPLICATION REQUIREMENTS:

Photograph US Citizenship CV

2 # Ltrs of Rec

Letter of Interest Board Scores

Car Required

Transcript

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	<input type="checkbox"/> Type
<input checked="" type="checkbox"/> Verification of Liability Insurance	<input type="checkbox"/> Approx Cost

HIPAA Training

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 1

Accept Clerks from: All Colleges of Podiatric Medicine

Housing Provided Approx. Housing Cost per Month:

Meals Provided Contact Program for a list of housing suggestions

Other:

RESIDENCY RELATIONSHIP:

2011 CASPR Residency Program

US Citizenship Required for Residency

Clerkship Required

Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW:

Extern will assist in the clinic seeing patients and assisting in the operating room with surgery.

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

Kaiser Permanente Vallejo

CLERKSHIP DIRECTOR:

Gray Williams, DPM
975 Sereno Drive, Pod Dpt
Vallejo, CA 94589

Phone: (707) 651-3338 Fax: (707) 651-3330

Email: gray.williams@kp.org; klaus.kernbarch@kp.org

Website: residency.kp.org/ncal/podi

Alternate Contact:

Phone:

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input checked="" type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	No # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input checked="" type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments: please only send application materials via email

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input checked="" type="checkbox"/> Doctor/Clinic Immunization Verification Required
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input type="checkbox"/> Immunization Verification - Letter from School Accepted
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type
<input checked="" type="checkbox"/> Verification of Liability Insurance	Approx Cost

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

<input type="checkbox"/> Housing Provided	Approx. Housing Cost per Month:
<input type="checkbox"/> Meals Provided	<input checked="" type="checkbox"/> Contact Program for a list of housing suggestions
Other:	

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input checked="" type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Please see the clerkship section of our program website at residency.kp.org/ncal for complete details.

Application Materials should be mailed to the program at this address.

This program will also accept application materials via:

Email: Yes Fax: No

Kaiser Permanente/CCF

CLERKSHIP DIRECTOR:

Mark A Hardy, DPM
 10 Severance Circle
 Cleveland Heights, OH 44118

Phone: (216) 297-2451 Fax:
 Email: markhardy@sbcglobal.net
 Website:
 Alternate Contact:
 Phone: (440) 773-9835

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: No

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input checked="" type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	3 # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input checked="" type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input type="checkbox"/> Immunization Verification - Letter from School Accepted
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type
<input type="checkbox"/> Verification of Liability Insurance	Approx Cost

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 3

Accept Clerks from: All Colleges of Podiatric Medicine

<input type="checkbox"/> Housing Provided	Approx. Housing Cost per Month: \$300
<input type="checkbox"/> Meals Provided	<input checked="" type="checkbox"/> Contact Program for a list of housing suggestions
Other:	

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input type="checkbox"/> US Citizenship Required for Residency
<input checked="" type="checkbox"/> Clerkship Required	<input checked="" type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM PM&S-36 with high volume of foot, ankle and lower extremity procedures. Emphasis on research and
OVERVIEW: publications.

[CASPR Directory Page](#)

Kaiser SF Bay Area Foot & Ankle

CLERKSHIP DIRECTOR:

Jason D. Pollard, DPM
280 West MacArthur Blvd
Oakland, CA 94611

Phone: (510) 307-2155 Fax: (510) 752-1571

Email: jason.pollard@kp.org

Website: http://residency.kp.org/residency_programs/podiatric_surgery/sf_bay_area/

Alternate Contact:

Phone:

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input checked="" type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	2 # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input checked="" type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments: Letter of Good Standing from Dean

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input checked="" type="checkbox"/> Doctor/Clinic Immunization Verification Required
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input type="checkbox"/> Immunization Verification - Letter from School Accepted
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	<input checked="" type="checkbox"/> HIPAA Training
<input checked="" type="checkbox"/> Verification of Liability Insurance	Type
	Approx Cost \$0.00

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

<input type="checkbox"/> Housing Provided	Approx. Housing Cost per Month: \$600-800/month
<input type="checkbox"/> Meals Provided	<input type="checkbox"/> Contact Program for a list of housing suggestions
Other:	

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input checked="" type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: The Kaiser SF Bay Area Foot and Ankle clerkship is a one month comprehensive clinical and surgical rotation. The clerkship will provide students with hands on exposure to both a busy clinical practice as well as in-patient care. Students will encounter a diversity of surgical pathology including elective cases, trauma, reconstruction and limb salvage. To gain maximum exposure to the residency program and attending staff student will rotate for 2 weeks at Kaiser Oakland and 2 weeks at Kaiser Walnut Creek. In addition to clinical rotations, weekly didactics will be held which include grand rounds, journal club, and educational lectures.

Application Materials should be mailed to the program at this address.

This program will also accept application materials via:

Email: Yes Fax: Yes

[CASPR Directory Page](#)

Kendall Regional Medical Center

CLERKSHIP DIRECTOR:

Jorge Nasr, DPM
 11760 Bird Road
 #610
 Miami, FL 33175
 Phone: (305) 220-3636 Fax: (305) 220-3640
 Email: jfnfootcare@gmail.com
 Website:
 Alternate Contact:
 Phone:

**Application Materials
 should be mailed to the
 program at this address.**

This program will also accept
 application materials via:

Email: No Fax: No

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	3 # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input checked="" type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input checked="" type="checkbox"/> Drug Test - Submitted by Student	<input checked="" type="checkbox"/> Doctor/Clinic Immunization Verification Required	
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted	
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input checked="" type="checkbox"/> Background Check	<input type="checkbox"/> HIPAA Training
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type	
<input checked="" type="checkbox"/> Verification of Liability Insurance	Approx Cost \$0.00	

Other/Comments Orientation class taken upon arrival at hospital (or one week prior if local student)

PROGRAM INFORMATION:

Average # of Clerks per Month: 4

Accept Clerks from: All Colleges of Podiatric Medicine

<input type="checkbox"/> Housing Provided	Approx. Housing Cost per Month:
<input type="checkbox"/> Meals Provided	<input type="checkbox"/> Contact Program for a list of housing suggestions
Other:	

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input type="checkbox"/> US Citizenship Required for Residency
<input checked="" type="checkbox"/> Clerkship Required	<input checked="" type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Well rounded program with a strong emphasis on trauma cases, Tibial/Fibular Fractures, Ankle Fractures, and General Foot Trauma. Will receive extensive experience in forefoot surgeries as well. Externs allowed to scrub on surgery cases.

[CASPR Directory Page](#)

Kennedy Memorial Hosp - Univ Med Ctr NJ

CLERKSHIP DIRECTOR:

Robert J Warkala, DPM

18 East laurel Rd

Stratford, NJ 08084

Phone: (856) 582-6082 Fax: (856) 582-6083

Email: alakraw1@comcast.net

Website: KennedyHealth.org

Alternate Contact: Beth Riechman

Phone: (856) 346-6000

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

Photograph

US Citizenship

CV

2 # Ltrs of Rec

Letter of Interest

Board Scores

Car Required

Transcript

Other/Comments: Prefer to receive applications via email.

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input type="checkbox"/> Immunization Verification - Letter from School Accepted
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type
<input type="checkbox"/> Verification of Liability Insurance	Approx Cost \$0.00

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

Housing Provided Approx. Housing Cost per Month:

Meals Provided Contact Program for a list of housing suggestions

Other: \$100 meal allowance/month

RESIDENCY RELATIONSHIP:

2011 CASPR Residency Program

US Citizenship Required for Residency

Clerkship Required

Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Clerks will rotate through all three hospital campuses as well as the wound care center and Kennedy surgical center.

[CASPR Directory Page](#)

Kingsbrook Jewish Medical Center

CLERKSHIP DIRECTOR:

Peter Mollica, DPM
 585 Schenectady Avenue
 Brooklyn, NY 11203

Phone: (917) 747-6663 Fax: (718) 604-5575

Email: mjackson@kingsbrook.org

Website:

Alternate Contact: Marlene Jackson
 Phone: (718) 604-5483

**Application Materials
 should be mailed to the
 program at this address.**

This program will also accept
 application materials via:

Email: Yes Fax: No

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input checked="" type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	2 # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input type="checkbox"/> Board Scores	<input type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required
<input checked="" type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input type="checkbox"/> Immunization Verification - Letter from School Accepted
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type
<input type="checkbox"/> Verification of Liability Insurance	Approx Cost \$0.00

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

<input type="checkbox"/> Housing Provided	Approx. Housing Cost per Month:
<input type="checkbox"/> Meals Provided	<input type="checkbox"/> Contact Program for a list of housing suggestions
Other:	

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input checked="" type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input checked="" type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW:

[CASPR Directory Page](#)

Lakewood Regional Medical Center

CLERKSHIP DIRECTOR:

Lawrence Hodor, DPM
 3700 E South Street
 Lakewood, CA 90712

Phone: (562) 804-1381 Fax: (562) 925-8898

Email: lhodor2@verizon.net

Website: www.lrmcpodiatry.com

Alternate Contact:

Phone:

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input checked="" type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	# Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input checked="" type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments: mail applications to: Dr. Lawrence Hodor 5720 Bellflower Blvd. Lakewood, CA 90713

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type
<input checked="" type="checkbox"/> Verification of Liability Insurance	Approx Cost

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 1

Accept Clerks from: All Colleges of Podiatric Medicine

Housing Provided Approx. Housing Cost per Month:

Meals Provided Contact Program for a list of housing suggestions

Other:

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input checked="" type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input checked="" type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM See website: www.lrmcpodiatry.com If you want to speak to one of our current residents for more **OVERVIEW:** information call 562-602-6723 and leave a message.

**Application Materials
should be mailed to the
address listed in comments.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

Legacy Portland Hosp/Kaiser

CLERKSHIP DIRECTOR:

Jared Remmers, DPM
 1015 NW 22nd Ave
 Northrup #23
 Portland, OR 97210
 Phone: (503) 413-7529 Fax: (503) 413-7361
 Email: dsawyer@lhs.org
 Website: www.legacyhealth.org
 Alternate Contact: Diane Sawyer
 Phone: (503) 413-7529

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	No # Ltrs of Rec
<input type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input checked="" type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type
<input checked="" type="checkbox"/> Verification of Liability Insurance	Approx Cost \$0.00

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 3

Accept Clerks from: All Colleges of Podiatric Medicine

<input type="checkbox"/> Housing Provided	Approx. Housing Cost per Month:
<input type="checkbox"/> Meals Provided	<input checked="" type="checkbox"/> Contact Program for a list of housing suggestions
Other:	

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Comprehensive podiatric medical and surgical program with a high volume of surgical cases. Focus is on providing resident education in collaboration with other medical and surgical residents, and comprehensive podiatric surgical experience from toes to the tibia.

[CASPR Directory Page](#)

Long Beach Memorial Med Center

CLERKSHIP DIRECTOR:

Pedram Aslmand, DPM
2801 Atlantic Avenue
Long Beach, CA 90806

Phone: (562) 933-3800 Fax: (562) 933-3888

Email: cmcshane@memorialcare.org

Website: www.memorialcare.org

Alternate Contact: Carol McShane

Phone: (562) 933-3800

INITIAL APPLICATION REQUIREMENTS:

Photograph US Citizenship CV 3 # Ltrs of Rec
 Letter of Interest Board Scores Car Required Transcript

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input checked="" type="checkbox"/> Doctor/Clinic Immunization Verification Required	
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted	
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check	<input checked="" type="checkbox"/> HIPAA Training
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type	
<input checked="" type="checkbox"/> Verification of Liability Insurance	Approx Cost	

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

Housing Provided Approx. Housing Cost per Month:
 Meals Provided Contact Program for a list of housing suggestions
Other: some meals

RESIDENCY RELATIONSHIP:

2011 CASPR Residency Program US Citizenship Required for Residency
 Clerkship Required Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: This is a PM&S-36 program provides a comprehensive surgical education through a positive learning environment. The program is well-rounded with an emphasis on wound care, limb salvage and orthopaedic trauma. Didactic activities include weekly radiology conference, journal club, and pathology lab. LBMMC is a teaching hospital for the University of California Irvine.

Long Island Jewish - North Shore Manhasset

CLERKSHIP DIRECTOR:

Russell Caprioli, DPM

270-05 76th Avenue

New Hyde Park, NY 11040

Phone: (718) 470-7076 Fax: (516) 371-3438

Email: rcapriol@nshs.edu

Website: www.NorthShoreLIJ.com

Alternate Contact:

Phone:

INITIAL APPLICATION REQUIREMENTS:

Photograph US Citizenship CV

2 # Ltrs of Rec

Letter of Interest Board Scores Car Required

Transcript

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type
<input type="checkbox"/> Verification of Liability Insurance	Approx Cost \$0.00

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 3

Accept Clerks from: All Colleges of Podiatric Medicine

Housing Provided Approx. Housing Cost per Month:

Meals Provided Contact Program for a list of housing suggestions

Other:

RESIDENCY RELATIONSHIP:

2011 CASPR Residency Program

US Citizenship Required for Residency

Clerkship Required

Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM See Directory page and website for more information

OVERVIEW:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

[CASPR Directory Page](#)

Lutheran Medical Center

CLERKSHIP DIRECTOR:

Jeffrey V Lucido, DPM

150 55th Street

Brooklyn, NY 11220

Phone: (718) 630-8455

Fax: (718) 745-8999

Email: jlucido@lmcmc.com

Website: www.lcmc.com

Alternate Contact:

Phone:

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	2 # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type
<input checked="" type="checkbox"/> Verification of Liability Insurance	Approx Cost

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 3

Accept Clerks from: All Colleges of Podiatric Medicine

Housing Provided Approx. Housing Cost per Month:

Meals Provided Contact Program for a list of housing suggestions

Other:

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input checked="" type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input checked="" type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: The PM&S-36 residency program at LMC is a progressive, diverse residency. Each year our elective and emergency surgical cases increase in number, resulting in an average surgical case load of 500 procedures annually.

**Application Materials
should be mailed to the
program at this address.**

This program will also accept application materials via:

Email: Yes Fax: No

Madigan Army Medical Center

CLERKSHIP DIRECTOR:

LTC Kerry Sweet, DPM
9040-A Fitzsimmons Ave
Tacoma, WA 98431

Phone: (253) 968-3239 ext 1513 Fax: (253) 968-1586

Email: kerry.j.sweet@us.army.mil

Website:

Alternate Contact: Stacey Summerlin or Stephany Gooden

Phone: (253) 968-3239 ext: 1513

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input checked="" type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	3 # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input checked="" type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input checked="" type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required	
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted	
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input checked="" type="checkbox"/> Background Check	<input type="checkbox"/> HIPAA Training
<input checked="" type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type	
<input checked="" type="checkbox"/> Verification of Liability Insurance	Approx Cost \$0.00	

Other/Comments Please contact program for specifics on fingerprinting and background check

PROGRAM INFORMATION:

Average # of Clerks per Month: 3

Accept Clerks from: All Colleges of Podiatric Medicine

Housing Provided Approx. Housing Cost per Month:

Meals Provided Contact Program for a list of housing suggestions

Other: Low cost meals available at the hospital

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input checked="" type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input checked="" type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: The program stresses sports medicine, trauma and complex wound care/limb preservation, involving a patient population consisting of AD military and their dependents, as well as retirees. Strong working relationship between all specialties, but particularly with orthopedics and vascular surgery. Leading edge technology (EMR/OR digital camera and video in light handles)

[CASPR Directory Page](#)

Maricopa Medical Center

CLERKSHIP DIRECTOR:

Steven Geller, DPM
 2601 East Roosevelt
 Dept of Surgery
 Phoenix, AZ 85008
 Phone: (602) 995-1169 Fax: (602) 344-5048
 Email: brianna_mcgerty@dmgaz.org
 Website: www.mihs.org
 Alternate Contact: Brianna McGerty
 Phone: (602) 344-5601

**Application Materials
 should be mailed to the
 program at this address.**

This program will also accept
 application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	2 # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments: Electronic Application Only! On website at: www.mihs.org/mededucation/undergrad/podiatry.htm

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input checked="" type="checkbox"/> Doctor/Clinic Immunization Verification Required
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input type="checkbox"/> Immunization Verification - Letter from School Accepted
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input checked="" type="checkbox"/> Background Check
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type
<input checked="" type="checkbox"/> Verification of Liability Insurance	Approx Cost

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

<input type="checkbox"/> Housing Provided	Approx. Housing Cost per Month:
<input checked="" type="checkbox"/> Meals Provided	<input type="checkbox"/> Contact Program for a list of housing suggestions
Other:	

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input checked="" type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input checked="" type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Our clerkship rotations are designed to provide an in-depth exposure to podiatric medicine and surgery at Maricopa Medical Center. There is a large emphasis on wound care and surgery related to wounds, but with our busy clinic volume all aspects of podiatry medicine and surgery are seen. Students will be exposed to congenital deformities in neonates, trauma of all varieties, biomechanics and foot complaints in a range of ages from pediatric to geriatric. Daily in-patient rounds with residents and attendings. Didactic series Mon & Wed evenings with journal club at least once each month.

[CASPR Directory Page](#)

Memorial Hospital of Rhode Island

CLERKSHIP DIRECTOR:

Aaron Shemenski, DPM
 111 Brewster Street
 Pawtucket, RI 02860

Phone: (401) 722-7722 Fax: (401) 729-2544

Email: gail_goes@mhri.org

Website: www.mhri.org

Alternate Contact: Gail Goes

Phone: (401) 729-2977

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: No Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input checked="" type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	No # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments: car useful, not required. GPA 3.0 and above.

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input checked="" type="checkbox"/> Doctor/Clinic Immunization Verification Required	
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted	
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check	<input type="checkbox"/> HIPAA Training
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type	
<input checked="" type="checkbox"/> Verification of Liability Insurance	Approx Cost	

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 1-

Accept Clerks from: All Colleges of Podiatric Medicine

<input checked="" type="checkbox"/> Housing Provided	Approx. Housing Cost per Month: \$0
<input type="checkbox"/> Meals Provided	<input checked="" type="checkbox"/> Contact Program for a list of housing suggestions

Other: Only one room available

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input checked="" type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input checked="" type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Residency is integral part of a teaching hospital affiliated with Brown Univ School of Medicine. Strongest feature is hands-on approach with invaluable clinical experience in hospital routine/problem foot center (20-30 pts/session). Logged "C" surgical cases far exceed requirements of PM&S-36. Office-based rotations offer a real look into everyday podiatric practice.

[CASPR Directory Page](#)

Memorial Regional Hospital South

CLERKSHIP DIRECTOR:

Barney Greenberg, DPM
2651 Hollywood Blvd
Hollywood, FL 33020

Phone: (954) 923-1800 Fax: (954) 921-0599

Email: toedoc01@aol.com; mrhspodiatry@yahoo.com

Website:

Alternate Contact: Noashin Zolfaghari DPM

Phone: (954) 966-4500 ext: 1304

INITIAL APPLICATION REQUIREMENTS:

Photograph US Citizenship CV 2 # Ltrs of Rec
 Letter of Interest Board Scores Car Required Transcript

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input checked="" type="checkbox"/> Doctor/Clinic Immunization Verification Required	
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted	
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check	<input type="checkbox"/> HIPAA Training
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type	
<input type="checkbox"/> Verification of Liability Insurance	Approx Cost	
Other/Comments		

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

Housing Provided Approx. Housing Cost per Month:

Meals Provided Contact Program for a list of housing suggestions

Other:

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input checked="" type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM: well-rounded program in all phases of podiatric medicine and surgery. Hands-on experience, office **OVERVIEW:** rotations, journal club and presentation required.

Mercy Hospital

CLERKSHIP DIRECTOR:

David Neese, DPM
4050 Coon Rapids Blvd
Coon Rapids, MN 55433

Phone: (763) 421-7300 Fax: (763) 421-3337

Email: djndpm@hotmail.com, nicole.skoog@allina.com

Website: www.allina.com

Alternate Contact:

Phone:

INITIAL APPLICATION REQUIREMENTS:

Photograph US Citizenship CV # Ltrs of Rec
 Letter of Interest Board Scores Car Required Transcript

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

Drug Test - Submitted by Student Doctor/Clinic Immunization Verification Required

Drug Test - Upon Arrival at Hospital Immunization Verification - Letter from School Accepted

Fingerprinting - Submitted by Student Background Check HIPAA Training

Fingerprinting - Upon Arrival at Hospital Type

Verification of Liability Insurance Approx Cost

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 1

Accept Clerks from: All Colleges of Podiatric Medicine

Housing Provided Approx. Housing Cost per Month:
 Meals Provided Contact Program for a list of housing suggestions
Other:

RESIDENCY RELATIONSHIP:

2011 CASPR Residency Program US Citizenship Required for Residency
 Clerkship Required Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM: Hands-on program. Student is expected to participate in wound clinic, faculty office and surgery.
OVERVIEW: Presentation is required and will be assigned.

Mercy Suburban Hospital

CLERKSHIP DIRECTOR:

Lynne M Casper, DPM
 2701 DeKalb Pike
 East Norriton, PA 19401

Phone: (610) 279-3080 Fax: (610) 292-8384

Email: mercysuburban@gmail.com

Website: www.mercyhealth.org/surburban/

Alternate Contact:

Phone:

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	3 # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input checked="" type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required
<input checked="" type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check
<input checked="" type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type
<input type="checkbox"/> Verification of Liability Insurance	Approx Cost \$0.00

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

Housing Provided Approx. Housing Cost per Month:

Meals Provided Contact Program for a list of housing suggestions

Other:

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input checked="" type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Mercy Suburban Hospital offers a well rounded forefoot and rearfoot surgical rotation experience for medical students as well as exposure to a community teaching hospital inpatient program and resident run outpatient clinic. Teaching services at Mercy Suburban are well integrated with other medical and surgical specialties, offering exposure to community medicine at its best.

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

Metrowest Medical Center

CLERKSHIP DIRECTOR:

Donald W Adams, DPM
 115 Lincoln Street
 Framingham, MA 01702

Phone: (508) 872-9288 Fax: (508) 620-7368

Email: Sharon.Dearth@mwmc.com

Website: www.mwmc.com

Alternate Contact: Sharon Dearth
 Phone: (508) 383-1555

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	No # Ltrs of Rec
<input type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input checked="" type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input checked="" type="checkbox"/> Background Check
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type CORI
<input checked="" type="checkbox"/> Verification of Liability Insurance	Approx Cost

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: up

Accept Clerks from: All Colleges of Podiatric Medicine

Housing Provided Approx. Housing Cost per Month:

Meals Provided Contact Program for a list of housing suggestions

Other: Parking

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input checked="" type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM Surgical, foot and ankle trauma. Busy clinic 2 days weekly. Wound care. Well integrated with other
OVERVIEW: teaching programs medicine and transitional.

Millcreek Community Hospital

CLERKSHIP DIRECTOR:

Goffredo Ianiro, DPM
 5515 Peach Street
 Erie, PA 16509

Phone: (814) 868-8217 Fax: (814) 868-8249

Email: mchmeded@mch1.org

Website: www.millcreekcommunityhospital.org

Alternate Contact: Marilyn Tracy

Phone: (814) 868-8217

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	2 # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input checked="" type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input checked="" type="checkbox"/> Doctor/Clinic Immunization Verification Required
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	<input checked="" type="checkbox"/> HIPAA Training
<input checked="" type="checkbox"/> Verification of Liability Insurance	Type
Approx Cost \$0.00	

Other/Comments current PPD

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

<input checked="" type="checkbox"/> Housing Provided	Approx. Housing Cost per Month: no charge
<input checked="" type="checkbox"/> Meals Provided	<input type="checkbox"/> Contact Program for a list of housing suggestions
Other:	

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input checked="" type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input checked="" type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Millcreek Community Hospital offers an extensive mix of surgical procedures including forefoot, rearfoot reconstruction, and diabetic limb salvage procedures. Clinical time is spent with a wide variety of attending physicians, as well in our wound clinics.

[CASPR Directory Page](#)

Mineral Area Regional Med Ctr

CLERKSHIP DIRECTOR:

Carmina Quiroga, DPM
 11709 Old Ballas Road #201
 Creve Coeur, MO 63141

Phone: (314) 432-1903 Fax: (314) 432-5105

Email:

Website:

Alternate Contact:

Phone:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: No Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input checked="" type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	No # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input checked="" type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required	
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input type="checkbox"/> Immunization Verification - Letter from School Accepted	
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check	<input type="checkbox"/> HIPAA Training
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type	
<input type="checkbox"/> Verification of Liability Insurance	Approx Cost	

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

<input type="checkbox"/> Housing Provided	Approx. Housing Cost per Month: \$500-\$700
<input checked="" type="checkbox"/> Meals Provided	<input type="checkbox"/> Contact Program for a list of housing suggestions
Other:	

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input checked="" type="checkbox"/> US Citizenship Required for Residency
<input checked="" type="checkbox"/> Clerkship Required	<input checked="" type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW:

[CASPR Directory Page](#)

Montefiore North Medical Center

CLERKSHIP DIRECTOR:

Eric Walter, DPM, FACFAS
 1695 Eastchester Road
 2nd FL
 Bronx, NY 10461
 Phone: (718) 920-9065 Fax: (718) 405-8428
 Email: dchinea@montefiore.org
 Website:
 Alternate Contact: Donna Chinea
 Phone: (718) 405-8332

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: No Fax: No

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input type="checkbox"/> US Citizenship	<input type="checkbox"/> CV	2 # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required	
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input type="checkbox"/> Immunization Verification - Letter from School Accepted	
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check	<input type="checkbox"/> HIPAA Training
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type	
<input type="checkbox"/> Verification of Liability Insurance	Approx Cost \$0.00	

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

<input type="checkbox"/> Housing Provided	Approx. Housing Cost per Month:
<input type="checkbox"/> Meals Provided	<input type="checkbox"/> Contact Program for a list of housing suggestions
Other:	

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: We presently offer 3 PM&S-36 positions. We are able to train all of our residents with extensive forefoot and rearfoot/ankle cases.

[CASPR Directory Page](#)

Morristown Memorial Hospital

CLERKSHIP DIRECTOR:

Kiran D Poylangada, DPM
 Parsippany Foot & Ankle
 50 Cherry Hill Road
 Parsippany, NJ 07054
 Phone: (973) 971-6442 Fax: (973) 290-8329
 Email: kiran.poylangada@atlantichealth.org
 Website: <http://www.atlantichealth.org/en/morristown>
 Alternate Contact: Elizabeth Siccone
 Phone: (973) 971-6442

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: No

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	1 # Ltrs of Rec
<input type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input checked="" type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required	
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input type="checkbox"/> Immunization Verification - Letter from School Accepted	
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check	<input type="checkbox"/> HIPAA Training
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type	
<input type="checkbox"/> Verification of Liability Insurance	Approx Cost	

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 3

Accept Clerks from: All Colleges of Podiatric Medicine

<input type="checkbox"/> Housing Provided	Approx. Housing Cost per Month:
<input type="checkbox"/> Meals Provided	<input type="checkbox"/> Contact Program for a list of housing suggestions
Other:	

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input type="checkbox"/> US Citizenship Required for Residency
<input checked="" type="checkbox"/> Clerkship Required	<input type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW:

[CASPR Directory Page](#)

Mt Sinai Hospital of Queens

CLERKSHIP DIRECTOR:

Wayne Axman, DPM
25-10 30th Avenue
Astoria, NY 11102

Phone: (718) 274-0974 Fax: (718) 879-1670

Email: wayne.axman@mountsinai.org

Website:

Alternate Contact: Betty Mason

Phone: (718) 274-0974

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	2 # Ltrs of Rec
<input type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input checked="" type="checkbox"/> Doctor/Clinic Immunization Verification Required	
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted	
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check	<input type="checkbox"/> HIPAA Training
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type	
<input type="checkbox"/> Verification of Liability Insurance	Approx Cost \$0.00	

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month:

Accept Clerks from: All Colleges of Podiatric Medicine

Housing Provided Approx. Housing Cost per Month:

Meals Provided Contact Program for a list of housing suggestions

Other:

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input checked="" type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: The training schedule consists of 2-4 weeks block time in the various hospitals where the residents are supervised by the chiefs and site coordinators. The residents attend weekly podiatric teaching rounds as well as didactic activities at Mount Sinai and Elmhurst Hospitals. The diverse podiatric staff is supportive of the residency training and participates in teaching the residents.

[CASPR Directory Page](#)

Multicare Foot & Ankle

CLERKSHIP DIRECTOR:

Gene Knutson, DPM
 521 Martin Luther King Jr Way
 Tacoma, WA 98415

Phone: (253) 473-5566 Fax: (253) 273-5566

Email: gknutson@pacificpodiatrygroup.com

Website:

Alternate Contact:

Phone:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

<input type="checkbox"/> Photograph	<input type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	0 # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input type="checkbox"/> Car Required	<input type="checkbox"/> Transcript

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input type="checkbox"/> Immunization Verification - Letter from School Accepted
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type
<input type="checkbox"/> Verification of Liability Insurance	Approx Cost

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

<input type="checkbox"/> Housing Provided	Approx. Housing Cost per Month:
<input type="checkbox"/> Meals Provided	<input checked="" type="checkbox"/> Contact Program for a list of housing suggestions
Other:	

RESIDENCY RELATIONSHIP:

<input type="checkbox"/> 2011 CASPR Residency Program	<input type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: 0

PROGRAM OVERVIEW: A residency will not be available as the residency is discontinued after 2012. There are significant clerkship positions where an individual will be trained at a very high level as a consequence. We look forward to continuing our teaching to the new student doctors.

New York Community Hospital

CLERKSHIP DIRECTOR:

Lawrence A Santi, DPM
2525 Kings Highway
Brooklyn, NY 11229

Phone: (718) 435-1031 Fax: (718) 435-9617

Email: ftdoc2@aol.com

Website:

Alternate Contact:

Phone:

INITIAL APPLICATION REQUIREMENTS:

Photograph US Citizenship CV 2 # Ltrs of Rec
 Letter of Interest Board Scores Car Required Transcript

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required	
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input type="checkbox"/> Immunization Verification - Letter from School Accepted	
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check	<input type="checkbox"/> HIPAA Training
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type	
<input type="checkbox"/> Verification of Liability Insurance	Approx Cost \$0.00	
Other/Comments		

PROGRAM INFORMATION

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

Housing Provided Approx. Housing Cost per Month:

Meals Provided Contact Program for a list of housing suggestions

Other:

RESIDENCY RELATIONSHIP:

2011 CASPR Residency Program US Citizenship Required for Residency
 Clerkship Required Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW:

New York Hospital Queens

CLERKSHIP DIRECTOR:

Alicia T Lazzara, DPM
 56-30 Main Street
 2nd FL
 Flushing, NY 11355
 Phone: (718) 670-2151 Fax: (718) 661-7129
 Email: atldpm@aol.com, tak9013@nyp.org
 Website: NYHQ.org
 Alternate Contact: Theresa Kresback
 Phone: (718) 670-2151

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: No

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input type="checkbox"/> US Citizenship	<input type="checkbox"/> CV	No # Ltrs of Rec
<input type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required	
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted	
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check	<input type="checkbox"/> HIPAA Training
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type	
<input type="checkbox"/> Verification of Liability Insurance	Approx Cost	

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 3

Accept Clerks from: All Colleges of Podiatric Medicine

<input checked="" type="checkbox"/> Housing Provided	Approx. Housing Cost per Month: \$0
<input type="checkbox"/> Meals Provided	<input type="checkbox"/> Contact Program for a list of housing suggestions

Other: only for out of State residents

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input checked="" type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM fast paced and busy program - filled with an assortment of information and learning opportunities for
OVERVIEW: motivated individuals

[CASPR Directory Page](#)

New York Methodist Hospital

CLERKSHIP DIRECTOR:

Ronald L Soave, DPM

Podiatry Residency Program

506 Sixth Street

Brooklyn, NY 11215-3645

Phone: (718) 780-5716

Fax: (718) 780-3095

Email: rls9001@nyp.org

Website: nym.nyp.org

Alternate Contact: Susan Campbell - Res Coord

Phone: (718) 780-5716

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

Photograph

US Citizenship

CV

1 # Ltrs of Rec

Letter of Interest

Board Scores

Car Required

Transcript

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required	
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted	
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check	<input type="checkbox"/> HIPAA Training
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type	
<input checked="" type="checkbox"/> Verification of Liability Insurance	Approx Cost	

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 5

Accept Clerks from: All Colleges of Podiatric Medicine

Housing Provided Approx. Housing Cost per Month:

Meals Provided Contact Program for a list of housing suggestions

Other: meals: 50% discount for externs. Housing available for a fee - call for details

RESIDENCY RELATIONSHIP:

2011 CASPR Residency Program

US Citizenship Required for Residency

Clerkship Required

Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM legal resident alien can apply for the residency program. Well rounded surgical and medical program.

OVERVIEW: Emphasis on reconstructive and diabetic foot & ankle surgery.

[CASPR Directory Page](#)

North Colorado Medical Center

CLERKSHIP DIRECTOR:

Eric Jaakola, DPM
 1600 23rd Avenue
 Greeley, CO 80634

Phone: (303) 321-4477 Fax: (970) 346-2828

Email: heidi.romero@bannerhealth.com

Website:

Alternate Contact: Heidi Romero

Phone: (970) 346-2800

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input checked="" type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	<input type="checkbox"/> 2 # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input checked="" type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input checked="" type="checkbox"/> Background Check
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type
<input checked="" type="checkbox"/> Verification of Liability Insurance	Approx Cost

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

Housing Provided Approx. Housing Cost per Month:

Meals Provided Contact Program for a list of housing suggestions

Other: program housing available on a limited basis

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input checked="" type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input checked="" type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Program is based in Greeley, Co at North Colorado Medical Center. Students will travel along the northern front range to include: Greeley, Loveland, Ft. Collins, Denver and the surrounding Denver areas on a daily/weekly basis.

**Application Materials
should be mailed to the
program at this address.**

This program will also accept application materials via:

Email: Yes Fax: Yes

Norton Healthcare

CLERKSHIP DIRECTOR:

Thomas Childress, DPM
 One Audubon Plaza Drive
 Kentucky Podiatric Residency Program
 Louisville, KY 40217
 Phone: (502) 893-1844 Fax: (502) 636-8172
 Email: katherine.ballard@nortonhealthcare.org
 Website: www.nortonhealthcare.org/body.cfm?id=858
 Alternate Contact: Katherine Ballard
 Phone: (502) 636-8171

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: No

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	<input type="checkbox"/> No # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input checked="" type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type
<input checked="" type="checkbox"/> Verification of Liability Insurance	Approx Cost

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 3

Accept Clerks from: All Colleges of Podiatric Medicine

<input checked="" type="checkbox"/> Housing Provided	<input type="checkbox"/> Approx. Housing Cost per Month: \$0
<input checked="" type="checkbox"/> Meals Provided	<input type="checkbox"/> Contact Program for a list of housing suggestions
Other:	

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input checked="" type="checkbox"/> US Citizenship Required for Residency
<input checked="" type="checkbox"/> Clerkship Required	<input type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM Three-year PM&S-36 program; Residents and students have access to all Norton Healthcare facilities.

OVERVIEW: Students will have rotations in Podiatric Medicine & Surgery, Ortho/Trauma, and Pediatric Orthopedics that include surgery and private office time. Students will attend and participate in all didactic events held during their rotation.

[CASPR Directory Page](#)

Norwegian American Hospital

CLERKSHIP DIRECTOR:

Louis M Santangelo, DPM
1044 North Francisco Avenue
Chicago, IL 60622

Phone: (773) 292-4364 Fax: (773) 278-1206
Email: ninosdjando@gmail.com
Website: www.nahospital.org
Alternate Contact: Ninos Jando
Phone: (773) 292-4364

**Application Materials
should be mailed to the
program at this address.**

This program will also accept application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input checked="" type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	No # Ltrs of Rec
<input type="checkbox"/> Letter of Interest	<input type="checkbox"/> Board Scores	<input checked="" type="checkbox"/> Car Required	<input type="checkbox"/> Transcript

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required	
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted	
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check	<input type="checkbox"/> HIPAA Training
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type	
<input type="checkbox"/> Verification of Liability Insurance	Approx Cost	
Other/Comments		

PROGRAM INFORMATION

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

Housing Provided Approx. Housing Cost per Month:

Meals Provided Contact Program for a list of housing suggestions

Other:

RESIDENCY RELATIONSHIP:

2011 CASPR Residency Program

US Citizenship Required for Residency

Clerkship Required

Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: This program has a wide variety of surgical cases as well as equal time spent in the hospital and private clinic setting including involvement in wound clinic. Students can participate in surgical cases at the hospital and surgery centers. Student power point presentations are required at the end of each clerkship as well as monthly journal clubs.

Oak Forest Hospital

CLERKSHIP DIRECTOR:

Barry A Brandes, DPM

15900 South Cicero Avenue

Oak Forest, IL 60452

Phone: (708) 633-2874 Fax: (708) 633-4198

Email: babrand@cookcountygov.com

Website:

Alternate Contact:

Phone:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input type="checkbox"/> US Citizenship	<input type="checkbox"/> CV	No # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input type="checkbox"/> Board Scores	<input type="checkbox"/> Car Required	<input type="checkbox"/> Transcript

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input checked="" type="checkbox"/> Doctor/Clinic Immunization Verification Required
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input type="checkbox"/> Immunization Verification - Letter from School Accepted
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input checked="" type="checkbox"/> Background Check
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	<input type="checkbox"/> HIPAA Training
<input checked="" type="checkbox"/> Verification of Liability Insurance	Type Criminal Background
	Approx Cost \$0.00

Other/Comments Doctor/Clinic immunization verification required for TB and Hepatitis B required

PROGRAM INFORMATION:

Average # of Clerks per Month: 4

Accept Clerks from: All Colleges of Podiatric Medicine

Housing Provided Approx. Housing Cost per Month:

Meals Provided Contact Program for a list of housing suggestions

Other:

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Oak Forest Hospital is a 4 week teaching externship program. Externs participate actively under

supervision in all facets of podiatry care including Podiatric Clinical Medicine, Podiatric Surgery, Biomechanics and Wound healing. Externs work and learn alongside PM&S-36 residents. Lectures are presented by the Podiatric Staff Physician.

[CASPR Directory Page](#)

Oakwood Annapolis Hospital

CLERKSHIP DIRECTOR:

Lawrence M Fallat, DPM
 33155 Annapolis Rd
 Room 483
 Wayne, MI 48184
 Phone: (313) 389-2288 Fax: (734) 454-2747
 Email: oakwoodpodiatry@gmail.com
 Website: www.oakwood.org/?id=92&sid=1
 Alternate Contact: Residents
 Phone: (734) 467-4098

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: No

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input checked="" type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	<input type="checkbox"/> 3 # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input checked="" type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input checked="" type="checkbox"/> Doctor/Clinic Immunization Verification Required
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type
<input type="checkbox"/> Verification of Liability Insurance	Approx Cost

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: BUSPM & NYCPM

<input checked="" type="checkbox"/> Housing Provided	Approx. Housing Cost per Month: \$250.00
--	--

<input type="checkbox"/> Meals Provided	<input type="checkbox"/> Contact Program for a list of housing suggestions
---	--

Other: Housing available from July-Dec for \$250. From Jan-June students are responsible for housing

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input checked="" type="checkbox"/> US Citizenship Required for Residency
<input checked="" type="checkbox"/> Clerkship Required	<input type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Podiatric surgical program (PM&S-36) with strong emphasis on traumatic and elective reconstructive surgery of the foot and ankle. Residents participate heavily in research and compete in local, regional and national settings. Resident clinic provides excellent perioperative exposure to both pediatric and adult patients. Residents are in the operating room on a daily basis. Surgical experience includes pediatric flatfoot reconstruction, rearfoot/ankle reconstruction, and diabetic charcot reconstruction. Foot and ankle trauma call is ongoing along with orthopedic rotations.

[CASPR Directory Page](#)

Ochsner Medical Center at Kenner

CLERKSHIP DIRECTOR:

Leon Watkins, DPM
 180 W Esplanade Avenue
 Metairie, LA 70065

Phone: (504) 454-3004 Fax: (504) 454-3075

Email: leonwatkins1@gmail.com

Website:

Alternate Contact:

Phone:

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input checked="" type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	No # Ltrs of Rec
<input type="checkbox"/> Letter of Interest	<input type="checkbox"/> Board Scores	<input type="checkbox"/> Car Required	<input type="checkbox"/> Transcript

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input type="checkbox"/> Immunization Verification - Letter from School Accepted
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type
<input type="checkbox"/> Verification of Liability Insurance	Approx Cost \$0.00

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

Housing Provided Approx. Housing Cost per Month:

Meals Provided Contact Program for a list of housing suggestions

Other:

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input checked="" type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input checked="" type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: No

Ohio State University

CLERKSHIP DIRECTOR:

Erik Monson, DPM
 456 W 10th Avenue
 4118 Cromblett Hall
 Columbus, OH 43210
 Phone: (614) 293-7945 Fax: (614) 293-3596
 Email: panzo.6@osu.edu
 Website: www.ortho.ohio-state.edu
 Alternate Contact: Julia Panzo
 Phone: (614) 293-7945

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: No

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input checked="" type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	3 # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input checked="" type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required	
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input type="checkbox"/> Immunization Verification - Letter from School Accepted	
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input checked="" type="checkbox"/> Background Check	<input type="checkbox"/> HIPAA Training
<input checked="" type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type Onsite	
<input type="checkbox"/> Verification of Liability Insurance	Approx Cost \$0.00	

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

<input type="checkbox"/> Housing Provided	Approx. Housing Cost per Month:
<input type="checkbox"/> Meals Provided	<input checked="" type="checkbox"/> Contact Program for a list of housing suggestions
Other:	

RESIDENCY RELATIONSHIP:

<input type="checkbox"/> 2011 CASPR Residency Program	<input checked="" type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW:

Our Lady of Lourdes Memorial Hosp

CLERKSHIP DIRECTOR:

Guido LaPorta, DPM
 169 Riverside Drive
 c/o Brenda Keating, Admin
 Binghamton, NY 13905
 Phone: (607) 798-5528 Fax: (607) 798-7681
 Email: bkeating@lourdes.com
 Website: www.lourdes.com
 Alternate Contact: Brenda Keating
 Phone: (607) 798-5528

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input checked="" type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	3 # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input checked="" type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input checked="" type="checkbox"/> Doctor/Clinic Immunization Verification Required	
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted	
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check	<input type="checkbox"/> HIPAA Training
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type	
<input checked="" type="checkbox"/> Verification of Liability Insurance	Approx Cost	

Other/Comments Immunization records, evidence of PPD clearance and physical within one year

PROGRAM INFORMATION:

Average # of Clerks per Month: 1

Accept Clerks from: All Colleges of Podiatric Medicine

<input checked="" type="checkbox"/> Housing Provided	Approx. Housing Cost per Month:
<input checked="" type="checkbox"/> Meals Provided	<input type="checkbox"/> Contact Program for a list of housing suggestions

Other: Housing provided for clerks, limited meal provision

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input checked="" type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input checked="" type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Residency is a PM&S-36 program, four residents in each year. Located in a community hospital in catchment area of 200,000 plus. Population density, plus other rotations ensures volume and unique, multi-specialty experiences. Rotations include Syracuse, NY and Baltimore, MD (earned) for lower limb reconstruction/podiatric surgery and Scranton, PA/trauma.

[CASPR Directory Page](#)

Palmetto General Hospital

CLERKSHIP DIRECTOR:

Luis Marin, DPM
 2001 West 68th Street, C/O Med Education
 Bldg 7100, Suite 202
 Hialeah, FL 33016
 Phone: (305) 826-7774 Fax: (305) 826-5505
 Email: drluismarin@hotmail.com
 Website: www.palmettogenral.com
 Alternate Contact:
 Phone: (305) 737-0024

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: No

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input type="checkbox"/> US Citizenship	<input type="checkbox"/> CV	<input type="checkbox"/> 3 # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input checked="" type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input type="checkbox"/> Immunization Verification - Letter from School Accepted
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type
<input type="checkbox"/> Verification of Liability Insurance	Approx Cost

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 4

Accept Clerks from: All Colleges of Podiatric Medicine

<input type="checkbox"/> Housing Provided	Approx. Housing Cost per Month:
<input checked="" type="checkbox"/> Meals Provided	<input type="checkbox"/> Contact Program for a list of housing suggestions
Other:	

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input checked="" type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input checked="" type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Well rounded program with emphasis in trauma of foot and ankle as well as wound care and elective procedures.

[CASPR Directory Page](#)

Penn Presbyterian Medical Center

CLERKSHIP DIRECTOR:

Alan Mlodzienksi, DPM
51 North 39th Street
Philadelphia, PA 19104

Phone: (215) 662-9664 Fax: (215) 243-8818

Email: jacqueline.rosenzweig@uphs.upenn.edu

Website: www.med.upenn.edu/podiatricresidency

Alternate Contact: Jacqueline Rosenzweig

Phone: (215) 662-9664

INITIAL APPLICATION REQUIREMENTS:

Photograph US Citizenship CV 2 # Ltrs of Rec
 Letter of Interest Board Scores Car Required Transcript

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

Drug Test - Submitted by Student Doctor/Clinic Immunization Verification Required

Drug Test - Upon Arrival at Hospital Immunization Verification - Letter from School Accepted

Fingerprinting - Submitted by Student Background Check HIPAA Training

Fingerprinting - Upon Arrival at Hospital Type

Verification of Liability Insurance Approx Cost \$0.00

Other/Comments current PPD

PROGRAM INFORMATION:

Average # of Clerks per Month: 3

Accept Clerks from: All Colleges of Podiatric Medicine

<input type="checkbox"/> Housing Provided	Approx. Housing Cost per Month:
<input type="checkbox"/> Meals Provided	<input type="checkbox"/> Contact Program for a list of housing suggestions
Other:	

RESIDENCY RELATIONSHIP:

2011 CASPR Residency Program US Citizenship Required for Residency
 Clerkship Required Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Student participates with residents on surgery, clinic, and floors. Student performs one weekday overnight with on-call resident and one weekend day with residents. Student presentation to all residents on podiatric topic of their choosing the last week of their clerkship.

POH Regional Medical Center

CLERKSHIP DIRECTOR:

Stuart Bass, DPM
 50 N Perry Street
 Pontiac, MI 48342

Phone: (248) 338-5392 Fax: (248) 338-5567

Email: podiatry@pohmedical.org

Website: www.pohregional.org

Alternate Contact: Pat Crean

Phone: (248) 338-5392

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	No # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input checked="" type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required	
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted	
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check	<input type="checkbox"/> HIPAA Training
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type	
<input checked="" type="checkbox"/> Verification of Liability Insurance	Approx Cost	

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 1

Accept Clerks from: All Colleges of Podiatric Medicine

<input checked="" type="checkbox"/> Housing Provided	Approx. Housing Cost per Month: \$0
<input checked="" type="checkbox"/> Meals Provided	<input type="checkbox"/> Contact Program for a list of housing suggestions
Other:	

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input checked="" type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW:

[CASPR Directory Page](#)

Regions Hospital/Health Partners

CLERKSHIP DIRECTOR:

Ryan Pfannenstein, DPM
 640 Jackson Street
 St. Paul, MN 55101

Phone: (651) 254-8380 Fax: (651) 254-8385

Email: matthew.c.peterson@healthpartners.com

Website: www.imehealthpartners.com/PodiatricMedicalResidencyDirectory.shtml

Alternate Contact: Matthew Peterson

Phone: (763) 843-2239

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: No

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	1 # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input checked="" type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required	
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted	
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check	<input type="checkbox"/> HIPAA Training
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type	
<input checked="" type="checkbox"/> Verification of Liability Insurance	Approx Cost	

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

<input type="checkbox"/> Housing Provided	Approx. Housing Cost per Month:
<input type="checkbox"/> Meals Provided	<input type="checkbox"/> Contact Program for a list of housing suggestions
Other:	

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input type="checkbox"/> US Citizenship Required for Residency
<input checked="" type="checkbox"/> Clerkship Required	<input type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Surgery MWF, Clinic TTH, on call a week at a time including weekends

[CASPR Directory Page](#)

Roger Williams Medical Center

CLERKSHIP DIRECTOR:

Jeffery Rock, DPM
 825 Chalkstone Avenue
 Providence, RI 02908

Phone: (401) 253-8900 ext 250 Fax: (401) 253-3131

Email: jrock@lifespan.org

Website: www.rwmc.org/residency_specialties/podiatry.cfm

Alternate Contact:

Phone:

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input checked="" type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	No # Ltrs of Rec
<input type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input checked="" type="checkbox"/> Doctor/Clinic Immunization Verification Required	
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted	
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check	<input type="checkbox"/> HIPAA Training
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type	
<input checked="" type="checkbox"/> Verification of Liability Insurance	Approx Cost \$0.00	

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 1

Accept Clerks from: All Colleges of Podiatric Medicine

Housing Provided Approx. Housing Cost per Month:

Meals Provided Contact Program for a list of housing suggestions

Other: some meals provided

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input checked="" type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM see website

OVERVIEW:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: No

Roxborough Memorial Hospital

CLERKSHIP DIRECTOR:

Larry Goss, DPM
 5800 Ridge Avenue
 Philadelphia, PA 19130

Phone: (215) 487-4284 Fax: (215) 487-4222

Email: lgosssdpm@comcast.net

Website:

Alternate Contact:

Phone:

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	No # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input checked="" type="checkbox"/> Doctor/Clinic Immunization Verification Required	
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted	
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check	<input type="checkbox"/> HIPAA Training
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type	
<input checked="" type="checkbox"/> Verification of Liability Insurance	Approx Cost	

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

<input type="checkbox"/> Housing Provided	Approx. Housing Cost per Month:
<input type="checkbox"/> Meals Provided	<input type="checkbox"/> Contact Program for a list of housing suggestions
Other:	

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input checked="" type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: There is a strong emphasis on reconstructive rearfoot procedures at this program. Weekly academic meetings and lectures are mandatory. Completion of a research project is required for successful graduation of the residency program. Educational lectures and teaching of students is required. Arthroscopy, internal and external fixation courses are taken during your 3rd year.

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: No

Rush Oak Park Hospital

CLERKSHIP DIRECTOR:

Jeffery Alexander, DPM

520 South Maple

Oak Park, IL 60304

Phone: (708) 660-6100

Fax: (708) 660-0447

Email:

Website:

Alternate Contact:

Phone:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: No Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

Photograph US Citizenship CV
 Letter of Interest Board Scores Car Required

No # Ltrs of Rec
 Transcript

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required	
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input type="checkbox"/> Immunization Verification - Letter from School Accepted	
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check	<input type="checkbox"/> HIPAA Training
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type	
<input type="checkbox"/> Verification of Liability Insurance	Approx Cost	

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

Housing Provided Approx. Housing Cost per Month:

Meals Provided Contact Program for a list of housing suggestions

Other: meals: some at hospital

RESIDENCY RELATIONSHIP:

2011 CASPR Residency Program US Citizenship Required for Residency
 Clerkship Required Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW:

Well rounded program offering exposure to all areas of podiatric medicine and surgery

[CASPR Directory Page](#)

Sacred Heart Hospital

CLERKSHIP DIRECTOR:

David E Finkelstein, DPM
 3240 West Franklin Blvd
 Chicago, IL 60624-1511

Phone: (773) 722-3020 ext 2277 Fax: (773) 722-5808

Email: dfinkelstein@pol.net

Website:

Alternate Contact:

Phone:

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	No # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type
<input checked="" type="checkbox"/> Verification of Liability Insurance	Approx Cost

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

Housing Provided Approx. Housing Cost per Month:

Meals Provided Contact Program for a list of housing suggestions

Other:

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input checked="" type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: The Sacred Heart Hospital externship experience includes both surgical and clinical education. The externs work with the residents and attendings on a daily basis.

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: No Fax: Yes

Scott & White Mem Hosp/Texas A&M Health Sci Ctr

CLERKSHIP DIRECTOR:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input checked="" type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	No # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input checked="" type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments: Transcript with GPA, Min GPA for Application: 3.0, flu vaccination, both seasonal and H1N1

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input checked="" type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required	
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input type="checkbox"/> Immunization Verification - Letter from School Accepted	
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check	<input checked="" type="checkbox"/> HIPAA Training
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type	
<input type="checkbox"/> Verification of Liability Insurance	Approx Cost	

Other/Comments HIPAA training - required module for student trainees will be sent to student to complete prior

PROGRAM INFORMATION:

Average # of Clerks per Month: 4

Accept Clerks from: All Colleges of Podiatric Medicine

Housing Provided Approx. Housing Cost per Month:
 Meals Provided Contact Program for a list of housing suggestions
Other:

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input checked="" type="checkbox"/> US Citizenship Required for Residency
<input checked="" type="checkbox"/> Clerkship Required	<input checked="" type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM Podiatry is part of Department of Surgery. Academically affiliated with Texas A&M Health Science Center

OVERVIEW: College of Medicine. S&W Memorial Hospital is level 1 trauma center, 500 bed hospital, 28,000 annual admissions. 5th largest multispecialty group practice in United States. Very strong interest in academic medical center program is needed to effectively participate.

Scripps Mercy Kaiser Program

CLERKSHIP DIRECTOR:

Ryan Lee, DPM
 770 Washington Street
 Suite 202
 San Diego, CA 92103
 Phone: (619) 291-0777 Fax: (619) 291-3231
 Email: ryanlee43@gmail.com
 Website:
 Alternate Contact:
 Phone:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	3 # Ltrs of Rec
<input type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required	
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input type="checkbox"/> Immunization Verification - Letter from School Accepted	
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check	<input type="checkbox"/> HIPAA Training
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type	
<input type="checkbox"/> Verification of Liability Insurance	Approx Cost	

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

<input type="checkbox"/> Housing Provided	Approx. Housing Cost per Month:
<input type="checkbox"/> Meals Provided	<input checked="" type="checkbox"/> Contact Program for a list of housing suggestions
Other:	

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input checked="" type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input checked="" type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW:

[CASPR Directory Page](#)

South Jersey Hospital

CLERKSHIP DIRECTOR:

Angelo Luzzi, DPM
 1505 West Sherman Ave
 Vineland, NJ 08360

Phone: (856) 641-8661 Fax: (856) 641-7642

Email: graciav@sjhs.com

Website:

Alternate Contact: Victoria Gracia
 Phone: (856) 641-8661

**Application Materials
 should be mailed to the
 program at this address.**

This program will also accept
 application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input checked="" type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	3 # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input checked="" type="checkbox"/> Doctor/Clinic Immunization Verification Required
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input type="checkbox"/> Immunization Verification - Letter from School Accepted
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	HIPAA Training
<input checked="" type="checkbox"/> Verification of Liability Insurance	Type
	Approx Cost \$0.00

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month:

Accept Clerks from: All Colleges of Podiatric Medicine

Housing Provided Approx. Housing Cost per Month:

Meals Provided Contact Program for a list of housing suggestions

Other:

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input checked="" type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW:

[CASPR Directory Page](#)

South Miami Hospital

CLERKSHIP DIRECTOR:

Jason R Hanft, DPM
 6200 SW 73rd Street
 Attn: Podiatry Residents
 South Miami, FL 33143
 Phone: (786) 662-5174 Fax: (786) 662-5236
 Email: smhresidents@gmail.com
 Website:
 Alternate Contact:
 Phone:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	3 # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required	
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted	
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check	<input type="checkbox"/> HIPAA Training
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type	
<input type="checkbox"/> Verification of Liability Insurance	Approx Cost \$0.00	

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 3

Accept Clerks from: All Colleges of Podiatric Medicine

Housing Provided Approx. Housing Cost per Month:

Meals Provided Contact Program for a list of housing suggestions

Other: Housing as available \$756/mo or \$24.85/day for 1 bedrm \$884/mo or \$29.06/day for 2 bedrm

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input type="checkbox"/> US Citizenship Required for Residency
<input checked="" type="checkbox"/> Clerkship Required	<input checked="" type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Heavy Surgical training program involving forefoot, rearfoot, diabetic limb salvage and trauma. The program is among one of the most diversified in the country and covers a wide variety of pathology. 1st year rotations; clinical research, community podiatry, infectious disease, radiology, internal medicine, pathology, rheumatology, physical medicine, pediatrics, pod surgery.

[CASPR Directory Page](#)

Southeast Michigan Surg Hosp (Kern)

CLERKSHIP DIRECTOR:

Kyle Sunblad, DPM
21230 Dequindre Road
Warren, MI 48091

Phone: (586) 427-1000 Fax: (586) 759-0237

Email: toofcod@yahoo.com, cfortune@nshinc.com

Website: www.smshinc.com

Alternate Contact: Cyndi Fortune
Phone: (586) 880-2424

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	
<input checked="" type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input type="checkbox"/> Car Required	

3 # Ltrs of Rec
 Transcript

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input checked="" type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input type="checkbox"/> Immunization Verification - Letter from School Accepted
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	<input type="checkbox"/> HIPAA Training
<input checked="" type="checkbox"/> Verification of Liability Insurance	Type
	Approx Cost

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

Housing Provided Approx. Housing Cost per Month:

Meals Provided Contact Program for a list of housing suggestions

Other: breakfast and lunch are provided

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: All students encouraged to observe, evaluate and participate in the discussion and medical care of patients with the resident and supervising physicians. Exposure will be to a wide array of academic, clinical, surgical experience during the rotation. The extern will have significant interactions with Anesthesiology, Radiology, General & Vascular Surgery, and Clinical Diabetic Care. Clinical experiences will consist of being involved in our clinic, observing diabetic patients, operating room and assisting. The focus of the month is to provide didactic and clinical experience in the pursuit of accomplishing the goals and objectives set forth by the Schools of Podiatric Medicine and Clinical of Podiatric Medical Education.

[CASPR Directory Page](#)

SouthWestern (Aestheticare/Mission)

CLERKSHIP DIRECTOR:

Ekta Shah, DPM
 665 Camino de los Mares
 Suite 304
 San Clemente, CA 92673
 Phone: (949) 493-8020 Fax: (949) 488-0868
 Email: ekta55@aol.com
 Website: www.swpodres.com
 Alternate Contact:
 Phone:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: No Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	No # Ltrs of Rec
<input type="checkbox"/> Letter of Interest	<input type="checkbox"/> Board Scores	<input checked="" type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required	
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted	
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check	<input type="checkbox"/> HIPAA Training
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type	
<input checked="" type="checkbox"/> Verification of Liability Insurance	Approx Cost	

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 1

Accept Clerks from: All Colleges of Podiatric Medicine

<input type="checkbox"/> Housing Provided	Approx. Housing Cost per Month:
<input checked="" type="checkbox"/> Meals Provided	<input type="checkbox"/> Contact Program for a list of housing suggestions
Other:	

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input checked="" type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Well rounded program - trauma & trauma call to elective private surgeries. Good forefoot & rearfoot balance.

[CASPR Directory Page](#)

St Barnabas Hospital - NY

CLERKSHIP DIRECTOR:

Emilio Goez, DPM
 4422 Third Avenue
 Bronx, NY 10457

Phone: (718) 960-9000 ext 6269 Fax: (718) 960-6132

Email: docforfeet@yahoo.com

Website:

Alternate Contact: Virginia Torres
 Phone: (718) 960-6269

**Application Materials
 should be mailed to the
 program at this address.**

This program will also accept
 application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	No # Ltrs of Rec
<input type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input type="checkbox"/> Car Required	<input type="checkbox"/> Transcript

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type
<input checked="" type="checkbox"/> Verification of Liability Insurance	Approx Cost

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 4

Accept Clerks from: NYCPM, OCPM, SCPM, TUSPM

Housing Provided Approx. Housing Cost per Month:

Meals Provided Contact Program for a list of housing suggestions

Other: Please have students interested contact me via email

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input checked="" type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW:

Level 1 Trauma Center - heavy emphasis on ortho, please contact us via email

[CASPR Directory Page](#)

St Barnabas Medical Center - NJ

CLERKSHIP DIRECTOR:

Jonathan Haber, DPM
94 Old Short Hills Road
Livingston, NJ 07039

Phone: (973) 228-5042 Fax: (973) 322-2471

Email: agritschke@sbhcs.com

Website: www.sbhcs.com

Alternate Contact: Anna Gritschke
Phone: (973) 322-8994

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input checked="" type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	2 # Ltrs of Rec
<input type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required	
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input type="checkbox"/> Immunization Verification - Letter from School Accepted	
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check	<input type="checkbox"/> HIPAA Training
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type	
<input type="checkbox"/> Verification of Liability Insurance	Approx Cost \$0.00	

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 3

Accept Clerks from: All Colleges of Podiatric Medicine

<input type="checkbox"/> Housing Provided	Approx. Housing Cost per Month:
<input type="checkbox"/> Meals Provided	<input type="checkbox"/> Contact Program for a list of housing suggestions
Other:	

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input checked="" type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input checked="" type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: St. Barnabas sponsors a 3 year PM&S-36 podiatric residency. The residents are exposed to full scope podiatric medicine and surgery at the hospital and surgical centers. The resident will see patients in the emergency room, during hospital rounds, and scrub on surgical cases. They are expected to do a clinical presentation and participate in journal club with the residents.

[CASPR Directory Page](#)

St Elizabeth's Medical Center

CLERKSHIP DIRECTOR:

John Marcoux, DPM
736 Cambridge Street
Brighton, MA 02135

Phone: (617) 779-6512 Fax: (617) 779-6468

Email: marie.prevost2@caritaschristi.org

Website:

Alternate Contact: Marie Prevost
Phone: (617) 789-3472

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: No Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	2 # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input checked="" type="checkbox"/> Doctor/Clinic Immunization Verification Required
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input type="checkbox"/> Immunization Verification - Letter from School Accepted
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input checked="" type="checkbox"/> Background Check
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type CORI
<input checked="" type="checkbox"/> Verification of Liability Insurance	Approx Cost \$0.00

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 1

Accept Clerks from: All Colleges of Podiatric Medicine

Housing Provided Approx. Housing Cost per Month:

Meals Provided Contact Program for a list of housing suggestions

Other:

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input checked="" type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: SEMC is a PM&S-36, provisionally approved by the CPME, SEMC is a Tuft's Medical School teaching affiliate. There is excellent interdisciplinary cooperation & collegiality amongst the training programs. The residency is authorized for a total of 6 residents, 2 per year. The residency is designed in a rotational structure with an emphasis on resource based, competency driven, assessment validated training. The resident is provided with a greater responsibility in patient care & decision making as they progress through training. Didactic activities include journal club, workshops, case review & lectures. Clinical affiliations allow 3rd & 4th year podiatric students to rotate through SEMC on a monthly basis to augment their clinical curriculum. Externs are actively involved in the clinic, OR, ED, & all didactic activities.

[CASPR Directory Page](#)

St Francis Hosp and Medical Center

CLERKSHIP DIRECTOR:

Jeffrey Martone, DPM
 114 Woodland Street
 Dept of Podiatric Surgery MS #40501
 Hartford, CT 06105
 Phone: (860) 289-4500 Fax: (860) 714-8885
 Email: dvivenzi@stfranciscare.org
 Website: saintfranciscare.org
 Alternate Contact: Deborah ViVenzio
 Phone: (860) 714-5911

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input checked="" type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	2 # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input checked="" type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input checked="" type="checkbox"/> Doctor/Clinic Immunization Verification Required	
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input type="checkbox"/> Immunization Verification - Letter from School Accepted	
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check	<input checked="" type="checkbox"/> HIPAA Training
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type	
<input checked="" type="checkbox"/> Verification of Liability Insurance	Approx Cost	

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 3

Accept Clerks from: All Colleges of Podiatric Medicine

<input checked="" type="checkbox"/> Housing Provided	Approx. Housing Cost per Month:
<input type="checkbox"/> Meals Provided	<input checked="" type="checkbox"/> Contact Program for a list of housing suggestions
Other:	

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input checked="" type="checkbox"/> US Citizenship Required for Residency
<input checked="" type="checkbox"/> Clerkship Required	<input type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: 1. Students will rotate at 6 major hospitals as well as the surgical centers affiliated with these hospitals 2. Externs will participate with surgical procedures at minimum three times weekly 3. Externs will participate in Surgical clinic on Mondays and Advanced Wound Care Clinic on Thursdays , weekly 4. Academic meetings, monthly (Monthly Meeting, Journal Club, Board Review)5. Hands on workshops, monthly (Saw Bones, Cadaver Laboratories) 6. Resident/ Student Case Presentations/ Preparation for interviewing process 7. Didactic skills workshops (Suturing, Hand tie, Proper surgical technique, Acclimation with instrumentation usage) 8. Rotation to private attendings office 9. Student monthly presentation 10. Student journal review presentation.

[CASPR Directory Page](#)

St John Hospital and Medical Center

CLERKSHIP DIRECTOR:

Stuart J Wertheimer, DPM
 22101 Moross Road
 Detroit, MI 48236

Phone: (313) 343-6396 Fax: (313) 343-6394

Email: stuart.wertheimer@stjohn.org

Website: www.stjohn.org/stjohnhospital/cme-residency

Alternate Contact:

Phone:

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	No # Ltrs of Rec
<input type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input checked="" type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments: must be upper 50% of class. Must have passed Part I on intial attempt

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type
<input checked="" type="checkbox"/> Verification of Liability Insurance	Approx Cost

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 3

Accept Clerks from: All Colleges of Podiatric Medicine

Housing Provided Approx. Housing Cost per Month:

Meals Provided Contact Program for a list of housing suggestions

Other: Housing - shared student apartments based on availability (\$125/month)

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input checked="" type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: The program provides active participation of the clerk. Emphasis is placed on reconstructive surgery of the foot and ankle and lower extremity traumatology. Didactics activities occur daily.

**Application Materials
should be mailed to the
program at this address.**

This program will also accept application materials via:

Email: Yes Fax: Yes

St John Macomb Oakland Hospital

CLERKSHIP DIRECTOR:

Anthony V Benenati, DPM
 11800 East 12 Mile Road
 Warren, MI 48093

Phone: (586) 779-6140 Fax: (586) 779-9865

Email: info@benenatifootcare.com

Website: stjohn.org

Alternate Contact:

Phone:

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input checked="" type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	2 # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input checked="" type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required	
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input type="checkbox"/> Immunization Verification - Letter from School Accepted	
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input checked="" type="checkbox"/> Background Check	<input type="checkbox"/> HIPAA Training
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type	
<input type="checkbox"/> Verification of Liability Insurance	Approx Cost	

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

<input checked="" type="checkbox"/> Housing Provided	Approx. Housing Cost per Month:
<input type="checkbox"/> Meals Provided	<input type="checkbox"/> Contact Program for a list of housing suggestions
Other:	

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input checked="" type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input checked="" type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM High emphasis on Surgery. Forefoot and rearfoot reconstruction as well as trauma. Residents cover 2 major metropolitan Emergency rooms with over 500 patient beds.

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

St John's Episcopal Hosp - South Shore

CLERKSHIP DIRECTOR:

Lloyd Bardfeld, DPM
327 Beach 19th Street
Far Rockaway, NY 11691

Phone: (516) 592-7075 Fax: (718) 869-8512

Email: tnddawg@aol.com, agoldber@ehs.org

Website: www.ehs.org

Alternate Contact: Allan Goldberg DPM
Phone: (516) 578-9890

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	No # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input type="checkbox"/> Car Required	<input type="checkbox"/> Transcript

Other/Comments: copy of History and physical from school and documentation that applicant is fit to be an exte

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type
<input checked="" type="checkbox"/> Verification of Liability Insurance	Approx Cost

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

<input type="checkbox"/> Housing Provided	Approx. Housing Cost per Month:
<input type="checkbox"/> Meals Provided	<input type="checkbox"/> Contact Program for a list of housing suggestions
Other:	

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input checked="" type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input checked="" type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: St John's Episcopal Hospital allows clerks to obtain hands' on clinical training. St. John's Episcopal Hospital has a CPME approved podiatric medical and surgery 24 residency and a CPME approved wound care tissue healing post graduate fellowship

[CASPR Directory Page](#)

St Joseph Hospital - Chicago

CLERKSHIP DIRECTOR:

Frank Zappa, DPM
 2900 North Lake Shore Drive
 Chicago, IL 60657

Phone: (312) 243-3769 Fax: (312) 243-3840

Email: Sandra.Testore@zappafootclinic.com

Website: www.reshealth.org/educaiton/sjhpodiatry

Alternate Contact: Sandra L Testore, DPM

Phone: (312) 243-3769

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input checked="" type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	No # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input checked="" type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input checked="" type="checkbox"/> Doctor/Clinic Immunization Verification Required	
<input checked="" type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted	
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check	<input type="checkbox"/> HIPAA Training
<input checked="" type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type	
<input checked="" type="checkbox"/> Verification of Liability Insurance	Approx Cost \$0.00	

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 3

Accept Clerks from: All Colleges of Podiatric Medicine

Housing Provided Approx. Housing Cost per Month:

Meals Provided Contact Program for a list of housing suggestions

Other:

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input checked="" type="checkbox"/> US Citizenship Required for Residency
<input checked="" type="checkbox"/> Clerkship Required	<input type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: PM&S-36/ 5 residents in each year/ 20+ affiliate sites/ large diverse faculty/ generous salary/ friendly atmosphere

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: No

St Joseph Regional Med Ctr - IN

CLERKSHIP DIRECTOR:

Michael Salcedo, DPM
 837 East Cedar Street
 Suite #125
 South Bend, IN 46617
 Phone: (574) 236-8597 Fax: (574) 472-6088
 Email: smithsh@sjrmc.com
 Website: www.saintjosephresidency.com/podiatryprog/
 Alternate Contact: Sherry Smith
 Phone: (574) 236-8597

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	No # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input checked="" type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required	
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted	
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check	<input type="checkbox"/> HIPAA Training
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type	
<input checked="" type="checkbox"/> Verification of Liability Insurance	Approx Cost	

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

<input checked="" type="checkbox"/> Housing Provided	Approx. Housing Cost per Month: \$700/mo
<input checked="" type="checkbox"/> Meals Provided	<input type="checkbox"/> Contact Program for a list of housing suggestions
Other:	

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input checked="" type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input checked="" type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM visit our website at www.saintjosephresidency.com

OVERVIEW:

[CASPR Directory Page](http://www.aacpm.org)

St Joseph's Hospital/NPHS

CLERKSHIP DIRECTOR:

Frank Macri, DPM
16th and Girard Avenue
Philadelphia, PA 19130

Phone: (215) 877-7330 Fax: (215) 787-9398

Email: bunion15@msn.com

Website: www.nphs.com

Alternate Contact: Bernice Garrison
Phone: (215) 787-9266

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	1 # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input type="checkbox"/> Board Scores	<input type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input type="checkbox"/> Immunization Verification - Letter from School Accepted
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type
<input checked="" type="checkbox"/> Verification of Liability Insurance	Approx Cost

Other/Comments verification of PPD test

PROGRAM INFORMATION:

Average # of Clerks per Month: 1

Accept Clerks from: All Colleges of Podiatric Medicine

Housing Provided Approx. Housing Cost per Month:

Meals Provided Contact Program for a list of housing suggestions

Other:

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input checked="" type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input checked="" type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW:

Exposure to all phases of forefoot, midfoot, ankle procedures. Outpt/Inpt exposure

[CASPR Directory Page](#)

St Luke's Hosp - Allentown Campus

CLERKSHIP DIRECTOR:

Robert Diamond, DPM
 c/o Medical Education Office
 1501 Lehigh Street, Suite 103
 Allentown, PA 18104
 Phone: (610) 628-8318 Fax: (610) 628-8464
 Email: schwabj@slhn.org
 Website: www.stlukesresidenteducation.org
 Alternate Contact: Janet Schwab
 Phone: (610) 628-8318

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	2 # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input checked="" type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required	
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input type="checkbox"/> Immunization Verification - Letter from School Accepted	
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check	<input type="checkbox"/> HIPAA Training
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type	
<input type="checkbox"/> Verification of Liability Insurance	Approx Cost	

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 3

Accept Clerks from: All Colleges of Podiatric Medicine

<input checked="" type="checkbox"/> Housing Provided	Approx. Housing Cost per Month: \$0
<input checked="" type="checkbox"/> Meals Provided	<input checked="" type="checkbox"/> Contact Program for a list of housing suggestions
Other: partial meals	

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input type="checkbox"/> US Citizenship Required for Residency
<input checked="" type="checkbox"/> Clerkship Required	<input checked="" type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW:

[CASPR Directory Page](#)

St Mary's Hospital - NJ

CLERKSHIP DIRECTOR:

Eugene A Batelli, DPM

350 Blvd

Passaic, NJ 07055

Phone: (973) 365-2208

Fax: (973) 777-4895

Email: eabdpm@gmail.com

Website:

Alternate Contact:

Phone:

INITIAL APPLICATION REQUIREMENTS:

Photograph US Citizenship CV

No # Ltrs of Rec

Letter of Interest Board Scores

Car Required

Transcript

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input type="checkbox"/> Immunization Verification - Letter from School Accepted
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type
<input checked="" type="checkbox"/> Verification of Liability Insurance	Approx Cost \$0.00

HIPAA Training

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

Housing Provided Approx. Housing Cost per Month:

Meals Provided Contact Program for a list of housing suggestions

Other:

RESIDENCY RELATIONSHIP:

2011 CASPR Residency Program

US Citizenship Required for Residency

Clerkship Required

Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: 250 bed hospital in serving urban community. Wide variety of cases from pediatrics to geriatrics, wound care center, HBO, rotation through ambulatory surgery center. Hospital has open heart program, birthing suites, orthopedics, and advanced radiology department.

Application Materials should be mailed to the program at this address.

This program will also accept application materials via:

Email: Yes Fax: Yes

St Mary's Medical Center-IN

CLERKSHIP DIRECTOR:

Terence Alvey, DPM
3700 Washington Avenue
Evansville, IN 44750

Phone: (812) 634-2778 Fax: (812) 477-1558

Email: cjmaassen@stmarys.org

Website: www.stmarys.org

Alternate Contact: Cathy Maassen
Phone: (812) 485-8390

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input checked="" type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	No # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input checked="" type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type
<input checked="" type="checkbox"/> Verification of Liability Insurance	Approx Cost

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: AZPod, BUSPM, CPMS, TUSPM, OCPM, SCPM

<input checked="" type="checkbox"/> Housing Provided	Approx. Housing Cost per Month: \$100/month
<input checked="" type="checkbox"/> Meals Provided	<input type="checkbox"/> Contact Program for a list of housing suggestions
Other:	

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input checked="" type="checkbox"/> US Citizenship Required for Residency
<input checked="" type="checkbox"/> Clerkship Required	<input checked="" type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: all except CSPM and NYCPM

PROGRAM OVERVIEW: Externship exposes students to hospital admissions attending podiatrist's offices and surgeries as well as a large number of trauma surgeries at a level 2 trauma center. Residency rotations are available online. Students experience include residents' clinic as well.

[CASPR Directory Page](#)

St Rita's Medical Ctr

CLERKSHIP DIRECTOR:

Eric C. Miller, DPM, FACFAS
 730 W Market Street
 Medical Staff Services
 Lima, OH 45801
 Phone: (419) 224-8414 Fax: (419) 226-9818
 Email: slschulte@health-partners.org
 Website: www.stritas.org (info under "other services")
 Alternate Contact: Stacy L Schulte, Residency Coordinator
 Phone: (419) 996-5559

**Application Materials
should be mailed to the
program at this address.**

This program will also accept application materials via:

Email: Yes Fax: No

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input checked="" type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	<input type="checkbox"/> 2 # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input checked="" type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input checked="" type="checkbox"/> Doctor/Clinic Immunization Verification Required
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input type="checkbox"/> Immunization Verification - Letter from School Accepted
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type
<input checked="" type="checkbox"/> Verification of Liability Insurance	Approx Cost

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

<input checked="" type="checkbox"/> Housing Provided	Approx. Housing Cost per Month:
<input checked="" type="checkbox"/> Meals Provided	<input type="checkbox"/> Contact Program for a list of housing suggestions
Other:	

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input checked="" type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input checked="" type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: We accept up to 2 podiatric externs per month with housing included during the months of January - June and August - December. The podiatric medical student will rotate at St Rita's Medical Center for one month, working closely with our residents and attendings to gain further knowledge in the field of podiatric medicine and surgery.

[CASPR Directory Page](#)

St Vincent Charity Hospital

CLERKSHIP DIRECTOR:

Michael Canales, DPM
2351 East 22nd Street
Cleveland, OH 44115

Phone: (440) 746-1055 Fax: (216) 363-2721

Email: mike.canales@gmail.com

Website:

Alternate Contact:

Phone: (216) 287-5526

INITIAL APPLICATION REQUIREMENTS:

Photograph US Citizenship CV 3 # Ltrs of Rec
 Letter of Interest Board Scores Car Required Transcript

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type
<input checked="" type="checkbox"/> Verification of Liability Insurance	Approx Cost \$0.00

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

<input type="checkbox"/> Housing Provided	Approx. Housing Cost per Month:
<input type="checkbox"/> Meals Provided	<input type="checkbox"/> Contact Program for a list of housing suggestions

Other: Housing students is currently under discussion with Hospital Administration.

RESIDENCY RELATIONSHIP:

2011 CASPR Residency Program US Citizenship Required for Residency
 Clerkship Required Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Committed to practicing and providing professional services to all persons without regard to race, creed or financial background.

St Vincent Hospital and Health Services

CLERKSHIP DIRECTOR:

Anthony Miller, DPM
8651 Township Line Road
Indianapolis, IN 46260

Phone: (317) 334-0232 Fax: (317) 334-0268

Email: judith.keyes@sbcglobal.net

Website:

Alternate Contact: Judith Keyes
Phone: (317) 334-0232

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	No # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input checked="" type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type
<input checked="" type="checkbox"/> Verification of Liability Insurance	Approx Cost \$0.00

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

<input type="checkbox"/> Housing Provided	Approx. Housing Cost per Month:
<input type="checkbox"/> Meals Provided	<input checked="" type="checkbox"/> Contact Program for a list of housing suggestions
Other:	

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input checked="" type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: St Vincent Hospital and Health Services offers a PM&S-36 residency. St Vincent Hospital and Health Services has residency programs in over 12 disciplines. Externs will follow one of the current residents in both surgery and office settings. The extern will also obtain vast experience at the Foot & Ankle Surgery Center which as an agreement with St Vincent Hospital

[CASPR Directory Page](#)

St Vincent Hospital/WMC

CLERKSHIP DIRECTOR:

Paul Cournoyer, DPM
123 Summer St
Worcester, MA 01608

Phone: (508) 363-6357 Fax: (508) 363-7560

Email: nicole.cross@stvincenthospital.com

Website: www.stvincentpodiatry.net

Alternate Contact: Nicole Cross

Phone: (508) 363-6350

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: No

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input checked="" type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	2 # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments: Car is recommended

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required	
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input type="checkbox"/> Immunization Verification - Letter from School Accepted	
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check	<input type="checkbox"/> HIPAA Training
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type	
<input type="checkbox"/> Verification of Liability Insurance	Approx Cost	

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 1

Accept Clerks from: All Colleges of Podiatric Medicine

<input type="checkbox"/> Housing Provided	Approx. Housing Cost per Month: \$100/mth cash only
<input type="checkbox"/> Meals Provided	<input checked="" type="checkbox"/> Contact Program for a list of housing suggestions

Other: To inquire about housing availability, call Marcia Hansen as soon as possible at 508-363-1677

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input checked="" type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input checked="" type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW:

[CASPR Directory Page](#)

St Vincent Mercy Medical Center

CLERKSHIP DIRECTOR:

Michael D Cragel, DPM
 2213 Cherry Street
 Toledo, OH 43608

Phone: (419) 693-4171 Fax: (419) 251-3856

Email: karen_bash@mhsnr.org

Website: www.svmmc-mhpresidencies.org

Alternate Contact: Karen Bash

Phone: (419) 251-4613

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: No

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	2 # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input type="checkbox"/> Board Scores	<input checked="" type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type
<input checked="" type="checkbox"/> Verification of Liability Insurance	Approx Cost

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

<input checked="" type="checkbox"/> Housing Provided	Approx. Housing Cost per Month:
<input checked="" type="checkbox"/> Meals Provided	<input type="checkbox"/> Contact Program for a list of housing suggestions
Other:	

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW:

Comprehensive program in trauma, rearfoot, ankle and forefoot surgery

[CASPR Directory Page](#)

St Vincent's Medical Center - FL

CLERKSHIP DIRECTOR:

Cara Lapkowicz, DPM
2561 Riverside Avenue
Jacksonville, FL 32204-4722

Phone: (904) 308-2835 Fax: (904) 308-4099

Email:

Website: www.jaxpodiatry.com

Alternate Contact:

Phone: (904) 308-2838

INITIAL APPLICATION REQUIREMENTS:

Photograph US Citizenship CV No # Ltrs of Rec
 Letter of Interest Board Scores Car Required Transcript

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required	
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input type="checkbox"/> Immunization Verification - Letter from School Accepted	
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check	<input type="checkbox"/> HIPAA Training
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type	
<input type="checkbox"/> Verification of Liability Insurance	Approx Cost \$0.00	
Other/Comments		

PROGRAM INFORMATION

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

Housing Provided Approx. Housing Cost per Month: \$100

Meals Provided Contact Program for a list of housing suggestions

Other:

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input checked="" type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input checked="" type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM: We are a program designed to develop the critical clinical and surgical skills necessary for today's **OVERVIEW:** podiatrist.

Summa Western Reserve Hospital

CLERKSHIP DIRECTOR:

Aaron J Chokan, DPM

1900 23rd Street

Cuyahoga Falls, OH 44223

Phone: (330) 929-3331 Fax: (330) 929-5408

Email: drchokan@ohiofac.com

Website: www.westernreservehospital.com

Alternate Contact:

Phone:

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input checked="" type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	2 # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input checked="" type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type
<input checked="" type="checkbox"/> Verification of Liability Insurance	Approx Cost

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 1

Accept Clerks from: All Colleges of Podiatric Medicine

<input checked="" type="checkbox"/> Housing Provided	Approx. Housing Cost per Month:
<input checked="" type="checkbox"/> Meals Provided	<input checked="" type="checkbox"/> Contact Program for a list of housing suggestions
Other:	

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input checked="" type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input checked="" type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: This program is very well-rounded with heavy emphasis on surgical procedures and wound care techniques. Exposure to large number of procedures during just the first year of Forefoot, Rearfoot, and Ankle surgical procedures. Residents cover 3 main hospitals in Akron/Canton area and are responsible for admissions, consults and carry a large inpatients base for diabetic foot infections and fractures. Residents learn surgical techniques for proper fusions of the forefoot, rearfoot and ankle. Wound care and practice management area also emphasized during the residents career to allow him/her to succeed in life. Our program is all based in a smaller 120 bed hospital for a close intimate setting.

**Application Materials
should be mailed to the
program at this address.**

This program will also accept application materials via:

Email: No Fax: Yes

Surg Hosp of Oklahoma/CCF

CLERKSHIP DIRECTOR:

William K Smith, Sr, DPM
 100 SE 59th Street
 Oklahoma City, OK 73159

Phone: (405) 634-9300 Fax: (405) 632-9308

Email: sipopy@cox.net

Website:

Alternate Contact:

Phone: (405) 634-9300

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input checked="" type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	No # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input checked="" type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required	
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted	
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check	<input type="checkbox"/> HIPAA Training
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type	
<input checked="" type="checkbox"/> Verification of Liability Insurance	Approx Cost	

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

<input type="checkbox"/> Housing Provided	Approx. Housing Cost per Month:
<input type="checkbox"/> Meals Provided	<input checked="" type="checkbox"/> Contact Program for a list of housing suggestions
Other:	

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input checked="" type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input checked="" type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW:

[CASPR Directory Page](#)

Swedish Medical Center

CLERKSHIP DIRECTOR:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept application materials via:

Email: No Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

Photograph US Citizenship CV No # Ltrs of Rec
 Letter of Interest Board Scores Car Required Transcript

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type
<input checked="" type="checkbox"/> Verification of Liability Insurance	Approx Cost

Other/Comments PPD within the past year; current CPR card if your school requires CPR certification

PROGRAM INFORMATION:

Average # of Clerks per Month: 3

Accept Clerks from: All Colleges of Podiatric Medicine

Housing Provided Approx. Housing Cost per Month: \$150.00

Meals Provided Contact Program for a list of housing suggestions

Other: Parking available for \$100

RESIDENCY RELATIONSHIP:

2011 CASPR Residency Program US Citizenship Required for Residency
 Clerkship Required Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW:

Temple University Hospital

CLERKSHIP DIRECTOR:

Andrew J Meyr, DPM
 TUSPM
 810 Race Street
 Philadelphia, PA 19107
 Phone: (215) 625-5350 Fax: (215) 629-4904
 Email: ajmeyr@gmail.com
 Website: tuhpod.tripod.com
 Alternate Contact:
 Phone: (215) 625-5327

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	2 # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input checked="" type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required	
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input type="checkbox"/> Immunization Verification - Letter from School Accepted	
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check	<input type="checkbox"/> HIPAA Training
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type	
<input type="checkbox"/> Verification of Liability Insurance	Approx Cost	

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 4

Accept Clerks from: All Colleges of Podiatric Medicine

<input type="checkbox"/> Housing Provided	Approx. Housing Cost per Month:
<input type="checkbox"/> Meals Provided	<input type="checkbox"/> Contact Program for a list of housing suggestions
Other:	

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input checked="" type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: TUSPM

PROGRAM OVERVIEW: TUH provides high volume surgical externship experience at a Level-1 trauma center, with emphasis on academics, reconstructive surgery and trauma.

[CASPR Directory Page](#)

Trinity Regional Medical Center

CLERKSHIP DIRECTOR:

Paul Dayton, DPM
 801 Kenyon Rd
 Suite 310
 Fort Dodge, IA 50501
 Phone: (515) 574-6880 Fax: (515) 573-8172
 Email: daytonp@ihs.org

Website: www.trmc.org/podiatry-residency-program.cf

Alternate Contact:

Phone:

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input checked="" type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	No # Ltrs of Rec
<input type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type
<input checked="" type="checkbox"/> Verification of Liability Insurance	Approx Cost

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 1

Accept Clerks from: All Colleges of Podiatric Medicine

<input checked="" type="checkbox"/> Housing Provided	Approx. Housing Cost per Month: at no cost
<input checked="" type="checkbox"/> Meals Provided	<input type="checkbox"/> Contact Program for a list of housing suggestions
Other:	

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input checked="" type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input checked="" type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Trinity Regional Medical Center Podiatric Surgical Residency emphasizes comprehensive patient care experience, from new patient encounter to discharge. Ongoing experience includes in-patient and out-patient surgical management, diabetic foot management, adult and pediatric reconstruction, infection management, ER trauma call and office based foot and ankle care

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: No Fax: Yes

Truman Medical Center Lakewood

CLERKSHIP DIRECTOR:

Jennifer Halligan, DPM
 7900 Lee's Summit Road
 Kansas City, MO 64139

Phone: (816) 453-5161 Fax: (816) 404-7143

Email: vickie.figg@tmcmed.org

Website:

Alternate Contact: Vickie Figg

Phone: (816) 404-7107

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input checked="" type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	<input type="checkbox"/> 3 # Ltrs of Rec
<input type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type
<input checked="" type="checkbox"/> Verification of Liability Insurance	Approx Cost

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

Housing Provided Approx. Housing Cost per Month: none if stay at hospital

Meals Provided Contact Program for a list of housing suggestions

Other: websites for housing: corporatehousing.com or extendedstayhotels.com; lunch only for meals

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input checked="" type="checkbox"/> US Citizenship Required for Residency
<input checked="" type="checkbox"/> Clerkship Required	<input checked="" type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Well rounded surgical program with good exposure to forefoot and rearfoot reconstruction as well as trauma. Car not required for rotation but program does participate in surgery cases at other hospitals in the metro area. Resident run clinic three times a week. Weekly radiology conference with case presentation/discussion, monthly journal club, and Symposium.

Application Materials should be mailed to the program at this address.

This program will also accept application materials via:

Email: Yes Fax: No

UF & Shands Jacksonville Med Ctr

CLERKSHIP DIRECTOR:

Stephen M Merritt, DPM
 655 W 8th Street
 Jacksonville, FL 32209

Phone: (904) 244-6810 Fax: (904) 244-3457

Email: stephen.merritt@jax.ufl.edu

Website: jax.shands.org/education/podiatry

Alternate Contact: Patricia Edwards

Phone: (904) 244-7757

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

<input type="checkbox"/> Photograph	<input type="checkbox"/> US Citizenship	<input type="checkbox"/> CV	No # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input type="checkbox"/> Board Scores	<input checked="" type="checkbox"/> Car Required	<input type="checkbox"/> Transcript

Other/Comments: for Car need parking application & copy of registration. UF & Shands confidentiality Forms, b

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input checked="" type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input checked="" type="checkbox"/> Background Check
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type National
<input checked="" type="checkbox"/> Verification of Liability Insurance	Approx Cost

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 6

Accept Clerks from: All Colleges of Podiatric Medicine

<input type="checkbox"/> Housing Provided	Approx. Housing Cost per Month:
<input type="checkbox"/> Meals Provided	<input checked="" type="checkbox"/> Contact Program for a list of housing suggestions
Other:	

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW:

[CASPR Directory Page](#)

United Health Services Hospitals

CLERKSHIP DIRECTOR:

Shari Nichols, DPM
 Wilson Medical Center
 33-57 Harrison Street
 Johnson City, NY 13790
 Phone: (607) 772-8776 Fax: (607) 798-1629
 Email: cynthia_cleveland@uhs.org
 Website: www.uhs.net/meded/podiatry
 Alternate Contact: Cindy Cleveland
 Phone: (607) 763-6391

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input checked="" type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	<input type="checkbox"/> 1 # Ltrs of Rec
<input type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input checked="" type="checkbox"/> Doctor/Clinic Immunization Verification Required
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type
<input checked="" type="checkbox"/> Verification of Liability Insurance	Approx Cost

Other/Comments car recommended for optimal experience

PROGRAM INFORMATION:

Average # of Clerks per Month: 1-

Accept Clerks from: All Colleges of Podiatric Medicine

<input checked="" type="checkbox"/> Housing Provided	Approx. Housing Cost per Month: \$0
<input checked="" type="checkbox"/> Meals Provided	<input type="checkbox"/> Contact Program for a list of housing suggestions

Other: on campus housing provided at no charge

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input checked="" type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input checked="" type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM well rounded podiatric experience in both hospital based and private office setting; all aspects of foot and **OVERVIEW:** ankle care covered including wound care, sports medicine, internal medicine and all specialties.

[CASPR Directory Page](#)

Univ of Texas Health Science Ctr

CLERKSHIP DIRECTOR:

Thomas Zgonis, DPM
 7703 Floyd Curl Drive
 MSC 7776
 San Antonio, TX 78229
 Phone: (210) 567-5130 Fax: (210) 567-4891
 Email: bloom@uthscsa.edu
 Website: www.diabeticfoot.org
 Alternate Contact: Rosanna Bloom
 Phone: (210) 567-5174

**Application Materials
 should be mailed to the
 program at this address.**

This program will also accept
 application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input checked="" type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	<input type="checkbox"/> 3 # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input checked="" type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input type="checkbox"/> Immunization Verification - Letter from School Accepted
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input checked="" type="checkbox"/> Background Check
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type UTHSCSA
<input checked="" type="checkbox"/> Verification of Liability Insurance	Approx Cost \$25.00

HIPAA Training

Other/Comments UTHSCSA Immunization form required, UTHSCSA - background check

PROGRAM INFORMATION:

Average # of Clerks per Month: 4

Accept Clerks from: All Colleges of Podiatric Medicine

<input type="checkbox"/> Housing Provided	Approx. Housing Cost per Month:
<input type="checkbox"/> Meals Provided	<input checked="" type="checkbox"/> Contact Program for a list of housing suggestions
Other:	

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input checked="" type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input checked="" type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Our Podiatric Surgical Residency is a fully integrated program. Training involves an extensive combination of inpatient and outpatient services with excellent surgical training in diabetic limb salvage, plastic surgery, trauma, pediatrics and reconstructive rearfoot and ankle surgery. Our mission statement is teaching, research and service.

[CASPR Directory Page](#)

University Hospital - UMDNJ

CLERKSHIP DIRECTOR:

Keith Cook, DPM
 150 Bergen Street
 G-142, PO Box 1709
 Newark, NJ 07103
 Phone: (973) 972-5088 Fax: (973) 972-3735
 Email: cookkd@umdnj.edu
 Website: www.umdnj.edu (hospital website)

Alternate Contact:

Phone:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: No Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	3 # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input checked="" type="checkbox"/> Doctor/Clinic Immunization Verification Required	
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input type="checkbox"/> Immunization Verification - Letter from School Accepted	
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input checked="" type="checkbox"/> Background Check	<input checked="" type="checkbox"/> HIPAA Training
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type Federal	
<input checked="" type="checkbox"/> Verification of Liability Insurance	Approx Cost	

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 4

Accept Clerks from: All Colleges of Podiatric Medicine

Housing Provided Approx. Housing Cost per Month: \$1,000.00

Meals Provided Contact Program for a list of housing suggestions

Other: On campus housing based upon availability. Call Meridian Housing at 973-972-8796

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input type="checkbox"/> US Citizenship Required for Residency
<input checked="" type="checkbox"/> Clerkship Required	<input checked="" type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM This is a PM&S-36 program, with a wide variety of foot and ankle pathology and surgery, including all **OVERVIEW:** types of reconstructive surgery and trauma. The residents are fully integrated with allopathic residents and services. The surgical numbers are approximately twice the CPME requirements.

[CASPR Directory Page](#)

University of Pittsburgh Medical Center

CLERKSHIP DIRECTOR:

Patrick R Burns, DPM
 1400 Locust Street
 Building B, Room 9520
 Pittsburgh, PA 15219
 Phone: (412) 232-5515 Fax: (412) 232-5529
 Email: bodnerda@upmc.edu
 Website: please see Program Overview
 Alternate Contact: Debra Bodner
 Phone: (412) 232-5515

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: No

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	2 # Ltrs of Rec
<input type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required	
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted	
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check	<input type="checkbox"/> HIPAA Training
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type	
<input checked="" type="checkbox"/> Verification of Liability Insurance	Approx Cost	

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 4

Accept Clerks from: All Colleges of Podiatric Medicine

<input type="checkbox"/> Housing Provided	Approx. Housing Cost per Month:
<input type="checkbox"/> Meals Provided	<input checked="" type="checkbox"/> Contact Program for a list of housing suggestions
Other:	

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input checked="" type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Website: www.upmc.com/HospitalsFacilities/Hospitals/Mercy/professionaleducation/graduate-medical-education/podiatry. Affiliated with the University of Pittsburgh School of Medicine and Department of Orthopaedic Surgery, this three-year program offers residents access to some of the country top medical institutions. Residents spend three years in a comprehensive training program, rotating through all aspects of medicine and receiving the most up-to-date surgical training.

[CASPR Directory Page](#)

Virtua West Jersey Health System

CLERKSHIP DIRECTOR:

John Girimonte, DPM
 2225 Evesham Road
 Suite 101, Attn: Barbara Thompson
 Voorhees, NJ 08043
 Phone: (856) 772-1777 Fax:
 Email: bthompson@virtua.org
 Website: www.virtua.org
 Alternate Contact: Barbara Thompson
 Phone: (856) 325-3718

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	<input type="checkbox"/> 2 # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input checked="" type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input checked="" type="checkbox"/> Doctor/Clinic Immunization Verification Required
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input type="checkbox"/> Immunization Verification - Letter from School Accepted
<input checked="" type="checkbox"/> Fingerprinting - Submitted by Student	<input checked="" type="checkbox"/> Background Check
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type
<input checked="" type="checkbox"/> Verification of Liability Insurance	Approx Cost

Other/Comments Contact Barbara Thompson for all requirements

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

<input type="checkbox"/> Housing Provided	Approx. Housing Cost per Month:
<input type="checkbox"/> Meals Provided	<input type="checkbox"/> Contact Program for a list of housing suggestions
Other:	

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input checked="" type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input checked="" type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM for Residency program US Citizenship or current green card is required

OVERVIEW:

[CASPR Directory Page](#)

Washington Hospital Center

CLERKSHIP DIRECTOR:

Jeffrey Steinberg, DPM
 110 Irving Street NW
 Washington, DC 20010

Phone: (202) 882-7917 Fax: (202) 882-7991

Email: jeffreystein1@aol.com

Website:

Alternate Contact:

Phone:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	3 # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input checked="" type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required	
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input type="checkbox"/> Immunization Verification - Letter from School Accepted	
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check	<input type="checkbox"/> HIPAA Training
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type	
<input checked="" type="checkbox"/> Verification of Liability Insurance	Approx Cost	

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 4

Accept Clerks from: All Colleges of Podiatric Medicine

<input type="checkbox"/> Housing Provided	Approx. Housing Cost per Month:
<input type="checkbox"/> Meals Provided	<input type="checkbox"/> Contact Program for a list of housing suggestions
Other:	

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input checked="" type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW:

[CASPR Directory Page](#)

Weiss Memorial Hospital

CLERKSHIP DIRECTOR:

Lee R Stein, DPM
4646 N Marine Drive
Chicago, IL 60640

Phone: (773) 809-5274 Fax: (773) 564-5226

Email: kari.l.chase@gmail.com

Website: www.weisshospital.com/for-professionals

Alternate Contact: Kari L Chase DPM

Phone: (773) 809-5274

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	No # Ltrs of Rec
<input type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input checked="" type="checkbox"/> Car Required	<input type="checkbox"/> Transcript

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required	
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input type="checkbox"/> Immunization Verification - Letter from School Accepted	
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check	<input type="checkbox"/> HIPAA Training
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type	
<input type="checkbox"/> Verification of Liability Insurance	Approx Cost \$0.00	

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

Housing Provided Approx. Housing Cost per Month:

Meals Provided Contact Program for a list of housing suggestions

Other: Please Note: Weiss & Oak Forest are the same residency program however you may extern at either

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input checked="" type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input checked="" type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM Program is highly autonomous while working with over 50 attending physicians in the Chicago area.

OVERVIEW: During your clerkship you will be afforded option of surgery, pediatrics, clinic, and research.

[CASPR Directory Page](#)

Westchester General Hospital

CLERKSHIP DIRECTOR:

James Tracy, DPM
2500 SW 75th Avenue
Miami, FL 33155

Phone: (305) 263-9086 Fax: (305) 263-9521

Email: mededucation@westchesterhospital.com

Website: www.westchesterhospital.com

Alternate Contact: Angela Mazon

Phone: (305) 263-9086

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input checked="" type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	3 # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input checked="" type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input checked="" type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input checked="" type="checkbox"/> Background Check
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type
<input checked="" type="checkbox"/> Verification of Liability Insurance	Approx Cost

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

Housing Provided Approx. Housing Cost per Month:

Meals Provided Contact Program for a list of housing suggestions

Other:

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input checked="" type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW:

[CASPR Directory Page](#)

Western Pennsylvania Hospital

CLERKSHIP DIRECTOR:

Robert Mendicino, DPM
 4800 Friendship Ave
 Pittsburgh, PA 15224

Phone: (412) 688-7578 Fax: (412) 688-7872

Email: bsheedy@wpahs.org

Website: www.wpahs.org

Alternate Contact: Beth Sheedy

Phone: (412) 688-7578

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: No Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input type="checkbox"/> US Citizenship	<input type="checkbox"/> CV	No # Ltrs of Rec
<input type="checkbox"/> Letter of Interest	<input type="checkbox"/> Board Scores	<input checked="" type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input checked="" type="checkbox"/> Doctor/Clinic Immunization Verification Required	
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted	
<input checked="" type="checkbox"/> Fingerprinting - Submitted by Student	<input checked="" type="checkbox"/> Background Check	<input type="checkbox"/> HIPAA Training
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type PA Act 179 & 73 clearances	
<input checked="" type="checkbox"/> Verification of Liability Insurance	Approx Cost \$50.00	

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 4

Accept Clerks from: All Colleges of Podiatric Medicine

<input checked="" type="checkbox"/> Housing Provided	Approx. Housing Cost per Month: n/a
<input type="checkbox"/> Meals Provided	<input type="checkbox"/> Contact Program for a list of housing suggestions
Other:	

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input checked="" type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW:

[CASPR Directory Page](#)

Westside Regional Medical Center

CLERKSHIP DIRECTOR:

Fredric Chussid, DPM
 8201 W Broward Blvd
 Plantation, FL 33324

Phone: (954) 370-2400 Fax: (954) 916-5402

Email: wsrpodiatry@gmail.com

Website:

Alternate Contact:

Phone:

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	3 # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input checked="" type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input checked="" type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required	
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted	
<input checked="" type="checkbox"/> Fingerprinting - Submitted by Student	<input checked="" type="checkbox"/> Background Check	<input checked="" type="checkbox"/> HIPAA Training
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type	
<input checked="" type="checkbox"/> Verification of Liability Insurance	Approx Cost	

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 3

Accept Clerks from: All Colleges of Podiatric Medicine

Housing Provided Approx. Housing Cost per Month:

Meals Provided Contact Program for a list of housing suggestions

Other:

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input checked="" type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

Westview Hospital

CLERKSHIP DIRECTOR:

Stephen Offutt, DPM
 3630 North Guion Road
 Indianapolis, IN 46222

Phone: (317) 416-3035 Fax: (765) 965-6530

Email: soffutt@bakerfoot.com

Website: www.ifare.biz

Alternate Contact:

Phone:

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	No # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input checked="" type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments: None.

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required	
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input type="checkbox"/> Immunization Verification - Letter from School Accepted	
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check	<input type="checkbox"/> HIPAA Training
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type	
<input checked="" type="checkbox"/> Verification of Liability Insurance	Approx Cost \$0.00	

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

<input checked="" type="checkbox"/> Housing Provided	Approx. Housing Cost per Month: \$0
<input checked="" type="checkbox"/> Meals Provided	<input type="checkbox"/> Contact Program for a list of housing suggestions
Other:	

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input checked="" type="checkbox"/> US Citizenship Required for Residency
<input checked="" type="checkbox"/> Clerkship Required	<input checked="" type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Interactive experience of a comprehensive adult reconstructive, sports medicine and limb salvage program. Students receive intense hands-on education.

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

Wheaton Franciscan Healthcare - St Joseph

CLERKSHIP DIRECTOR:

Sean Wilson, DPM
 5000 W Chambers Street
 Milwaukee, WI 53226

Phone: (414) 874-4500 Fax: (414) 874-4533

Email: pedaldr@yahoo.com

Website: www.mywheaton.org

Alternate Contact:

Phone:

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input checked="" type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	No # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input checked="" type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required	
<input checked="" type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted	
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input checked="" type="checkbox"/> Background Check	<input checked="" type="checkbox"/> HIPAA Training
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type	
<input checked="" type="checkbox"/> Verification of Liability Insurance	Approx Cost	

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

Housing Provided Approx. Housing Cost per Month:

Meals Provided Contact Program for a list of housing suggestions

Other:

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input checked="" type="checkbox"/> US Citizenship Required for Residency
<input checked="" type="checkbox"/> Clerkship Required	<input type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

White Memorial Medical Center

CLERKSHIP DIRECTOR:

Robert J Spencer, DPM
 1701 Cesar Chavez Ave, Suite 100
 Los Angeles, CA 90033-2496

Phone: (323) 987-1362 ext 4523 Fax: (323) 987-1366

Email: rjspencer11@gmail.com

Website: www.whitememorial.com

Alternate Contact:

Phone:

INITIAL APPLICATION REQUIREMENTS:

<input type="checkbox"/> Photograph	<input type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	
<input type="checkbox"/> Letter of Interest	<input type="checkbox"/> Board Scores	<input checked="" type="checkbox"/> Car Required	

2 # Ltrs of Rec	
<input checked="" type="checkbox"/> Transcript	

Other/Comments: Minimum GPA 3.2

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type
<input type="checkbox"/> Verification of Liability Insurance	Approx Cost

HIPAA Training

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 1

Accept Clerks from: All Colleges of Podiatric Medicine

<input type="checkbox"/> Housing Provided	Approx. Housing Cost per Month:
<input type="checkbox"/> Meals Provided	<input type="checkbox"/> Contact Program for a list of housing suggestions
Other:	

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input checked="" type="checkbox"/> US Citizenship Required for Residency
<input type="checkbox"/> Clerkship Required	<input type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: The White Memorial Medical Center offers a fully approved PM&S-36 residency. One position is offered each year through the CASPR Match. The faculty includes hospital boarded physicians as well as full time practicing podiatrists, orthopedists and medical subspecialties. We have an inner city patient population in a private hospital setting. The teaching program emphasizes surgical volume/diversity and quality medical rotations.

[CASPR Directory Page](#)

Womack/Eisenhower Army Medical Ctr

CLERKSHIP DIRECTOR:

Asim Raja, DPM
 2817 Reilly Road
 MCXC-DOR - POD
 Fort Bragg, NC 28310-7301
 Phone: (910) 907-7502 Fax: (910) 907-9901
 Email: asim.raja@us.army.mil
 Website: www1.wamc.amedd.army.mil/clinic/ortho/pod
 Alternate Contact: Rose VanDyke
 Phone: (910) 907-8064

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input checked="" type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	3 # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input checked="" type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required	
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted	
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input checked="" type="checkbox"/> Background Check	<input type="checkbox"/> HIPAA Training
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type	
<input checked="" type="checkbox"/> Verification of Liability Insurance	Approx Cost	

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 1

Accept Clerks from: BUSPM, CSPM, CPMS, NYCPM, OCPM, TUSPM, SCPM

<input type="checkbox"/> Housing Provided	Approx. Housing Cost per Month:
<input type="checkbox"/> Meals Provided	<input type="checkbox"/> Contact Program for a list of housing suggestions
Other:	

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input checked="" type="checkbox"/> US Citizenship Required for Residency
<input checked="" type="checkbox"/> Clerkship Required	<input type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW:

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Wyckoff Heights Med Ctr

CLERKSHIP DIRECTOR:

Ronald Guberman, DPM
 374 Stockholm Street
 Brooklyn, NY 11237

Phone: (718) 963-7332 Fax: (718) 963-6419

Email: vnieves@wyckoffhospital.org

Website:

Alternate Contact: Veronica Nieves
 Phone: (718) 963-7332

**Application Materials
 should be mailed to the
 program at this address.**

This program will also accept
 application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	2 # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input type="checkbox"/> Board Scores	<input type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input checked="" type="checkbox"/> Drug Test - Submitted by Student	<input checked="" type="checkbox"/> Doctor/Clinic Immunization Verification Required
<input checked="" type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check
<input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type
<input checked="" type="checkbox"/> Verification of Liability Insurance	Approx Cost

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 3

Accept Clerks from: All Colleges of Podiatric Medicine

Housing Provided Approx. Housing Cost per Month:

Meals Provided Contact Program for a list of housing suggestions

Other:

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input type="checkbox"/> US Citizenship Required for Residency
<input checked="" type="checkbox"/> Clerkship Required	<input checked="" type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW:

[CASPR Directory Page](#)

Yale/VA - Podiatric Residency Program

CLERKSHIP DIRECTOR:

Gerald Gorecki, DPM, MPH
 Surgical Svc/112 G
 950 Campbell Ave
 West Haven, CT 06516
 Phone: (203) 937-3409 Fax: (203) 937-3845
 Email: gerald.gorecki@va.gov
 Website: www.yalevapodres.com
 Alternate Contact: Rachel Richardson
 Phone: (932) 937-5711 ext: 2727

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

<input checked="" type="checkbox"/> Photograph	<input checked="" type="checkbox"/> US Citizenship	<input checked="" type="checkbox"/> CV	2 # Ltrs of Rec
<input checked="" type="checkbox"/> Letter of Interest	<input checked="" type="checkbox"/> Board Scores	<input checked="" type="checkbox"/> Car Required	<input checked="" type="checkbox"/> Transcript

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

<input type="checkbox"/> Drug Test - Submitted by Student	<input type="checkbox"/> Doctor/Clinic Immunization Verification Required	
<input type="checkbox"/> Drug Test - Upon Arrival at Hospital	<input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted	
<input type="checkbox"/> Fingerprinting - Submitted by Student	<input type="checkbox"/> Background Check	<input type="checkbox"/> HIPAA Training
<input checked="" type="checkbox"/> Fingerprinting - Upon Arrival at Hospital	Type	
<input type="checkbox"/> Verification of Liability Insurance	Approx Cost	

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 4-

Accept Clerks from: All Colleges of Podiatric Medicine

<input type="checkbox"/> Housing Provided	Approx. Housing Cost per Month: \$800-900
<input type="checkbox"/> Meals Provided	<input checked="" type="checkbox"/> Contact Program for a list of housing suggestions
Other:	

RESIDENCY RELATIONSHIP:

<input checked="" type="checkbox"/> 2011 CASPR Residency Program	<input checked="" type="checkbox"/> US Citizenship Required for Residency
<input checked="" type="checkbox"/> Clerkship Required	<input checked="" type="checkbox"/> Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: This is a PM&S-36 residency program consortium of 4 major teaching hospitals and other affiliated hospitals and surgicenters. We have an extensive diversity of clinical and surgical experiences in all phases of podiatric medicine and surgery.

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