

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

KY

Jewish Hospital & St Mary's Healthcare
Norton Healthcare

LA

East Jefferson General Hospital
Ochsner Medical Center at Kenner

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

MD

DVA - Maryland 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

MN

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

MO

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

MT

Crow/Northern Cheyenne Indian Health Hospital

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

NM

DVA - New Mexico Healthcare System

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:

**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 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 | <input checked="" type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Verification of Liability Insurance | Type General |
| | 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

- | | |
|---|--|
| <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: SCPM

**PROGRAM
OVERVIEW:**

[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:

**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 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 | <input 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: 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: 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.

[CASPR Directory Page](#)

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: lniehausdpm@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"/> Fingerprinting - Upon Arrival at Hospital | <input type="checkbox"/> HIPAA Training |
| <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 OVERVIEW: 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:

**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 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 | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Verification of Liability Insurance | Type |
| | 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 OVERVIEW: Very busy, hospital based program encompassing a wide variety of clinical cases - including major trauma and hindfoot reconstruction.

[CASPR Directory Page](#)

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 type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | <input checked="" type="checkbox"/> HIPAA Training |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Type |
| | 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 OVERVIEW: 4 week program includes rotation in podiatric clinics; wound care; journal club; lectures; daily rounds with resident/attending; podiatric medicine; podiatric surgery; one weekend of call with resident/attending etc.

[CASPR Directory Page](#)

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"/> Fingerprinting - Upon Arrival at Hospital | <input type="checkbox"/> HIPAA Training |
| <input 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

☒ Housing Provided Approx. Housing Cost per Month: \$1000

☐ 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: Comprehensive program in which student will scrub varied cases, care for in-house patients, and 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:

**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 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 | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Verification of Liability Insurance | Type |
| | 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.

[CASPR Directory Page](#)

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:

**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:

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"/> Fingerprinting - Upon Arrival at Hospital | <input 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

☐ 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 peds with clinic exposure in orthopedic, podiatric and wound care settings.

[CASPR Directory Page](#)

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 type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | <input checked="" type="checkbox"/> HIPAA Training |
| <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

☐ Housing Provided Approx. Housing Cost per Month:

☐ Meals Provided ☒ 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

**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: 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"/> Fingerprinting - Upon Arrival at Hospital | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Verification of Liability Insurance | Type |
| | 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:

[CASPR Directory Page](#)

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
☐ 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: Program focuses on reconstruction, revisional cases.

[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 | <input checked="" type="checkbox"/> HIPAA Training |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Type |
| | 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:

**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 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"/> Fingerprinting - Upon Arrival at Hospital | <input type="checkbox"/> HIPAA Training |
| <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 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

[CASPR Directory Page](#)

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:

**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: 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"/> 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: 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 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 diactic activities and give a 15 minutes PPT presentation at the end of clerkship. Website: www.chhealthsystem.com/Services/Pages/Podiatric%20Home.aspx

[CASPR Directory Page](#)

Christiana Care Health System

CLERKSHIP DIRECTOR:

J P Contompasis, DPM

Wilmington Hosp, Room 2174

501 West 14th Street

Wilmington, DE 19801

Phone: (302) 428-2967

Fax: (302) 428-4285

Email: podiatric.residency@christianacare.org

Website: www.christianacare.org

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 | 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"/> Fingerprinting - Upon Arrival at Hospital | <input type="checkbox"/> HIPAA Training |
| <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: |
| <input type="checkbox"/> Meals Provided | <input type="checkbox"/> 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:

- | | |
|--|---|
| <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: 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.

[CASPR Directory Page](#)

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

**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 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"/> Fingerprinting - Upon Arrival at Hospital | <input 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 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: free parking

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: 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.

[CASPR Directory Page](#)

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@nychhc.org

Website: www.ConeyIslandHospital.com

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 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 | <input type="checkbox"/> HIPAA Training |
| <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: 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.

[CASPR Directory Page](#)

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:

**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 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"/> Fingerprinting - Upon Arrival at Hospital | <input type="checkbox"/> HIPAA Training |
| <input 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:

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

[CASPR Directory Page](#)

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 type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | <input checked="" type="checkbox"/> HIPAA Training |
| <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 OVERVIEW: Multiple attendings from several offices are involved with numerous hospitals and and a surgery center. Many communities in NE Iowa are included

[CASPR Directory Page](#)

Crow/Northern Cheyenne Indian Health Hospital

CLERKSHIP DIRECTOR:

David A Wolfe, DPM

100 Hospital Way

Crow Agency, MT 59022

Phone: (406) 638-3317

Fax: (406) 638-3572

Email: david.wolfe@ihs.gov

Website:

Alternate Contact: evenings wekkends

Phone: (406) 208-5123

**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 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 | <input checked="" type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Verification of Liability Insurance | Type |
| | Approx Cost \$0.00 |

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 1

Accept Clerks from: All Colleges of Podiatrics Medicine

☒ Housing Provided Approx. Housing Cost per Month: \$10/night

☒ Meals Provided ☒ Contact Program for a list of housing suggestions

Other: less expensive options may be available in Hardin, MT (12 miles away). Contact program director

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: Located on the Crow Indian reservation near historic Little Bighorn Battlefield, Yellowstone Park, and world class trout fishing, we provide active hands on experience in the diagnosis and treatment of a multitude of foot and ankle problems in our Native American population. We choose to NOT have a residency program as we feel this would take opportunity away from clerks.

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"/> Fingerprinting - Upon Arrival at Hospital | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Verification of Liability Insurance | Type |
| | 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 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"/> Fingerprinting - Upon Arrival at Hospital | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Verification of Liability Insurance | Type |
| | Approx Cost |

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 6

Accept Clerks from: All Colleges of Podiatric Medicine

☒ Housing Provided Approx. Housing Cost per Month: \$100.00

☒ 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: Student needs a car.

[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 | <input checked="" type="checkbox"/> HIPAA Training |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Type |
| | 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 | 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 | <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: 5

Accept Clerks from: All Colleges of Podiatric Medicine

☒ Housing Provided Approx. Housing Cost per Month: \$400

☐ 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: 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"/> Fingerprinting - Upon Arrival at Hospital | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Verification of Liability Insurance | Type |
| | 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 OVERVIEW:

[CASPR Directory Page](#)

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 | 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 | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Verification of Liability Insurance | Type |
| | 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: 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"/> Fingerprinting - Upon Arrival at Hospital | <input checked="" type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Verification of Liability Insurance | Type |
| | 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

**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 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 | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Verification of Liability Insurance | Type |
| | 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: 36 mo podiatric med & surgery. In hospital clinics and surgery. Outside surgicenters included.

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 | 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 | <input type="checkbox"/> HIPAA Training |
| <input 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:

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: Students have the opportunity to gain clinical experience in podiatric medicine, wound care, and surgery. 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 | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Verification of Liability Insurance | Type |
| | Approx Cost |

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 1

Accept Clerks from: BUSPM, OCPM

☐ 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: primary podiatry in outpatient setting

DVA - Central Alabama Hlthcare 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 | <input type="checkbox"/> HIPAA Training |
| <input 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: |
| <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 - Chicago Hlthcare Sys (Jesse Brown)

CLERKSHIP DIRECTOR:

John F Grady, DPM
820 S Damen Avenue
Chicago, IL 60612-3728

Phone: (312) 569-7264 Fax: (312) 569-6148

Email: johngrady@footandankleinstitute.com

Website: sraynorris@hotmail.com

Alternate Contact: Tara L. Sakevich, Brent Van Til DPM & Shawn Norris DPM

Phone: (312) 569-7264

**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 | 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 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 type="checkbox"/> Verification of Liability Insurance | Type |
| | Approx Cost |

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 10

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: Very busy acute care hospital with busy clinic. Exceptional learning opportunity with journal club, lectures and much pathology

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 type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | <input checked="" type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Verification of Liability Insurance | Type govt |
| | 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: Busy hospital based program. GPA requirement for residency consideration.

[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 checked="" 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:

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"/> Fingerprinting - Upon Arrival at Hospital | <input checked="" type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Verification of Liability Insurance | Type |
| | 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: 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 Hlthcare 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 | 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 | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Verification of Liability Insurance | Type |
| | 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

☐ 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: 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"/> Fingerprinting - Upon Arrival at Hospital | <input checked="" type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Verification of Liability Insurance | Type |
| | 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: No Cost

☒ 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:

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:

**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 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 | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Verification of Liability Insurance | Type |
| | Approx Cost \$0.00 |

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 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: 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 centers. Participate in PACT program with vascular surgery department. Weekly PACT rounds and Wound clinic.

[CASPR Directory Page](#)

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:

**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 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"/> Fingerprinting - Upon Arrival at Hospital | <input type="checkbox"/> HIPAA Training |
| <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.

[CASPR Directory Page](#)

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 | 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.

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"/> Fingerprinting - Upon Arrival at Hospital | <input checked="" type="checkbox"/> HIPAA Training |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Type |
| | 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: \$500

☐ 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: 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 | <input 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: 1

Accept Clerks from: CSPM, CPMS, 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 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 | <input checked="" type="checkbox"/> HIPAA Training |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Type |
| | 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:

**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 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

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](#)

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 checked="" type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Verification of Liability Insurance | Type cursory |
| | 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 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:

**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: 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 | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Verification of Liability Insurance | Type |
| | 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)

[CASPR Directory Page](#)

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"/> Fingerprinting - Upon Arrival at Hospital | <input type="checkbox"/> HIPAA Training |
| <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

☒ Housing Provided Approx. Housing Cost per Month: no charge

☐ Meals Provided ☐ 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 OVERVIEW: Multidisciplinary program with very active clinics. Great hands on clerkship, with priority given to externs 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:

**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 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 | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Verification of Liability Insurance | Type preferred by VA |
| | 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.

[CASPR Directory Page](#)

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: vawww.va.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 checked="" type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Verification of Liability Insurance | Type at Hospital |
| | 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

☐ 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: Hands on experiences in high volume outpatient clinic with exposure to diabetic foot 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"/> Fingerprinting - Upon Arrival at Hospital | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Verification of Liability Insurance | Type |
| | 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:

☒ 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:

[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

**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 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 | <input checked="" type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Verification of Liability Insurance | Type |
| | Approx Cost \$0.00 |

Other/Comments HIPAA online 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.

[CASPR Directory Page](#)

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:

**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 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 | 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 | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Verification of Liability Insurance | Approx Cost |

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

☐ 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: 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 | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Verification of Liability Insurance | Type |
| | 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: \$250-\$300

☐ 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: 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:

**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 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 | <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: 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: 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 | <input checked="" type="checkbox"/> HIPAA Training |
| <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 | <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: 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 OVERVIEW: PM&S-24 program in excellent community. Teaching hospital with 3 residents - clerks well integrated into 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

**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 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 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 | <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: 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:

- | | |
|--|--|
| <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: 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:

- | | | | |
|--|--|--|--|
| <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 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:

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

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:

**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 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 \$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:

[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:

- | | | | |
|---|---|--|-------------------------------------|
| <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 checked="" type="checkbox"/> Car Required | <input type="checkbox"/> Transcript |

Other/Comments: The standard AACPM clerkship application

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 |

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: approx \$50/month |
| <input checked="" type="checkbox"/> Meals Provided | <input checked="" type="checkbox"/> Contact Program for a list of housing suggestions |

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

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 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 type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | <input checked="" 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:

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](#)

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@nychhc.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 | 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 | <input checked="" type="checkbox"/> HIPAA Training |
| <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

- | | |
|---|--|
| <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: 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 type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | <input checked="" type="checkbox"/> HIPAA Training |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Type |
| | Approx Cost |

Other/Comments OSHA Training

PROGRAM INFORMATION:

Average # of Clerks per Month: 3

Accept Clerks from: All Colleges of Podiatric Medicine

☒ Housing Provided Approx. Housing Cost per Month: NONE

☐ Meals Provided ☐ 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 | <input checked="" type="checkbox"/> HIPAA Training |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Type |
| | 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: \$0.00

☒ 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: 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: hmcexterns@gmail.com

Website: hcmc.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 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 type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | <input checked="" type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Verification of Liability Insurance | Type HCMC will perform |
| | 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.

[CASPR Directory Page](#)

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:

**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 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 | <input checked="" 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:

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.

[CASPR Directory Page](#)

Henry Ford Wyandotte Hospital

CLERKSHIP DIRECTOR:

Chris Olench, DPM

2333 Biddle Avenue

Wyandotte, MI 48192

Phone: (313) 386-5750

Fax: (313) 386-0579

Email: colenehdpm@yahoo.com

Website: www.henryfordwyandotte.com

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 | 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 | <input checked="" type="checkbox"/> HIPAA Training |
| <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

☒ 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:

[CASPR Directory Page](#)

Highlands/PSL

CLERKSHIP DIRECTOR:

William Farrett, 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

**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:

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 | <input 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: 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.

[CASPR Directory Page](#)

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

[CASPR Directory Page](#)

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"/> 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: 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 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:

**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 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 | <input checked="" 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:

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.

[CASPR Directory Page](#)

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"/> Fingerprinting - Upon Arrival at Hospital | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Verification of Liability Insurance | Type |
| | 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@huntregional.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"/> 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: \$400/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:

[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

**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 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 | <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:

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.

[CASPR Directory Page](#)

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:

**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: 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 checked="" type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Verification of Liability Insurance | Type |
| | 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 See CASPR Directory

OVERVIEW:

[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:

**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 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 | <input checked="" type="checkbox"/> HIPAA Training |
| <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

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

[CASPR Directory Page](#)

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:

**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 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"/> Fingerprinting - Upon Arrival at Hospital | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Verification of Liability Insurance | Type VA |
| | 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 Direct hands-on, diverse high volume. Podiatry clinics. Emphasis on wound care and biomechanics.

OVERVIEW: Visit website for more details.

[CASPR Directory Page](#)

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:

**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 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"/> Fingerprinting - Upon Arrival at Hospital | <input type="checkbox"/> HIPAA Training |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Type |
| | Approx Cost \$0.00 |

Other/Comments BLS

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: Extensive elective surgeries, high volume of reconstructive trauma

[CASPR Directory Page](#)

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 | <input checked="" type="checkbox"/> HIPAA Training |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Type |
| | 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

**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 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 | <input checked="" type="checkbox"/> HIPAA Training |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Type |
| | 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:

- | | |
|--|---|
| <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 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.

[CASPR Directory Page](#)

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 checked="" type="checkbox"/> HIPAA Training |
| <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
☒ Housing Provided Approx. Housing Cost per Month: \$0
☒ Meals Provided ☒ 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: 4 week extensive foot/ankle trauma and reconstruction

[CASPR Directory Page](#)

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:

**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 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 | <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: 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.

[CASPR Directory Page](#)

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:

**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 | 2-3 # 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 | <input type="checkbox"/> HIPAA Training |
| <input 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:

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

[CASPR 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:

**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 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 |

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 checked="" type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> 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.

[CASPR Directory Page](#)

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:

**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 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 | <input checked="" 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

- | | |
|---|---|
| <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 pgroam website at residency.kp.org/ncal for complete details.

[CASPR Directory Page](#)

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 | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Verification of Liability Insurance | Type |
| | 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: \$300

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

**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: 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 | 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: \$600-800/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 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.

[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:

- | | | | |
|--|--|--|--|
| <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: 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 | <input type="checkbox"/> HIPAA Training |
| <input 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

☐ Housing Provided Approx. Housing Cost per Month:

☒ Meals Provided ☐ Contact Program for a list of housing suggestions

Other: \$100 meal allowance/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: Clerks will rotate through all three hospital campuses as well as the wound care center and Kennedy surgical center.

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

☐ 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:

[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:

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

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 | # 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 | <input checked="" type="checkbox"/> HIPAA Training |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Type |
| | 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 OVERVIEW: See website: www.lrmcpodiatry.com If you want to speak to one of our current residents for more information call 562-602-6723 and leave a message.

[CASPR Directory Page](#)

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 | <input type="checkbox"/> HIPAA Training |
| <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

**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 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 |

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:

- | | |
|--|---|
| <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 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. LBMHC is a teaching hospital for the University of California Irvine.

[CASPR Directory Page](#)

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:

**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:

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"/> HIPAA Training |
| <input type="checkbox"/> Verification of Liability Insurance | Type |
| | 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 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 Directory page and website for more information

[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.lmcmc.com

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 | 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 | <input checked="" type="checkbox"/> HIPAA Training |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Type |
| | 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.

[CASPR Directory Page](#)

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 checked="" type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | <input type="checkbox"/> HIPAA Training |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Type |
| | 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

- | | |
|---|---|
| <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: 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.f

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 checked="" type="checkbox"/> HIPAA Training |
| <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 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"/> 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: 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

**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 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 type="checkbox"/> HIPAA Training |
| <input 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:

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 in all phases of podiatric medicine and surgery. Hands-on experience, office rotations, journal club and presentation required.

[CASPR Directory Page](#)

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:

**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 | # 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 | <input checked="" type="checkbox"/> HIPAA Training |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Type |
| | 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 type="checkbox"/> 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.

[CASPR Directory Page](#)

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:

**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 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 | <input checked="" type="checkbox"/> HIPAA Training |
| <input 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

☐ 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 it's best.

[CASPR Directory Page](#)

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 | <input type="checkbox"/> HIPAA Training |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Type CORI |
| | 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 OVERVIEW: Surgical, foot and ankle trauma. Busy clinic 2 days weekly. Wound care. Well integrated with other teaching programs medicine and transitional.

[CASPR Directory Page](#)

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 | 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"/> Fingerprinting - Upon Arrival at Hospital | <input type="checkbox"/> HIPAA Training |
| <input 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: \$500-\$700

☒ 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:

[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: dchinae@montefiore.org

Website:

Alternate Contact: Donna Chinae

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"/> Fingerprinting - Upon Arrival at Hospital | <input type="checkbox"/> HIPAA Training |
| <input 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

☐ 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: 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@atlanticealth.org

Website: <http://www.atlanticealth.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"/> Fingerprinting - Upon Arrival at Hospital | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Verification of Liability Insurance | Type |
| | 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 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"/> Fingerprinting - Upon Arrival at Hospital | <input type="checkbox"/> HIPAA Training |
| <input 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: 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 | <input type="checkbox"/> HIPAA Training |
| <input 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:

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:

**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:

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 | <input type="checkbox"/> HIPAA Training |
| <input 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

☐ 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:

[CASPR Directory Page](#)

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"/> Fingerprinting - Upon Arrival at Hospital | <input type="checkbox"/> HIPAA Training |
| <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 OVERVIEW: fast paced and busy program - filled with an assortment of information and learning opportunities for 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:

- | | | | |
|--|--|--|--|
| <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 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 | <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: 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:

- | | |
|--|---|
| <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: legal resident alien can apply for the residency program. Well rounded surgical and medical program. 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

**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 checked="" 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 |

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.

[CASPR Directory Page](#)

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 | 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 | <input type="checkbox"/> HIPAA Training |
| <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: \$0

☒ 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: Three-year PM&S-36 program; Residents and students have access to all Norton Healthcare facilities. 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"/> Fingerprinting - Upon Arrival at Hospital | <input type="checkbox"/> HIPAA Training |
| <input 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:

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 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.

[CASPR Directory Page](#)

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

- | | |
|---|--|
| <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: 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 | 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 | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Verification of Liability Insurance | Type |
| | Approx Cost |

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: BUSPM & NYCPM

☒ Housing Provided Approx. Housing Cost per Month: \$250.00

☐ Meals Provided ☐ 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:

**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 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 | <input type="checkbox"/> HIPAA Training |
| <input 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

☐ 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:

[CASPR Directory Page](#)

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 checked="" type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type Onsite |
| <input 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:

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"/> Fingerprinting - Upon Arrival at Hospital | <input type="checkbox"/> HIPAA Training |
| <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: dr Luis Marin@hotmail.com

Website: www.palmettogeneral.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 | 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 | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Verification of Liability Insurance | Type |
| | 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: 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 Mlodzienski, 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

**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 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 | <input 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: 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: 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.

[CASPR Directory Page](#)

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"/> 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: 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: PM&S-36 approved by CPME

[CASPR Directory Page](#)

Providence Hospital

CLERKSHIP DIRECTOR:

Irvin O. Kanat, DPM
16001 West Nine Mile Rd
Southfield, MI 48075

Phone: (248) 245-1161 Fax: (248) 849-2994

Email: vanessa.solomon@stjohn.org

Website: www.realmedicine.org/providencecgme

Alternate Contact: Vanessa Solomon

Phone: (248) 849-3403

**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 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 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 |

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: every effort is made to locate housing nearby.

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 clerkship will involve students in the total practice of Podiatry. Students will observe and participate in surgical cases, hospital rounds, a wound care center, 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](#)

Regions Hospital/Health Partners

CLERKSHIP DIRECTOR:

Ryan Pfannenstien, 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"/> 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:

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:

**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:

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 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: 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:

[CASPR Directory Page](#)

Roxborough Memorial Hospital

CLERKSHIP DIRECTOR:

Larry Goss, DPM
5800 Ridge Avenue
Philadelphia, PA 19130

Phone: (215) 487-4284 Fax: (215) 487-4222

Email: lgossdpm@comcast.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: 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 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 | <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:

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.

[CASPR Directory Page](#)

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:

- | | | | |
|--|---|--|-------------------------------------|
| <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 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 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: meals: some at hospital

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 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:

**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 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 | <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:

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.

[CASPR Directory Page](#)

Scott & White Mem Hosp/Texas A&M Health Sci Ctr

CLERKSHIP DIRECTOR:

J. Marshall Devall, DPM

600 South 25th Street
Santa Fe Podiatry Clinic

Temple, TX 76504

Phone: (254) 771-8472

Fax: (254) 771-8383

Email: mfelix@swmail.sw.org

Website: <http://podiatry.sw.org>

Alternate Contact: Michelle Felix, Program Coordinator

Phone: (254) 771-8491

**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 type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | <input checked="" type="checkbox"/> HIPAA Training |
| <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

- | | |
|---|---|
| <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 checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Podiatry is part of Department of Surgery. Academically affiliated with Texas A&M Health Science Center 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.

[CASPR Directory Page](#)

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"/> Fingerprinting - Upon Arrival at Hospital | <input type="checkbox"/> HIPAA Training |
| <input 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:

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 | <input checked="" type="checkbox"/> HIPAA Training |
| <input checked="" 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:

[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"/> Fingerprinting - Upon Arrival at Hospital | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Verification of Liability Insurance | Type |
| | 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 | 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 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 checked="" 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"/> 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: 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 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 | <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: 4

Accept Clerks from: NYCPM, OCPM, SCPM, TUSPM

- | | |
|--|--|
| <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: 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"/> Fingerprinting - Upon Arrival at Hospital | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Verification of Liability Insurance | Type |
| | 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 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 | <input checked="" type="checkbox"/> HIPAA Training |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Type CORI |
| | 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 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: 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 type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | <input checked="" type="checkbox"/> HIPAA Training |
| <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 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:

**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: must be upper 50% of class. Must have passed Part I on initial 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 | <input checked="" type="checkbox"/> HIPAA Training |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Type |
| | 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.

[CASPR Directory Page](#)

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@benenatfootcare.com

Website: stjohn.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 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"/> Fingerprinting - Upon Arrival at Hospital | <input type="checkbox"/> HIPAA Training |
| <input 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:

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: High emphasis on Surgery. Forefoot and rearfoot reconstruction as well as trauma. Residents cover 2 major metropolitan Emergency rooms with over 500 patient beds.

[CASPR Directory Page](#)

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, agolddber@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 | <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:

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

**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 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 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

[CASPR Directory Page](#)

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"/> 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: \$700/mo

☒ 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 visit our website at www.saintjosephresidency.com

OVERVIEW:

[CASPR Directory Page](#)

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"/> HIPAA Training |
| <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

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"/> Fingerprinting - Upon Arrival at Hospital | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Verification of Liability Insurance | Type |
| | 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: \$0
☒ Meals Provided ☒ 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:

**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:

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: 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.

[CASPR Directory Page](#)

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 | <input checked="" 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: AZPod, BUSPM, CPMS, TUSPM, OCPM, SCPM

☒ Housing Provided Approx. Housing Cost per Month: \$100/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 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 | 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 | <input type="checkbox"/> HIPAA Training |
| <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

**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 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"/> 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

☐ Housing Provided Approx. Housing Cost per Month:

☐ Meals Provided ☐ Contact Program for a list of housing suggestions

Other: Housing students is currently under discussion with Hospital Administration.

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: Committed to practicing and providing professional services to all persons without regard to race, creed or financial background.

[CASPR Directory Page](#)

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 | <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

☐ 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: 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 has 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"/> Fingerprinting - Upon Arrival at Hospital | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Verification of Liability Insurance | Type |
| | 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: \$100/mth cash only

☐ Meals Provided ☒ 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 | <input checked="" 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:

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 Lapkowitz, 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

**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 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 | <input type="checkbox"/> HIPAA Training |
| <input 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

☒ 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 OVERVIEW: We are a program designed to develop the critical clinical and surgical skills necessary for today's podiatrist.

[CASPR Directory Page](#)

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:

**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 | 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 | <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: 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: 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.

[CASPR Directory Page](#)

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"/> 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:

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:

Matt Labella, DPM

500 17th Ave

GME Podiatry

Seattle, WA 98122

Phone: (206) 320-5301

Fax: (206) 320-4780

Email: extern@swedishfootankle.com

Website: www.swedish.org/podiatryresidency

Alternate Contact: Daniel Byrd

Phone: (206) 320-5301

**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):

☐ 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 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:

[CASPR Directory Page](#)

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"/> Fingerprinting - Upon Arrival at Hospital | <input type="checkbox"/> HIPAA Training |
| <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 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:

**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 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 | <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: 1

Accept Clerks from: All Colleges of Podiatric Medicine

☒ Housing Provided Approx. Housing Cost per Month: at no cost

☒ 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: 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

[CASPR Directory Page](#)

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

**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 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 | <input checked="" 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: 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.

[CASPR Directory Page](#)

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 | <input checked="" type="checkbox"/> HIPAA Training |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Type National |
| | Approx Cost |

Other/Comments

PROGRAM INFORMATION:

Average # of Clerks per Month: 6

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:

[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 | 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 | <input type="checkbox"/> HIPAA Training |
| <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 OVERVIEW: well rounded podiatric experience in both hospital based and private office setting; all aspects of foot and 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 | 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 | <input checked="" type="checkbox"/> HIPAA Training |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Type UTHSCSA |
| | Approx Cost \$25.00 |

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

☐ 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: 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 type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | <input checked="" type="checkbox"/> HIPAA Training |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Type Federal |
| | 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 OVERVIEW: This is a PM&S-36 program, with a wide variety of foot and ankle pathology and surgery, including all 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"/> Fingerprinting - Upon Arrival at Hospital | <input type="checkbox"/> HIPAA Training |
| <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:

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 | 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 | <input type="checkbox"/> HIPAA Training |
| <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
☐ 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: for Residency program US Citizenship or current green card is required

[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"/> 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: 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 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"/> Fingerprinting - Upon Arrival at Hospital | <input type="checkbox"/> HIPAA Training |
| <input 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: |
| <input checked="" type="checkbox"/> Meals Provided | <input checked="" type="checkbox"/> 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 | <input checked="" 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:

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:

**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 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 type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | <input checked="" type="checkbox"/> HIPAA Training |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Type |
| | 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:

[CASPR Directory Page](#)

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:

**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 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 \$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.

[CASPR Directory Page](#)

Wheaton Franciscan Hlthcare - 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:

**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 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 type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | <input checked="" 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:

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:

[CASPR Directory Page](#)

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:

**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 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: 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 |

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 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"/> 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: 1

Accept Clerks from: BUSPM, CSPM, CPMS, NYCPM, OCPM, TUSPM, 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: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW:

[CASPR Directory Page](#)

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 | <input checked="" type="checkbox"/> HIPAA Training |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Type |
| | 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 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

☐ Housing Provided Approx. Housing Cost per Month: \$800-900

☐ 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 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.

[CASPR Directory Page](#)