

PROGRAM NAME

11201 Benton St (112G)
112G
Loma Linda, CA 92357

CASPR # 0112

CRIP Section 1

Rescue Fund Insured: Yes

COTH Member thru 6/30: Yes

DIRECTOR

Brian G. Mills Sr DPM

Phone: 909-825-7084 x 1031

Program E-mail: brian.mills@va.gov

Program Web Site:

Entry Level Positions

Type	# Approved	# Active
PMSR/RRA	3	3

HOSPITAL DESCRIPTION

Accreditation: JCAHO **Has Clerkship Program:** yes
Staff DPMS: 7
Affiliated Institutions: Loma Linda University; Springwood Podiatry; Inland Surgery Center; Redlands Surgery Center; Riverside Surgery Center; Ernesto Cruz, MD (Pediatrician)
Other Residency Programs: Dental and affiliated programs from Loma Linda Medical Center

CLINICAL EXPERIENCES

Anesthesiology: yes	Internal Medicine: yes	Pathology/Lab: yes	Rehabilitation: yes
Behavioral Science: yes	Infectious Disease: yes	Pediatrics: yes	Rheumatology: yes
Dermatology: yes	Neurology: yes	Plastic Surgery: yes	Surgery (General): yes
Diabetic Wound Care: yes	Orthopedics: yes	Podiatry: yes	Trauma: yes
Emergency Room: yes	Office Rotations: yes	Podiatry (Surgery): yes	Vascular Surgery: yes
Family Practice: yes	Outpatient Clinic: yes	Radiology: yes	

Other Clinical Experiences: PAVE (combined clinic with Vascular every Wednesday)
ID (combined clinic with ID every Tuesday and Wednesday)

Program Emphasis: Comprehensive surgical training.
Interdisciplinary approach to the management of the high risk patients with lower extremity ulcers/Diabetic ulcers.

DIDACTIC PROGRAM

Grand Rounds: yes **Research:** yes **Book Club:** yes
Journal Club: yes **Lecture Series:** yes

RESIDENT BENEFITS

Stipends: PMSR/RRA: \$50,766/ \$53,586/ \$57,111 **CME Allowance:** no **Housing:** no **Uniforms:** yes
Health Insurance: yes **Meals:** no **Vacation:** yes
Malpractice Insurance: yes **Sick Leave:** yes

Other Resident Benefits: Health insurance offered through standard Federal Employee Health Benefits.
Lab Coats

APPLICANT REQUIREMENTS

Mail Additional Materials To:

11201 Benton St, Pod Sec
112G
Loma Linda, CA 92357

ACLS: yes **CPR:** yes **Clerkship Required:** yes
APMLE Pt III: Yes **State License 1st yr:** training **Minimum GPA:** 3.0
Program Fee: \$0.00 **Fee Refundable:** n/a **Minimum Rank:** 70%

Deadline: 11/7/2018

Payable To: n/a

Other Applicant Requirements: Must have registered with Selective Services, Background checks and Drug Screening required. Must have BLS/ACLS and have applied for CA Resident License prior to start.

AVAILABLE RESOURCES

Sample Contract: Contact Program **Benefit Package:** Contact Program **Curriculum:** Contact Program

PROGRAM OVERVIEW