

PROGRAM NAME Scripps Memorial Hospital Encinitas354 Santa Fe Dr,
Encinitas, CA 92024**CASPR #** 0153**CRIP** Section 1**DIRECTOR** Keenan S. Carriero DPM

Phone:

Program E-mail:

Program Web Site:

Rescue Fund Insured: Yes
COTH Member thru 6/30: Yes**Entry Level Positions**

Type	# Approved	# Active
PMSR/RRA	1	1

HOSPITAL DESCRIPTION

Accreditation: JCAHO **Has Clerkship Program:** no
Staff DPMS: 12
Affiliated Institutions: Scripps Encinitas Surgery Center
Center for Surgery of Encinitas

Other Residency Programs:**CLINICAL EXPERIENCES**

Anesthesiology: yes	Internal Medicine: yes	Pathology/Lab: yes	Rehabilitation: yes
Behavioral Science: yes	Infectious Disease: yes	Pediatrics: no	Rheumatology: no
Dermatology: yes	Neurology: no	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: no	Outpatient Clinic: yes	Radiology: yes	

Other Clinical Experiences:**Program Emphasis:** Sports Medicine, Biomechanics and General Podiatry**DIDACTIC PROGRAM**

Grand Rounds: no	Research: yes	Book Club: no
Journal Club: yes		Lecture Series: yes

RESIDENT BENEFITS

Stipends:	CME Allowance: yes	Housing: no	Uniforms: yes
PMSR/RRA: \$55,070/ \$57,223/ \$59,589	Health Insurance: yes	Meals: yes	Vacation: yes
	Malpractice Insurance: yes	Sick Leave: no	

Other Resident Benefits:**APPLICANT REQUIREMENTS****Mail Additional Materials To:**354 Santa Fe Dr,
Encinitas, CA 92024

ACLS: no	CPR: no	Ltrs of Recommendation: 3	Clerkship Required: no
APMLE Pt III: No	State License 1st yr: training		Minimum GPA: None
Program Fee: \$35.00	Fee Refundable:		Minimum Rank: Top 50%
			CV: yes

Deadline: 11/7/2018**Payable To:** Scripps Encinitas Residency Program**Other Applicant Requirements:** Applicants are expected to be self starters.
Application fee should be in the form of a check. Mail it to the hospital address "C/O Podiatry Residency, Attention: Lenna Bradfield"**AVAILABLE RESOURCES****Sample Contract:** Contact Program **Benefit Package:** Contact Program **Curriculum:** Contact Program**PROGRAM OVERVIEW**