

**PROGRAM NAME** **Grant Medical Center**  
 Medical Education Dept  
 111 South Grant Avenue  
 Columbus, OH 43215

**CASPR #** 0214  
**CRIP** No

**DIRECTOR** **Richard D. Weiner DPM**  
 Phone: 614-566-9041  
 Program E-mail: [bsnyder@ohiohealth.com](mailto:bsnyder@ohiohealth.com)  
 Program Web Site: <http://www.ohiohealth.com/surgicalpodiatryresidencygrant>

Rescue Fund Insured: Yes  
 COTH Member thru 6/30: Yes

**Entry Level Positions**

| Type     | # Approved | # Funded |
|----------|------------|----------|
| PMSR Cer | 4          | 4        |

**HOSPITAL DESCRIPTION**

**Accreditation:** JCAHO  
**# Staff DPMS:** 35  
**Affiliated Institutions:** none.  
**Other Residency Programs:** Family Practice; Neurosurgery. Fellowships in Colon/Rectal Surgery; Geriatrics; Sports Medicine; Trauma; Orthotrauma; Breast Surgery; Hospital Medicine

**CLINICAL EXPERIENCES**

|                                 |                                |                                |                               |
|---------------------------------|--------------------------------|--------------------------------|-------------------------------|
| <b>Anesthesiology:</b> yes      | <b>Internal Medicine:</b> yes  | <b>Pathology/Lab:</b> yes      | <b>Rehabilitation:</b> no     |
| <b>Behavioral Science:</b> yes  | <b>Infectious Disease:</b> yes | <b>Pediatrics:</b> no          | <b>Rheumatology:</b> yes      |
| <b>Dermatology:</b> yes         | <b>Neurology:</b> no           | <b>Plastic Surgery:</b> yes    | <b>Surgery (General):</b> yes |
| <b>Diabetic Wound Care:</b> yes | <b>Orthopedics:</b> yes        | <b>Podiatry:</b> yes           | <b>Trauma:</b> yes            |
| <b>Emergency Room:</b> yes      | <b>Office Rotations:</b> yes   | <b>Podiatry (Surgery):</b> yes | <b>Vascular Surgery:</b> yes  |
| <b>Family Practice:</b> yes     | <b>Outpatient Clinic:</b> yes  | <b>Radiology:</b> yes          |                               |

**Other Clinical Experiences:** Vascular Medicine; Electives: Dermatology, Research, Plastic Surgery, OrthoTrauma, Sports Medicine.  
**Program Emphasis:** Surgical reconstruction of the foot, ankle and leg.

**DIDACTIC PROGRAM**

|                          |                      |                            |
|--------------------------|----------------------|----------------------------|
| <b>Grand Rounds:</b> no  | <b>Research:</b> yes | <b>Book Club:</b> no       |
| <b>Journal Club:</b> yes |                      | <b>Lecture Series:</b> yes |

**RESIDENT BENEFITS**

|                                                           |                                   |                        |                      |
|-----------------------------------------------------------|-----------------------------------|------------------------|----------------------|
| <b>Stipends:</b><br>PMSR Cer \$48,318/ \$49,795/ \$51,272 | <b>CME Allowance:</b> yes         | <b>Housing:</b> no     | <b>Uniforms:</b> yes |
|                                                           | <b>Health Insurance:</b> yes      | <b>Meals:</b> yes      | <b>Vacation:</b> yes |
|                                                           | <b>Malpractice Insurance:</b> yes | <b>Sick Leave:</b> yes |                      |

**Other Resident Benefits:** Tail coverage, dental/vision/disability/life insurances; 403b; APMA and fitness center memberships; training license reimbursement; meals while on duty; parking; lab coats; recruiting assistance; concierge service

**APPLICANT REQUIREMENTS**

|                                                                                                                |                         |                            |                                       |                               |
|----------------------------------------------------------------------------------------------------------------|-------------------------|----------------------------|---------------------------------------|-------------------------------|
| <b>Mail Additional Materials To:</b><br>Medical Education Dept<br>111 South Grant Avenue<br>Columbus, OH 43215 | <b>ACLS:</b> yes        | <b>CPR:</b> yes            | <b>Ltrs of Recommendation:</b> 3      | <b>Clerkship Required:</b> no |
|                                                                                                                | <b>APMLE Pt III:</b> No | <b>Program Fee:</b> \$0.00 | <b>State License 1st yr:</b> training | <b>Minimum GPA:</b> 3.0       |
|                                                                                                                | <b>Refundable:</b> n/a  | <b>Payable To:</b> n/a     | <b>Citizenship Required:</b> yes      | <b>Minimum Rank:</b> 50%      |
| <b>Deadline:</b> 11/15/2011                                                                                    |                         |                            | <b>Visa Info:</b>                     |                               |

**Other Applicant Requirements:** SEND: Introduction letter; CV; Class rank; Photo. NOTE: We only take US citizenship or permanent resident status (no visas); Clerkship is helpful but not required. OPTIONAL: Paper or article to distinguish yourself.

**AVAILABLE RESOURCES**

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

**PROGRAM OVERVIEW**

NOTE: Anyone who has participated in or completed a CPME approved residency is NOT eligible.