

**PROGRAM NAME** **DVA - Madison**  
 William S Middleton VA Hospital  
 2500 Overlook Terrace  
 Madison, WI 53705

**CASPR #** **0408**  
**CRIP** Weekend 2

**DIRECTOR** **Christopher Daniele DPM**  
 Phone: 608-280-7055  
 Program E-mail: paul.steinke2@va.gov  
 Program Web Site:

Rescue Fund Insured: No  
 COTH Member thru 6/30: No

**HOSPITAL DESCRIPTION**

**Entry Level Positions**

Type	# Approved	# Funded
PM&S-36:	1	1

**Accreditation:** JCAHO  
**# Staff DPMS:** 11  
**Affiliated Institutions:** Rockford Orthopedic Assoc., St. Anthony's Hospital, Physicians' Plus, Rockford Memorial Medicine, Watertown Memorial Hospital, Surgery, Psychiatry, GRECC (Geriatric Research, Education), Neurology, Or

**Other Residency Programs:** none.

**CLINICAL EXPERIENCES**

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

**Other Clinical Experiences:** none.

**Program Emphasis:** none.

**DIDACTIC PROGRAM**

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

**RESIDENT BENEFITS**

<b>Stipends:</b> PM&S-36: \$37,807/ \$40,057/ \$42,308	<b>CME Allowance:</b> no	<b>Housing:</b> no	<b>Uniforms:</b> yes
	<b>Health Insurance:</b> yes	<b>Meals:</b> no	<b>Vacation:</b> yes
	<b>Malpractice Insurance:</b> yes	<b>Sick Leave:</b> yes	

**Other Resident Benefits:** none.

**APPLICANT REQUIREMENTS**

**Mail Additional Materials To:**  
 William S Middleton VA Hospital  
 2500 Overlook Terrace  
 Madison, WI 53705

**Passage of NBPME:**  
**Pt I:** Yes **Pt II:** Yes **Pt III:** No  
**Program Fee:** \$0.00  
**Refundable:** n/a  
**Payable To:** n/a

**Ltrs of Recommendation:** 2  
**Citizenship Required:** yes  
 (see overview for more detail)  
**State License 1st yr:** training

**ACLS:** yes **CPR:** yes  
**Clerkship Required:** no  
**Minimum GPA:** no  
**Minimum Rank:** no

**Deadline:** 11/15/2010

**Other Applicant Requirements:** \*Clerkship does prove helpful.

**AVAILABLE RESOURCES**

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

**PROGRAM OVERVIEW**

PM&S-36 with affiliations in Madison and Rockford. Clerkship helps with resident selection.