

**PROGRAM NAME** **Howard University Hospital**  
Podiatric Residency Program  
2041 Georgia Avenue NW, Suite 4B-02  
Washington, DC 20060

**CASPR #** 0614  
**CRIP** Section 2

**DIRECTOR** **Kirk Geter DPM**  
Phone: 202-865-6413  
Program E-mail: kgeter@huhosp.org  
Program Web Site:

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

**Entry Level Positions**

Type	# Approved	# Funded
PMSR:	1	1

**HOSPITAL DESCRIPTION**

**Accreditation:** JCAHO  
**# Staff DPMS:** 4  
**Affiliated Institutions:** none.  
**Other Residency Programs:** Medical and Surgical Specialties

**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> no
<b>Dermatology:</b> yes	<b>Neurology:</b> yes	<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:** Providence Hospital  
**Program Emphasis:** Comprehensive Podiatric Care in a academic health care setting.

**DIDACTIC PROGRAM**

<b>Grand Rounds:</b> yes	<b>Research:</b> yes	<b>Book Club:</b> yes
<b>Journal Club:</b> yes		<b>Lecture Series:</b> yes

**RESIDENT BENEFITS**

<b>Stipends:</b>	<b>CME Allowance:</b> yes	<b>Housing:</b> no	<b>Uniforms:</b> yes
PMSR: \$45,500/ \$46,600	<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:** none.

**APPLICANT REQUIREMENTS**

<b>Mail Additional Materials To:</b> _____ Podiatric Residency Program 2041 Georgia Avenue NW, Suite 4B-02 Washington, DC 20060	<b>ACLS:</b> yes <b>CPR:</b> yes	<b>Ltrs of Recommendation:</b> 3	<b>Clerkship Required:</b> no
<b>Deadline:</b> 11/15/2011	<b>APMLE Pt III:</b> No	<b>State License 1st yr:</b> none	<b>Minimum GPA:</b> no
	<b>Program Fee:</b> \$0.00	<b>Citizenship Required:</b> no	<b>Minimum Rank:</b> no
	<b>Refundable:</b> n/a	<b>Visa Info:</b> H1 Willing to Sponsor Visa	
	<b>Payable To:</b> n/a		

**Other Applicant Requirements:** none.

**AVAILABLE RESOURCES**

**Sample Contract:** At CRIP **Benefit Package:** At CRIP **Curriculum:** At CRIP

**PROGRAM OVERVIEW**

Total experience at major teaching hospital in the nation's capital. All areas of Podiatry and Medicine covered. This program converted to a PM&S-24 during fall 2004.