

**PROGRAM NAME** **Cooper University Hospital**  
 Three Cooper Plaza, ste 411  
 Camden, NJ 08103

**CASPR #** **0709**  
**CRIP** No

**DIRECTOR** **David Millili DPM**  
 Phone: 856-270-4030  
 Program E-mail: [podiatry\\_camden@cooperhealth.edu](mailto:podiatry_camden@cooperhealth.edu)  
 Program Web Site: [www.cooperhealth.org/content/gme.asp](http://www.cooperhealth.org/content/gme.asp)

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

**Entry Level Positions**

Type	# Approved	# Funded
PMSR:	2	2

**HOSPITAL DESCRIPTION**

**Accreditation:** JCAHO  
**# Staff DPMS:** 20  
**Affiliated Institutions:** UMDNJ

**Other Residency Programs:** Internal Medicine, Pediatrics, OB/GYN, Psychiatry, Radiology, General Surgery, Plastic Surgery, Orthopedic Surgery

**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> 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:** none.  
**Program Emphasis:** none.

**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: \$48,021/ \$49,901	<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> _____ Cooper University Hospital Podiatric Res 3 Cooper Plaza, Suite 411 Camden, NJ 08103	<b>ACLS:</b> yes	<b>CPR:</b> no	<b>Ltrs of Recommendation:</b> 3	<b>Clerkship Required:</b> no
	<b>APMLE Pt III:</b> No		<b>State License 1st yr:</b> training	<b>Minimum GPA:</b> no
	<b>Program Fee:</b> \$35.00		<b>Citizenship Required:</b> no	<b>Minimum Rank:</b> no
	<b>Refundable:</b> **		<b>Visa Info:</b> J1 Willing to Sponsor Visa	

**Deadline:** 11/15/2011      **Payable To:** Cooper University Hospital

**Other Applicant Requirements:** \* Licensure is required after the first year . One of your three letters of recommendation must be a Dean's letter.  
 \*\*Application fee will be refunded if interview is not granted.

**AVAILABLE RESOURCES**

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

**PROGRAM OVERVIEW**

All applicants must show proof of successful completion of Part I & Part II of NBPME before a residency position can be offered. All applicants to our program must sign CASPR release for us to receive board score results. Letters of recommendation should be sent through CASPR by the deadline. NOTE: If your file is incomplete, this includes the application fee, it will not be reviewed when considering applicants for interviews.