

**PROGRAM NAME**

**CASPR # 0710**

One Medical Center Blvd  
3 Central  
Upland, PA 19013

**CRIP** Section 2

Rescue Fund Insured: Yes

**DIRECTOR**

**William M. Urbas DPM**

Phone: 610-447-6354

COTH Member thru 6/30: Yes

Program E-mail: crozerpodiatry@gmail.com

Program Web Site: [www.crozer.org/CKHS/Left+Nav/Residency+and+Education/](http://www.crozer.org/CKHS/Left+Nav/Residency+and+Education/)

**Entry Level Positions**

Type	# Approved	# Active
PMSR/RRA	4	4

**HOSPITAL DESCRIPTION**

**Accreditation:** JCAHO      **Has Clerkship Program:** yes  
**# Staff DPMS:** 20  
**Affiliated Institutions:** None.

**Other Residency Programs:** Medicine, Surgery, Pediatrics, Sports Medicine, Transitional, Osteopathic Rotating, Family Medicine, OB/GYN,

**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:** 2 month rotation as second year with pediatric orthopedic surgeons

**Program Emphasis:** Podiatric Surgery/Medicine

**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> PMSR/RRA: \$49,500/ \$51,500/ \$53,500	<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:** Health Plex membership, disability insurance, Education stipends: \$1800.00 yearly,

**APPLICANT REQUIREMENTS**

**Mail Additional Materials To:**

One Medical Center Blvd  
3 Central  
Upland, PA 19013

**ACLS:** yes    **CPR:** yes

**APMLE Pt III:** Yes

**Program Fee:** \$0.00

**State License 1st yr:** full

**Fee Refundable:** n/a

**Clerkship Required:** no

**Minimum GPA:** no

**Minimum Rank:** no

**Deadline:** 11/7/2018

**Payable To:** n/a

**Other Applicant Requirements:** None.

**AVAILABLE RESOURCES**

**Sample Contract:** At CRIP

**Benefit Package:** Internet Site

**Curriculum:** Internet Site

**PROGRAM OVERVIEW**

This program is a three-year commitment. Please visit our website for more detailed information at [www.crozer.org](http://www.crozer.org) or call director at 610-447-6354