

**PROGRAM NAME****Crozer Chester Medical Center**

POB 1 Suite 302 Podiatric Surgical Residency 36  
 One Medical Center Blvd  
 Upland, PA 19013

**CASPR #****0710****CRIP**

Weekend 1

**DIRECTOR****William M. Urbas DPM**

Phone: 610-874-6600

Program E-mail: CCMCpodiatry@crozer.org

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

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

**Entry Level Positions**

Type	# Approved	# Funded
PM&S-36:	4	4

**HOSPITAL DESCRIPTION**

**Accreditation:** JCAHO  
**# Staff DPMS:** 12  
**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 surgeon**Program Emphasis:** Podiatric Surgery**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
PM&S-36: \$47,026/ \$49,106/ \$50,854	<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, \$2000.00 year end performance bonus**APPLICANT REQUIREMENTS****Mail Additional Materials To:**

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**Deadline:** 11/15/2010**Passage of NBPME:****Pt I:** Yes **Pt II:** Yes **Pt III:** Yes**Program Fee:** \$0.00**Refundable:** n/a**Payable To:** n/a**Ltrs of Recommendation:** 2**Citizenship Required:** no  
(see overview for more detail)**State License 1st yr:** full**ACLS:** yes **CPR:** yes**Clerkship Required:** no**Minimum GPA:** no**Minimum Rank:** no**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 610-874-6600