

**PROGRAM NAME** Hahnemann University Hospital

Broad and Vine Streets  
Mail Stop 300  
Philadelphia, PA 19102

**CASPR #** 0747**CRIP** Weekend 1**DIRECTOR** Steven F. Boc DPM

Phone: 215-762-7270

Program E-mail: [sfbocdpm1@comcast.net](mailto:sfbocdpm1@comcast.net)

Program Web Site:

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:** 9**Affiliated Institutions:** Abington Surgical Center, St. Christopher's Hospital for Children, Surgery Center of Pennsylvania Hospital at Tuttleman and Warminster Surgi-Center**Other Residency Programs:** 35 other resident disciplines.**CLINICAL EXPERIENCES**

<b>Anesthesiology:</b> yes	<b>Internal Medicine:</b> yes	<b>Pathology/Lab:</b> yes	<b>Rehabilitation:</b> no
<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> 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> no	<b>Outpatient Clinic:</b> yes	<b>Radiology:</b> yes	

**Other Clinical Experiences:** Pediatric Emergency Room**Program Emphasis:** Office management, wound care, reconstructive surgery of the foot and ankle/Limb salvage**DIDACTIC PROGRAM**

**Grand Rounds:** yes  
**Journal Club:** yes

**Research:** yes

**Book Club:** yes  
**Lecture Series:** yes

**RESIDENT BENEFITS**

**Stipends:**  
PM&S-36: \$47,119/ \$48,829/ \$50,450

**CME Allowance:** yes**Housing:** no**Uniforms:** yes**Health Insurance:** yes**Meals:** yes**Vacation:** yes**Malpractice Insurance:** yes**Sick Leave:** yes**Other Resident Benefits:** CME allowance: \$400/yr.**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:** no **CPR:** no**Clerkship Required:** no**Minimum GPA:** no**Minimum Rank:** no**Other Applicant Requirements:** none.**AVAILABLE RESOURCES****Sample Contract:** Contact Program**Benefit Package:** Contact Program**Curriculum:** Contact Program**PROGRAM OVERVIEW**

Emphasis: Office management, wound care, reconstructive surgery of the foot and ankle/arthroscopy, limb salvage/Charcot Reconstruction w/ external frames and internal nails. Pediatric ER, all foreroot and rearfoot surgery.