

**PROGRAM NAME**

**CASPR # 0809**

462 1st Avenue  
New York, NY 10016

**CRIP** Section 2

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

**DIRECTOR**

**Alfred A. Garofalo DPM**

Phone: 646-458-3718

Program E-mail: [alfred.garofalo@nychhc.org](mailto:alfred.garofalo@nychhc.org)

Program Web Site:

**Entry Level Positions**

Type	# Approved	# Active
PMSR:	1	1
PMSR/RRA	1	1

**HOSPITAL DESCRIPTION**

**Accreditation:** JCAHO      **Has Clerkship Program:** yes  
**# Staff DPMS:** 25  
**Affiliated Institutions:**  
 1. Bellevue Hospital  
 2. Jacobi Hospital  
 3. North Central Bronx Hospital  
 4. Woodhull Hospital  
 5. Gouverneur Healthcare

**Other Residency Programs:**

**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:** Diabetic Wound Care Management and Limb Salvaging Surgical Procedures. Trauma Rotations and an Orthopedic Specific surgical rotation.

**Program Emphasis:** Podiatric Surgery and Medicine as well as a large volume of surgical limb salvaging and Trauma Surgery at all our hospitals.

**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: \$61,669/ \$64,221/ \$69,323	<b>Health Insurance:</b> yes	<b>Meals:</b> yes	<b>Vacation:</b> yes
PMSR/RRA: \$61,669/ \$64,221/ \$69,323	<b>Malpractice Insurance:</b> yes	<b>Sick Leave:</b> yes	

**Other Resident Benefits:** Please refer to the Committee of Interns and Residents for additional benefits

**APPLICANT REQUIREMENTS**

**Mail Additional Materials To:**

462 1st Avenue  
New York, NY 10016

<b>ACLS:</b> no	<b>CPR:</b> yes	<b>Clerkship Required:</b> no
<b>APMLE Pt III:</b> No	<b>State License 1st yr:</b> temporary	<b>Minimum GPA:</b> 3.0
<b>Program Fee:</b> \$0.00	<b>Fee Refundable:</b> n/a	<b>Minimum Rank:</b> YES

**Deadline:** 11/7/2018

**Payable To:** n/a

**Other Applicant Requirements:** As required by New York State for a Podiatric Limited Permit Schedule 5D

**AVAILABLE RESOURCES**

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

**PROGRAM OVERVIEW**

The Bellevue Residency program has an approved Rear-Foot program. For the year(s) 2020 forward the Residency program is also exploring additional increases in the number of rear-foot positions. This is currently in discussion.