

PROGRAM NAME **Good Samaritan Hospital Medical Center**
1000 Montauk Highway
West Islip, NY 11795

CASPR # **0850**
CRIP Weekend 1

DIRECTOR **Renato J. Giorgini DPM**
Phone: 631-376-4163
Program E-mail: GoodSamMedicalEducation@chsli.org
Program Web Site: www.good-samaritan-hospital.org

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

Entry Level Positions

Type # Approved # Funded
PM&S-36: 3 3

HOSPITAL DESCRIPTION

Accreditation: JCAHO
Staff DPMS: 36
Affiliated Institutions: New York College of Podiatric Medicine (NYCPM)
Northport Veteran's Administration (VA)

Other Residency Programs: Osteopathic: Family Practice, Emergency Medicine, Pediatrics, OB/GYN, Traditional Rotating Interns

CLINICAL EXPERIENCES

Anesthesiology: yes	Internal Medicine: yes	Pathology/Lab: yes	Rehabilitation: no
Behavioral Science: no	Infectious Disease: yes	Pediatrics: yes	Rheumatology: no
Dermatology: no	Neurology: no	Plastic Surgery: no	Surgery (General): yes
Diabetic Wound Care: yes	Orthopedics: yes	Podiatry: yes	Trauma: yes
Emergency Room: yes	Office Rotations: yes	Podiatry (Surgery): yes	Vascular Surgery: yes
Family Practice: no	Outpatient Clinic: yes	Radiology: yes	

Other Clinical Experiences: Tri Community Clinic
Program Emphasis: Clinical & surgical skills, Continuing education, Research

DIDACTIC PROGRAM

Grand Rounds: yes	Research: yes	Book Club: no
Journal Club: yes		Lecture Series: yes

RESIDENT BENEFITS

Stipends: PM&S-36: \$51,400/ \$54,000/ \$57,000	CME Allowance: yes	Housing: no	Uniforms: yes
	Health Insurance: yes	Meals: yes	Vacation: yes
	Malpractice Insurance: yes	Sick Leave: yes	

Other Resident Benefits: Residency will reimburse for licensure, and surgical boards

APPLICANT REQUIREMENTS

Mail Additional Materials To:
1000 Montauk Highway
West Islip, NY 11795

Passage of NBPME: Pt I: Yes Pt II: Yes Pt III: No	Ltrs of Recommendation: 3	ACLS: no	CPR: no
Program Fee: \$0.00	Citizenship Required: yes (see overview for more detail)	Clerkship Required: yes	Minimum GPA: 3.0
Refundable: n/a	State License 1st yr: temporary	Minimum Rank: no	
Payable To: n/a			

Deadline: 11/15/2010

Other Applicant Requirements: none.

AVAILABLE RESOURCES

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

PROGRAM OVERVIEW