

CASPR™ INSTITUTIONAL AGREEMENT 2010-2011

Name of Institution/Hospital _____

Name of Residency Program (if different) _____

Hospital Address _____

City-State-Zip _____ Hospital Telephone _____

Administrator _____ Program Director _____

NUMBER of CPME approved 2011 **entry-level** podiatric residency POSITIONS _____

As official representatives of the above-named institution/program, we elect to participate in the 2011 program of the Central Application Service for Podiatric Residencies (CASPR). We understand that CASPR is operated by the American Association of Colleges of Podiatric Medicine (AACPM) and administered by its Council of Teaching Hospitals (COTH). On behalf of the above-named institution/program, we agree to abide by the rules and regulations governing the application, selection, matching and appointment of CASPR applicants for 2011 entry-level podiatric residency positions.

In particular, this institution/program agrees to:

1. Abide by the official, published CASPR/CRIP schedule and shall not conduct interviews for the purposes of resident selection prior to the first interview date or in conflict with any of the interview dates published by the national resident matching service.
2. Abide by the Standards and Practices for Residency Selection included into this Agreement by this reference.
3. Notify CASPR in writing of any changes in CPME approval of the residency program, the number of available positions, or factors that may affect the continued operation of the program. We understand that CASPR assumes no responsibility for changes in program status and recognize that it is ultimately the program's responsibility to notify all applicants of such information.
4. Restrict access to and keep confidential the CASPRweb.org log-on codes and data provided to the program by CASPR.
5. Keep all applicant information confidential and secured. We understand that application materials have been provided for use in the resident selection process only. We agree to properly destroy this material in accordance with hospital employment policy.
6. Not demand or require that an applicant state how he/she will or did rank this institution/program on his/her confidential Program Selection Form. We understand that any statements or expressions concerning applicant ranking made to or by applicants during free discussion are non-binding, and that only the selections made on the confidential Selection Forms are final and valid. The ranking of applicants on the CASPR Selection Form as of 11:59 PM, February 14, 2011 is final.
7. Offer all approved, available podiatric residency positions only through CASPR.
8. Restrict residency appointment to matched applicants until selection notification of the matched candidates has been officially announced by CASPR on the date established by the national resident matching service. We understand that official CASPR match notification announcements are made in accordance with the Council on Podiatric Medical Education's recommendation regarding Residency Selection Notification (CPME: 320).
9. Offer residency appointment to all applicants matched with this institution/program by the CASPR matching program.
10. Make all residency offers and require all residency commitments only after the CASPR notification of the matching results.
11. Not accept a resident who was matched with another institution without written confirmation of release from that institution.

We understand that CASPR functions as a centralized application processing and matching service on behalf of the participating institutions and applicants and that the judgments regarding resident selection/contract negotiations remain exclusively with the registered participants. We understand that violations of the terms of the Agreement may result in legal actions and/or professional sanctions being initiated against this institution/program. We also understand that the CASPR program, including online access to its program, may be interrupted by causes beyond CASPR's control, and that the program is not guaranteed to operate error-free. The institution/program agrees to indemnify and hold AACPM, COTH and their officers, directors, and employees and assigns harmless from any and all claims arising from the institution/program's participation in CASPR and the centralized podiatric residency application matching service that AACPM and CASPR perform. This agreement shall be effective when signed below or in counterpart, and photocopy, facsimile, electronic or other copies shall have the same effect for all purposes as an ink-signed original.

DIGITAL OR ORIGINAL SIGNATURES REQUIRED:

Institution/Hospital ADMINISTRATOR or DESIGNEE

Print Name of ADMINSTRATOR or DESIGNEE

Date

Podiatric Residency Program DIRECTOR

Print Name of Podiatric Residency Program Director

Date