

AIMMC/RFUMS (Dr Wm M Scholl)

CLERKSHIP DIRECTOR:

Martin Yorath, DPM
836 W Wellington Avenue
Chicago, IL 60657

Phone: (773) 296-8285 Fax: (773) 296-8040

Email: martin.yorath@rosalindfranklin.edu

Website:

Alternate Contact: Christine Rasinski

Phone: (773) 296-8285

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: No

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|-------------------------------------|
| <input checked="" type="checkbox"/> Photograph | <input checked="" type="checkbox"/> US Citizenship | <input type="checkbox"/> CV | No # Ltrs of Rec |
| <input type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input type="checkbox"/> Transcript |

Other/Comments: will need to submit a copy of Logs

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|--|--|--|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input checked="" type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input checked="" type="checkbox"/> Background Check | <input checked="" type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type General | |
| <input type="checkbox"/> Verification of Liability Insurance | Approx Cost \$0.00 | |

Other/Comments: Mask Fit Test - BSIS Training - Completion of Advocate Packet

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: SCPM

- | | |
|---|--|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input type="checkbox"/> Meals Provided | <input type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input checked="" type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: SCPM

PROGRAM OVERVIEW: Busy program in a large community hospital supporting 9 other residencies and 3 fellowships. Days can be long. Balance between in-patient care - good exposure to medical management of a podiatry patient, and out-patient clinics. All surgical exposure will be at Illinois Masonic Medical Center. Students are not allowed to rotate at surgical centers. Car essential.

[CASPR Directory Page](#)

Albert Einstein Medical Center

CLERKSHIP DIRECTOR:

Larry W Menacker, DPM

5501 Old York Road
Philadelphia, PA 19141

Phone: (215) 843-2330 Fax: (215) 423-8837

Email: menackerl@einstein.edu

Website: www.Einstein.edu/podiatry

Alternate Contact: Jamie Henline DPM

Phone: (215) 843-2330

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|---|--|-------------------------------------|
| <input type="checkbox"/> Photograph | <input type="checkbox"/> US Citizenship | <input type="checkbox"/> CV | No # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input type="checkbox"/> Transcript |

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|---|--|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Approx Cost \$0.00 | |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 1

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|---|--|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input type="checkbox"/> Meals Provided | <input type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Podiatric office/clinic participation with residents and attendings. Journal Club and didactic lectures weekly with participation in podiatric surgical cases two days per week. Student will learn hands on footcare, minor procedures, H&P, and biomechanics. Also charting and medical billing.

[CASPR Directory Page](#)

Alliance Community Hospital

CLERKSHIP DIRECTOR:

Leslie P Niehaus, DPM

440 East State Street

Alliance, OH 44601

Phone: (330) 821-6435

Fax: (330) 821-8433

Email: lniehausdpm@aol.com

Website: www.ACHosp.org

Alternate Contact: Hospital Residents

Phone: (330) 596-7750

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: No

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input checked="" type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | No # Ltrs of Rec |
| <input type="checkbox"/> Letter of Interest | <input type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | |
|---|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | <input type="checkbox"/> HIPAA Training |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Type |
| | Approx Cost |

Other/Comments: letter from school for malpractice coverage

PROGRAM INFORMATION:

Average # of Clerks per Month: 1

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|--|---|
| <input checked="" type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: \$300-600 |
| <input checked="" type="checkbox"/> Meals Provided | <input checked="" type="checkbox"/> Contact Program for a list of housing suggestions |

Other: some lunches at hospital, small bed in office or may rent locally; room available

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: This is an office rotation with exposure to all hospital surgeries. Residents will take some externs to off site cases. Our residents scrub with over 20 attendings at multiple sites.

[CASPR Directory Page](#)

Aria Health System

CLERKSHIP DIRECTOR:

S. Jeffrey Siegel, DPM

Red Lion and Knights Road

Philadelphia, PA 10114

Phone: (609) 206-6070

Fax:

Email: heeldoc@verizon.net

Website: www.ariahealth.org

Alternate Contact:

Phone:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: No

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Photograph | <input type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 3 # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: Please email all application documents

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | |
|--|--|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input type="checkbox"/> Immunization Verification - Letter from School Accepted |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type |
| <input type="checkbox"/> Verification of Liability Insurance | Approx Cost \$0.00 |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 4

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|--|---|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input checked="" type="checkbox"/> Meals Provided | <input checked="" type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Very busy, hospital based program encompassing a wide variety of clinical cases - including major trauma and hindfoot reconstruction.

[CASPR Directory Page](#)

Beth Israel Deaconess Medical Center

CLERKSHIP DIRECTOR:

Thanh L Dinh, DPM

185 Pilgrim Road

Span 3

Boston, MA 02215

Phone: (617) 632-8428

Fax: (617) 632-7090

Email: tdinh@bidmc.harvard.edu

Website: www.bidmc.org/podiatry

Alternate Contact: Dafny M Suazo, PMAC

Phone: (617) 632-7098

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: No Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Photograph | <input checked="" type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | No # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|--|--|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input type="checkbox"/> Verification of Liability Insurance | Approx Cost \$0.00 | |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

Housing Provided

Approx. Housing Cost per Month:

Meals Provided

Contact Program for a list of housing suggestions

Other:

RESIDENCY RELATIONSHIP:

2012 CASPR Residency Program

US Citizenship Required for Residency

Clerkship Required

Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW:

[CASPR Directory Page](#)

Beth Israel Medical Center - NY

CLERKSHIP DIRECTOR:

Richard Frankel, DPM

350 East 17th Street

New York, NY 10003

Phone: (212) 980-6487

Fax: (212) 980-8685

Email: rfrankel@chpnet.org

Website: www.bisurgery.org

Alternate Contact: Marvia Alston

Phone: (212) 420-2058

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: No

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 2 # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|--|---|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input checked="" type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input type="checkbox"/> Verification of Liability Insurance | Approx Cost \$0.00 | |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 3

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|---|---|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input type="checkbox"/> Meals Provided | <input checked="" type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|--|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Recently expanded PM&S-36 program with 3 entry level positions approved for 7/1/2012. This is a well-rounded PM&S-36 program in a large 1300 bed facility. Residents will be trained in all facets of podiatric medicine & surgery including diabetic wound care, forefoot & rearfoot reconstructive surgery and trauma. Externs will shadow and work side by side with residents.

[CASPR Directory Page](#)

Bethesda Memorial Hospital

CLERKSHIP DIRECTOR:

Kyle J Kinmon, DPM
2815 Seacrest Blvd
Boynton Beach, FL 33435

Phone: (561) 995-0229 Fax: (561) 989-0775

Email: kkinmon@gmail.com

Website: www.bethesdaweb.com/podiatryresidency

Alternate Contact:

Phone:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: No

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input checked="" type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 2 # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input checked="" type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Approx Cost \$0.00 | |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

Housing Provided Approx. Housing Cost per Month:

Meals Provided Contact Program for a list of housing suggestions

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: This is a new program under provisional approval having started our first two residents July 1, 2010. The program is well rounded with an emphasis on all reconstructive surgery including trauma, limb salvage, Charcot, arthroscopy, ankle replacement, peripheral nerve surgery and peds with clinic exposure in orthopedic, podiatric and wound care settings.

[CASPR Directory Page](#)

Boston University Medical Center

CLERKSHIP DIRECTOR:

Susan Walsh, DPM
732 Harrison Avenue
Boston, MA 02118

Phone: (617) 414-6852 Fax: (617) 414-6872

Email: susan.walsh@bmc.org; erin.springhetti@bmc.org

Website: www.bumc.bu.edu/ohr

Alternate Contact: Erin Springhetti

Phone: (617) 414-6821

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 2 # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: address any materials to attention to Dr. Walsh.

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|---|---|--|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input checked="" type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check | <input checked="" type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Approx Cost | |

Other/Comments: within 3 months prior to starting rotation must have TB/PPD test

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|---|---|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input type="checkbox"/> Meals Provided | <input checked="" type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|--|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Four week hospital - based rotation with well-rounded exposure to inpatient care, outpatient office, operating room, and academics. Participates with Vascular Surgery in addition to Podiatry.

[CASPR Directory Page](#)

Botsford General Hospital

CLERKSHIP DIRECTOR:

Jeffrey Yung, DPM

28050 Grand River Avenue

Farmington Hills, MI 48336

Phone: (248) 473-1320

Fax: (248) 473-3984

Email: botsfordpodiatry@hotmail.com

Website: www.botsford.org (go to education, GME, then residencies)

Alternate Contact:

Phone: (248) 478-1150

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input checked="" type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 2 # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: Background check if college of podiatric medicine has on file; car preferred

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|--|--|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input type="checkbox"/> Verification of Liability Insurance | Approx Cost | |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 3

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|--|--|
| <input checked="" type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: \$0 |
| <input checked="" type="checkbox"/> Meals Provided | <input type="checkbox"/> Contact Program for a list of housing suggestions |

Other: If accepted, must contact Karen at Medical Education, 248-471-8222 for housing.

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Botsford Hospital (BH) is a PM&S-36 (36 months) program. The Pod Med and Surg, as well as the med and surg specialties are well structured with didactic, clinical and surg experiences with expanded RRA and Trauma resources. Pod has very busy clinics at the hosp and affiliated institutions with over 4000 patient visits. Research is encouraged and supported.

[CASPR Directory Page](#)

Bridgeport Hospital

CLERKSHIP DIRECTOR:

Ceasar Irby, DPM
267 Grant Street
Bridgeport, CT 06610

Phone: (203) 378-5576 Fax: (203) 378-8220

Email: pcirby@bpthosp.org

Website:

Alternate Contact:

Phone:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | No # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|--|---|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input checked="" type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Approx Cost \$0.00 | |

Other/Comments: HIPAA training at hospital

PROGRAM INFORMATION:

Average # of Clerks per Month: 1

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|---|---|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input type="checkbox"/> Meals Provided | <input checked="" type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|--|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW:

[CASPR Directory Page](#)

Cambridge Health Alliance

CLERKSHIP DIRECTOR:

Harry Schneider, DPM

1493 Cambridge Street

Cambridge, MA 02139

Phone: (617) 665-3570

Fax: (617) 665-3598

Email: patwalsh@challiance.org

Website: http://www.challiance.org/podiatry_res/program_overview.shtml

Alternate Contact: Patty Walsh

Phone: (617) 665-3570

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 3 # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: minimum GPA 2.6

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | |
|--|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input checked="" type="checkbox"/> Background Check |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type CORI |
| <input type="checkbox"/> Verification of Liability Insurance | Approx Cost \$10.00 |
| | <input type="checkbox"/> HIPAA Training |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 3

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|---|---|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input type="checkbox"/> Meals Provided | <input checked="" type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Program focuses on reconstruction, revisional cases.

[CASPR Directory Page](#)

Catholic Hlth Sys/Sisters of Charity Hosp

CLERKSHIP DIRECTOR:

Joseph M Anain, Jr., DPM

2157 Main Street

Buffalo, NY 14214 -2692

Phone: (716) 862-1840

Fax: (716) 862-1212

Email: ssperazza@chsbuffalo.org

Website: <http://www.chsbuffalo.org/>

Alternate Contact: Sharon Sperazza

Phone: (716) 862-1840

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input checked="" type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 2 # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | |
|---|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | <input checked="" type="checkbox"/> HIPAA Training |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Type |
| | Approx Cost |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 1

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|--|--|
| <input checked="" type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: No Fee |
| <input type="checkbox"/> Meals Provided | <input type="checkbox"/> Contact Program for a list of housing suggestions |

Other: Free Parking. Discounted meals in hospital cafeteria. Housing very limited. 1st come first serve

RESIDENCY RELATIONSHIP:

- | | |
|--|--|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW:

[CASPR Directory Page](#)

Cedars-Sinai Medical Center

CLERKSHIP DIRECTOR:

B David Massaband, DPM

8631 W 3rd Street

#940-E

Los Angeles, CA 90048

Phone: (310) 657-2828

Fax:

Email: bmassaband@gmail.com

Website: www.csmc.edu (search: podiatry)

Alternate Contact:

Phone:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: No

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 2 # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: Please read Program Overview - IMPORTANT!

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|--|--|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input type="checkbox"/> Verification of Liability Insurance | Approx Cost \$0.00 | |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|---|--|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input type="checkbox"/> Meals Provided | <input type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: All of the following materials MUST also be sent w/ application: 1) Vaccination record and proof of immunity (MMR, Hep B, and Varicella), annual TB tet, and Tetanus vaccination 2) Copy of health insurance card 3) Copy of school's malpractice/liability insurance 4) HIPAA certification 5) Infectious Disease Control training 6) Letter of good academic standing signed by the Dean

[CASPR Directory Page](#)

Chestnut Hill Hospital

CLERKSHIP DIRECTOR:

Terrence Dunn, DPM

8815 Germantown Avenue

Suite 11

Philadelphia, PA 19118

Phone: (215) 247-0879

Fax: (215) 247-7014

Email: chhpod@yahoo.com

Website: see below in program overview for website

Alternate Contact:

Phone:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 2 # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|---|---|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Approx Cost | |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|--|--|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input checked="" type="checkbox"/> Meals Provided | <input type="checkbox"/> Contact Program for a list of housing suggestions |

Other: Students will receive some meal vouchers to help cover the cost of some of their meals.

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Students will receive hands-on experience on clinical and surgical cases. Surgical cases include forefoot and rearfoot surgical procedures. Students will be exposed to some sports medicine. Students will participate in diactic activities and give a 15 minutes PPT presentation at the end of clerkship. Website: www.chhealthsystem.com/Services/Pages/Podiatric%20Home.aspx

[CASPR Directory Page](#)

Christ Hospital

CLERKSHIP DIRECTOR:

Dominic Rizzo, DPM
2139 Auburn Avenue
Cincinnati, OH 45219

Phone: (513) 769-4408 Fax: (513) 585-2673

Email: tena.toft@thechristhospital.com

Website:

Alternate Contact: Tena Toft

Phone: (513) 585-0855

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: No

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input checked="" type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 1 # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | |
|---|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | <input checked="" type="checkbox"/> HIPAA Training |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Approx Cost \$0.00 |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: BUSPM, CPMS, OCPM, SCPM, TUSPM

- | | |
|---|---|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input type="checkbox"/> Meals Provided | <input checked="" type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Established in 1889, The Christ Hospital serves Greater Cincinnati as a major teaching center and regional referral center. Thanks in part to strong programs in medicine, oncology, obstetrics and gynecology, behavioral medicine, surgery and surgical subspecialties. The Christ Hospital has the reputation as Cincinnati's premier adult hospital, based on market research.

[CASPR Directory Page](#)

Christiana Care Health System

CLERKSHIP DIRECTOR:

J P Contompasis, DPM

Wilmington Hosp, Room 2174

501 West 14th Street

Wilmington, DE 19801

Phone: (302) 428-2967

Fax: (302) 428-4285

Email: podiatric.residency@christianacare.org

Website: www.christianacare.org

Alternate Contact:

Phone:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input checked="" type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 2 # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: Applications accepted via fax or US Mail - and email

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | |
|--|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Verification of Liability Insurance | Approx Cost |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 1

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|--|--|
| <input checked="" type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input type="checkbox"/> Meals Provided | <input type="checkbox"/> Contact Program for a list of housing suggestions |

Other: Housing provided with some exceptions

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: When the CPME granted the Christiana Care PM&S-36 Residency full accreditation status, they noted Christiana Care's "outstanding educational environment, wealth of clinical resources, and committed faculty." All podiatric surgeons on staff are either "Qualified" or "Certified" by the ABPS. Surgical skill, judgement & professionalism are the hallmarks of our program.

[CASPR Directory Page](#)

Community Medical Center - PA

CLERKSHIP DIRECTOR:

Timothy Siebecker, DPM

1800 Mulberry Street

Scranton, PA 18510

Phone: (570) 307-1767

Fax: (570) 969-7191

Email: cmcpodiatry@gmail.com

Website:

Alternate Contact: Carol Warner

Phone: (570) 969-8247

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input checked="" type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 3 # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | |
|---|---|
| <input checked="" type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted |
| <input checked="" type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | <input type="checkbox"/> HIPAA Training |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Type |
| | Approx Cost \$0.00 |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 3

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|--|--|
| <input checked="" type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: \$0 |
| <input checked="" type="checkbox"/> Meals Provided | <input type="checkbox"/> Contact Program for a list of housing suggestions |

Other: free parking

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input checked="" type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Community Medical Center Residency Program is a PM&S-36 Program. The residency program has emphasis on trauma and reconstructive surgery including Ilizarov External Fixation, Taylor Spatial Frame, Total Ankle Replacements, and peripheral nerve stimulators.

[CASPR Directory Page](#)

Coney Island Hospital

CLERKSHIP DIRECTOR:

Glenn J. Donovan, DPM

2601 Ocean Parkway

Dept of Surgery

Brooklyn, NY 11235

Phone: (718) 616-5509

Fax: (718) 616-4436

Email: glenn.donovan@nychhc.org

Website: www.ConeyIslandHospital.com

Alternate Contact:

Phone:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|---|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Photograph | <input type="checkbox"/> US Citizenship | <input type="checkbox"/> CV | 0 # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input type="checkbox"/> Board Scores | <input type="checkbox"/> Car Required | <input type="checkbox"/> Transcript |

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|---|---|--|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input checked="" type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check | <input checked="" type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Approx Cost \$0.00 | |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|---|---|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input type="checkbox"/> Meals Provided | <input checked="" type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|--|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Coney Island Hospital offers a strong PM&S-24 program. Converting to PMSR as of July 1, 2012.

Residents have access to a very busy city hospital. Emphasis on wound care, forefoot surgery and trauma. Very diversified clinic. Our graduating residents are well prepared to start their own practice and all become successful practitioners.

[CASPR Directory Page](#)

Cooper University Hospital

CLERKSHIP DIRECTOR:

David Millili, DPM

1 Cooper Plaza
Camden, NJ 08103

Phone: (856) 270-4030 Fax: (856) 270-4044

Email: millili-david@cooperhealth.edu

Website:

Alternate Contact:

Phone:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: No Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|-------------------------------------|
| <input type="checkbox"/> Photograph | <input checked="" type="checkbox"/> US Citizenship | <input type="checkbox"/> CV | No # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input type="checkbox"/> Transcript |

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|--|--|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input type="checkbox"/> Verification of Liability Insurance | Approx Cost | |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|---|--|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input type="checkbox"/> Meals Provided | <input type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input checked="" type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Cooper University Level I Trauma Center, 580 beds, PMSR/ 2 spots.

[CASPR Directory Page](#)

Covenant Medical Center

CLERKSHIP DIRECTOR:

P. J. Weires, DPM

927 West 4th Street

c/o Family Foot Health Care

Waterloo, IA 50702

Phone: (319) 233-6107

Fax: (319) 233-9138

Email: pweires@familyfoothealthcare.com

Website:

Alternate Contact: G.C. Lantz, DPM

Phone: (319) 233-6107

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: No Fax: No

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 2 # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | |
|---|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | <input checked="" type="checkbox"/> HIPAA Training |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Type |
| | Approx Cost \$0.00 |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

Housing Provided Approx. Housing Cost per Month:

Meals Provided Contact Program for a list of housing suggestions

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input checked="" type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Multiple attendings from several offices are involved with numerous hospitals and a surgery center. Many communities in NE Iowa are included

[CASPR Directory Page](#)

Crozer-Keystone Health System

CLERKSHIP DIRECTOR:

William Urbas, DPM

One Medical Center Boulevard

POB 1, Suite 302

Upland, PA 19013

Phone: (610) 447-6354

Fax: (610) 619-7409

Email: ccmcpodiatry@crozer.org

Website: crozer.org

Alternate Contact:

Phone:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|---|--|--|
| <input checked="" type="checkbox"/> Photograph | <input type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | No # Ltrs of Rec |
| <input type="checkbox"/> Letter of Interest | <input type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|--|---|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input type="checkbox"/> Verification of Liability Insurance | Approx Cost | |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 3

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|--|---|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input checked="" type="checkbox"/> Meals Provided | <input checked="" type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|--|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input type="checkbox"/> US Citizenship Required for Residency |
| <input checked="" type="checkbox"/> Clerkship Required | <input type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

**PROGRAM
OVERVIEW:**

[CASPR Directory Page](#)

DeKalb Medical Center

CLERKSHIP DIRECTOR:

David C Alder, DPM
2701 N Decatur Road
Decatur, GA 30033

Phone: Fax: (404) 501-2095

Email: carolyn.massey@dekalbmedical.org

Website: dekalbmedical.org

Alternate Contact: Carolyn Massey

Phone: (404) 501-7188

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 2 # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: photograph

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input checked="" type="checkbox"/> Background Check | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Approx Cost | |

Other/Comments: PPD

PROGRAM INFORMATION:

Average # of Clerks per Month: 6

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|--|--|
| <input checked="" type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: \$100.00 |
| <input checked="" type="checkbox"/> Meals Provided | <input type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Lots of trauma and reconstructive surgery. Cadaver dissection with attendings. Externs scrub surgical cases and help out in clinic.

[CASPR Directory Page](#)

DePaul Health Center

CLERKSHIP DIRECTOR:

Jeffrey Boberg, DPM

12303 DePaul Drive

Bridgeton, MO 63044

Phone: (314) 739-7100

Fax: (314) 739-3199

Email: depaul.extern@gmail.com

Website: <http://tinyurl.com/SSM-DePaul-Residency>

Alternate Contact: Laura Boberg

Phone: (314) 739-7100

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: No

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|---|--|--|-------------------------------------|
| <input type="checkbox"/> Photograph | <input checked="" type="checkbox"/> US Citizenship | <input type="checkbox"/> CV | No # Ltrs of Rec |
| <input type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input type="checkbox"/> Transcript |

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | |
|---|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input checked="" type="checkbox"/> Background Check |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | <input checked="" type="checkbox"/> HIPAA Training |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Type |
| | Approx Cost |

Other/Comments: Social Security #

PROGRAM INFORMATION:

Average # of Clerks per Month: 4

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|---|---|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input type="checkbox"/> Meals Provided | <input checked="" type="checkbox"/> Contact Program for a list of housing suggestions |

Other: lunch provided. area housing approx \$600/month

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: busy suburban hospital with 9 residents. Hands on program with strong didactic component. Daily observation/participation in surgery. One week office rotation. Bi-weekly academic calendar.

[CASPR Directory Page](#)

Detroit Medical Center

CLERKSHIP DIRECTOR:

Charles G Kissel, DPM

29433 Ryan Road

Warren, MI 48092

Phone: (586) 574-0500

Fax: (586) 574-2694

Email: zee@alum.mit.edu

Website: www.dmc.org/gme/podiatry

Alternate Contact: Zeeshan S Husain, DPM

Phone: (586) 574-0500

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input checked="" type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 2 # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|---|---|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input checked="" type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Approx Cost | |

Other/Comments: immunization TB and hepatitis B

PROGRAM INFORMATION:

Average # of Clerks per Month: 5

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|--|---|
| <input checked="" type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: \$400 |
| <input type="checkbox"/> Meals Provided | <input checked="" type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Intensive training in full-scope foot and ankle surgery within large medical center. Podiatric residents are fully integrated into the system and function as equals to other residents. Rotations highlight trauma orthopedic surgery, pediatric orthopedics, plastic surgery, vascular surgery, and general surgery.

[CASPR Directory Page](#)

Doctors Hospital of West Covina

CLERKSHIP DIRECTOR:

Bob Alavy, FACFAS, DPM

725 S Orange Ave

West Covina, CA 91790-2614

Phone: (626) 338-1800

Fax:

Email: dhwcpodiatry@gmail.com

Website: www.dralavy.com

Alternate Contact: Ask for: "Podiatry Resident"

Phone: (626) 338-8481

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: No

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input checked="" type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 3 # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|--|--|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input type="checkbox"/> Verification of Liability Insurance | Approx Cost | |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 1

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|--|--|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input checked="" type="checkbox"/> Meals Provided | <input type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Located in San Gabriel Valley. Students are exposed to a well rounded clinical environment that ranges from pediatrics, wound care, trauma, diabetics, and geriatrics. Students will spend their month rotation at the hospital. Weekly lectures and cadaver workshop with attendings and residents.

[CASPR Directory Page](#)

Drexel Univ College of Medicine/Hahnemann Univ

CLERKSHIP DIRECTOR:

Steven F Boc, DPM

Broad & Vine Streets

Mail Stop #300

Philadelphia, PA 19102

Phone: (215) 762-7270

Fax:

Email: Karen.Sembello@tenethealth.com

Website: www.DrexelMed.edu

Alternate Contact: Karen Sembello

Phone: (215) 762-7270

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: No

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input checked="" type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 3 # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|--|---|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input type="checkbox"/> Verification of Liability Insurance | Approx Cost | |

Other/Comments: visit website for more information

PROGRAM INFORMATION:

Average # of Clerks per Month: 4

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|---|--|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input type="checkbox"/> Meals Provided | <input type="checkbox"/> Contact Program for a list of housing suggestions |

Other: visit website for more information

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input checked="" type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM Visit DrexelMed.edu website at

OVERVIEW: <http://www.drexelmed.edu/Home/ResidenciesandFellowships/ResidencyPrograms/PodiatricMedicineandSurgery>

[CASPR Directory Page](#)

DVA - Akron/Canton Community Based Outpatient Clin

CLERKSHIP DIRECTOR:

Nichol L Salvo, DPM

Louis Stokes Cleveland VA Medical Center

55 W. Waterloo

Akron, OH 44319

Phone: (330) 724-7715 ext 1232 Fax: (330) 489-4684

Email: nichol.salvo@va.gov

Website:

Alternate Contact:

Phone: (330) 489-4600 ext: 1669

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Photograph | <input checked="" type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 2 # Ltrs of Rec |
| <input type="checkbox"/> Letter of Interest | <input type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: Clerkship will be in both the Akron and Canton Outpatient VA clinics

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | |
|---|--|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required |
| <input checked="" type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input type="checkbox"/> Immunization Verification - Letter from School Accepted |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input checked="" type="checkbox"/> Background Check |
| <input checked="" type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | <input checked="" type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Verification of Liability Insurance | Type |
| | Approx Cost \$0.00 |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 1

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|---|--|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input type="checkbox"/> Meals Provided | <input type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|---|---|
| <input type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: The program will expose the clerk to a broad range of podiatric primary care, including palliative routine care, wound care, in office surgical procedures, post-operative care, radiology and biomechanics.

DVA - Atlanta

CLERKSHIP DIRECTOR:

Richard D Odom, DPM, CPC
1670 Clairmont Road Pod 1111
Decatur, GA 30033

Phone: (404) 321-6111 ext 1461 Fax: (404) 327-4948

Email: ExternAtlantaVA@gmail.com

Website:

Alternate Contact:

Phone:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: No

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input checked="" type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | No # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Approx Cost | |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 3

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|---|---|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input type="checkbox"/> Meals Provided | <input checked="" type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input checked="" type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: 36 month Podiatric Medicine & Surgery Residency. In hospital clinics and surgery. Outside surgery centers included.

[CASPR Directory Page](#)

DVA - Augusta

CLERKSHIP DIRECTOR:

Anthony Cresci, DPM

1 Freedom Way

#228

Augusta, GA 30904

Phone: (706) 823-3988

Fax: (706) 823-3983

Email: anthony.cresci@va.gov

Website:

Alternate Contact:

Phone:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|---|--|--|-------------------------------------|
| <input type="checkbox"/> Photograph | <input checked="" type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | No # Ltrs of Rec |
| <input type="checkbox"/> Letter of Interest | <input type="checkbox"/> Board Scores | <input type="checkbox"/> Car Required | <input type="checkbox"/> Transcript |

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | |
|---|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted |
| <input checked="" type="checkbox"/> Fingerprinting - Submitted by Student | <input checked="" type="checkbox"/> Background Check |
| <input checked="" type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Verification of Liability Insurance | Type |
| | Approx Cost |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|---|---|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input type="checkbox"/> Meals Provided | <input checked="" type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Students have the opportunity to gain clinical experience in podiatric medicine, wound care, and surgery. Also actively participate in academic program.

[CASPR Directory Page](#)

DVA - Canton Community Based Outpatient Clinic

CLERKSHIP DIRECTOR:

Joel Nelson, DPM

Louis Stokes Cleveland VA Medical Center

733 Market Avenue South

Canton, OH 44702

Phone: (330) 489-4600 ext 1689 Fax: (330) 489-4684

Email: joel.nelson@va.gov

Website:

Alternate Contact:

Phone:

Application Materials should be mailed to the program at this address.

This program will also accept application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- Photograph
- US Citizenship
- CV
- Letter of Interest
- Board Scores
- Car Required
- Transcript

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- Drug Test - Submitted by Student
- Drug Test - Upon Arrival at Hospital
- Fingerprinting - Submitted by Student
- Fingerprinting - Upon Arrival at Hospital
- Verification of Liability Insurance
- Doctor/Clinic Immunization Verification Required
- Immunization Verification - Letter from School Accepted
- Background Check
- HIPAA Training
- Type
- Approx Cost

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 1

Accept Clerks from: BUSPM, OCPM

- Housing Provided
- Meals Provided
- Contact Program for a list of housing suggestions

Other:

RESIDENCY RELATIONSHIP:

- 2012 CASPR Residency Program
- Clerkship Required
- US Citizenship Required for Residency
- Clerks Usually Given Priority

Accept Residents from: 0

PROGRAM OVERVIEW: primary podiatry in outpatient setting

DVA - Central Alabama Hlthcare Sys

CLERKSHIP DIRECTOR:

Angelo Agee, DPM

215 Perry Hill Road 115 (S)

Montgomery, AL 36109

Phone: (334) 450-5695 ext 4467 Fax: (334) 273-6203

Email: angelo.agee@va.gov

Website:

Alternate Contact: Margarette McGraw

Phone: (334) 272-4670 ext: 5510

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 3 # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|--|--|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input type="checkbox"/> Verification of Liability Insurance | Approx Cost \$0.00 | |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|---|--|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input type="checkbox"/> Meals Provided | <input type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: CAVHCS Clerkship is a one month program designed to provide exposure in all aspects of Podiatric Medicine and Surgery. The experiences include Podiatric Medicine in a clinical, surgical as well as advanced wound care clinic setting with participation in journal review, radiology review, pre-operative review presentations and weekly lectures during rotation.

[CASPR Directory Page](#)

DVA - Chicago Hlthcare Sys (Jesse Brown)

CLERKSHIP DIRECTOR:

John F Grady, DPM
820 S Damen Avenue
Chicago, IL 60612-3728

Phone: (312) 569-7264 Fax: (312) 569-6148

Email: johngrady@footandankleinstitute.com

Website: Also email: boumendjel@sbcglbal.net

Alternate Contact: Tara L. Sakevich, Yelena Boumendjel, DPM

Phone: (312) 569-7264

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|---------------------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> Photograph | <input checked="" type="checkbox"/> US Citizenship | <input type="checkbox"/> CV | No # Ltrs of Rec |
| <input type="checkbox"/> Letter of Interest | <input type="checkbox"/> Board Scores | <input type="checkbox"/> Car Required | <input type="checkbox"/> Transcript |

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | |
|--|--|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input type="checkbox"/> Immunization Verification - Letter from School Accepted |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | <input checked="" type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Verification of Liability Insurance | Type |
| | Approx Cost |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 10

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|---|--|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input type="checkbox"/> Meals Provided | <input type="checkbox"/> Contact Program for a list of housing suggestions |

Other: Parking

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input checked="" type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Very busy acute care hospital with busy clinic. Exceptional learning opportunity with journal club, lectures and much pathology

[CASPR Directory Page](#)

DVA - Cleveland (Louis Stokes VAMC)

CLERKSHIP DIRECTOR:

Danae Lowell, DPM
 10701 East Boulevard
 W-112
 Cleveland, OH 44105
 Phone: (216) 791-3800 ext 5891 Fax: (216) 707-5970
 Email: danae.lowell@va.gov
 Website:
 Alternate Contact: pager
 Phone: (440) 562-2129

**Application Materials
 should be mailed to the
 program at this address.**

This program will also accept
 application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input checked="" type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 2 # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | |
|---|--|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input type="checkbox"/> Immunization Verification - Letter from School Accepted |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input checked="" type="checkbox"/> Background Check |
| <input checked="" type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | <input checked="" type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Verification of Liability Insurance | Type govt |
| | Approx Cost \$0.00 |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 2
 Accept Clerks from: All Colleges of Podiatric Medicine
 Housing Provided Approx. Housing Cost per Month:
 Meals Provided Contact Program for a list of housing suggestions
 Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Busy hospital based program. GPA requirement for residency consideration. PM&S-36.

[CASPR Directory Page](#)

DVA - Dayton

CLERKSHIP DIRECTOR:

Jay A Wenig, DPM

4100 West Third Street

Surg Ser/Pod Sec (112)

Dayton, OH 45428

Phone: (937) 268-6511 ext 2971 Fax: (937) 267-5395

Email: jay.wenig@va.gov

Website:

Alternate Contact:

Phone:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input checked="" type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | No # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|---|---|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input checked="" type="checkbox"/> Background Check | <input type="checkbox"/> HIPAA Training |
| <input checked="" type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Approx Cost | |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|---|---|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input type="checkbox"/> Meals Provided | <input checked="" type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Well rounded experience. Clinic runs 5 days a week. Surgery is two or more days a week. Surgery at the VA Medical Center and surrounding hospitals and surgery centers. Students will get hands on experience. Housing can be arranged with current residents for about \$130 per month.

[CASPR Directory Page](#)

DVA - Eastern Colorado Hlth Care

CLERKSHIP DIRECTOR:

Stephen Albert, DPM

Pod Sect, Surg. Serv. (112)

1055 Clermont Street

Denver, CO 80220-3808

Phone: (303) 399-8020 ext 2019 Fax: (303) 394-5853

Email: stephen.albert@va.gov

Website: www.vadenver.net

Alternate Contact:

Phone:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: No

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | No # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: Send additional requirements before arrival to carol.ratcliff@va.gov

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | |
|---|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check |
| <input checked="" type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | <input checked="" type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Verification of Liability Insurance | Type |
| | Approx Cost |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 4

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|---|---|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input type="checkbox"/> Meals Provided | <input checked="" type="checkbox"/> Contact Program for a list of housing suggestions |

Other: U.S. Citizenship required if paid

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input checked="" type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: The clerkship is an intense clinical and surgical month. Clerks spend the month dealing with patients with complex lower extremity problems. There is a weekly journal club, lectures by residents and students are required to make one presentation and complete an exit interview pertaining to the clerkship. Clerks have the opportunity to observe surgical case in house and at outside surgery centers. Weekends off.

[CASPR Directory Page](#)

DVA - Greater Los Angeles/Olive View UCLA Med Ctr

CLERKSHIP DIRECTOR:

Aksone Nouvong-Aungst, DPM

11301 Wilshire Blvd

Dept of Surgery 10H-2

Los Angeles, CA 90073

Phone: (310) 478-3711 ext 83510 Fax: (310) 268-4743

Email: anouvong@ucla.edu

Website:

Alternate Contact: Danielle Atia, Admin Assistant

Phone: (310) 478-3711 ext: 83544

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 3 # Ltrs of Rec |
| <input type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | |
|---|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check |
| <input checked="" type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Verification of Liability Insurance | Type |
| | Approx Cost \$0.00 |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month:

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|---|--|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input type="checkbox"/> Meals Provided | <input type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: There are 3 hospitals at this program: DVA GLA West Los Angeles, Olive View-UCLA Medical Center and Kaiser Woodland Hills. The clerks will spend roughly equal amounts of time at the VA and Olive View hospitals with an option to visit Kaiser Woodland Hills. During the externship the student will have daily exposure to clinics, surgery and inpatient care. Didactic experience.

[CASPR Directory Page](#)

DVA - Houston

CLERKSHIP DIRECTOR:

Steve Nevins, DPM

MEDVAMC 2002 Holcombe Blvd

Dept of Surgery, Mail Code #112

Houston, TX 77030

Phone:

Fax: (713) 794-7352

Email: mark.marphy6@va.gov

Website:

Alternate Contact: Mark Murphy

Phone: (713) 791-1414 ext: 7508

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: No Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|-------------------------------------|
| <input checked="" type="checkbox"/> Photograph | <input checked="" type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | No # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input type="checkbox"/> Transcript |

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | |
|---|--|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input type="checkbox"/> Immunization Verification - Letter from School Accepted |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check |
| <input checked="" type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | <input checked="" type="checkbox"/> HIPAA Training |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Type |
| | Approx Cost \$0.00 |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 1

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|---|--|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input type="checkbox"/> Meals Provided | <input type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|---|--|
| <input type="checkbox"/> 2012 CASPR Residency Program | <input type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from:

PROGRAM OVERVIEW: One month exposure to all aspects of podiatry. Student will observe and well as participate in patient care. DVA-Houston is not connected with a residency.

DVA - Hudson Valley Hlthcare Sys

CLERKSHIP DIRECTOR:

Mark A Caselli, DPM
 PO Box 100
 Podiatry 112B
 Montrose, NY 10548
 Phone: (914) 737-4400 ext 2446 Fax: (201) 825-4650
 Email: mark.caselli@va.gov
 Website:
 Alternate Contact:
 Phone:

**Application Materials
 should be mailed to the
 program at this address.**

This program will also accept
 application materials via:
 Email: Yes Fax: No

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|-------------------------------------|
| <input checked="" type="checkbox"/> Photograph | <input type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | No # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input type="checkbox"/> Car Required | <input type="checkbox"/> Transcript |

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | |
|---|--|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input checked="" type="checkbox"/> Doctor/Clinic Immunization Verification Required |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input type="checkbox"/> Immunization Verification - Letter from School Accepted |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check |
| <input checked="" type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | <input checked="" type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Verification of Liability Insurance | Type |
| | Approx Cost \$0.00 |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 1
 Accept Clerks from: All Colleges of Podiatric Medicine
 Housing Provided Approx. Housing Cost per Month: No Cost
 Meals Provided Contact Program for a list of housing suggestions

Other:

RESIDENCY RELATIONSHIP:

- | | |
|---|--|
| <input type="checkbox"/> 2012 CASPR Residency Program | <input type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: 0

**PROGRAM
 OVERVIEW:**

DVA - Lebanon

CLERKSHIP DIRECTOR:

Richard D. LaTour, DPM
 1700 South Lincoln Avenue
 Lebanon, PA 17042

Phone: (717) 212-6621 ext 4163 Fax: (717) 228-5955

Email: Richard.latour@va.gov

Website:

Alternate Contact:

Phone:

**Application Materials
 should be mailed to the
 program at this address.**

This program will also accept
 application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Photograph | <input checked="" type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | No # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|---|--|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check | <input type="checkbox"/> HIPAA Training |
| <input checked="" type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input type="checkbox"/> Verification of Liability Insurance | Approx Cost \$0.00 | |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 1

Accept Clerks from: AzPod, CPMS, OCPM, TUSPM, WUCPM

- | | |
|--|--|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input checked="" type="checkbox"/> Meals Provided | <input type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Residency Program is structured as a PMSR. Emphasis is placed on a well rounded experience in podiatric medicine and surgery, surgical subspecialties anesthesia, diagnostic modalities and medicine.

DVA - Loma Linda (Jerry L Pettis)

CLERKSHIP DIRECTOR:

Carol Tran, DPM

11201 Benton Street (112 G)

Loma Linda, CA 93257

Phone: (909) 583-6073

Fax: (909) 777-3826

Email: carol.tran@va.gov

Website:

Alternate Contact:

Phone:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|---|---|--|-------------------------------------|
| <input type="checkbox"/> Photograph | <input type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | No # Ltrs of Rec |
| <input type="checkbox"/> Letter of Interest | <input type="checkbox"/> Board Scores | <input type="checkbox"/> Car Required | <input type="checkbox"/> Transcript |

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|--|--|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input type="checkbox"/> Verification of Liability Insurance | Approx Cost \$0.00 | |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 4

Accept Clerks from: All Colleges of Podiatric Medicine

Housing Provided Approx. Housing Cost per Month:

Meals Provided Contact Program for a list of housing suggestions

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: A 3 year surgical program with six residents. Residents will complete medical and non-podiatry surgical rotations during their first year. Residents in second and third year will also rotate to outside surgical centers. Participate in PACT program with vascular surgery department. Weekly PACT rounds and Wound clinic.

[CASPR Directory Page](#)

DVA - Madison

CLERKSHIP DIRECTOR:

Christopher Daniele, DPM

2500 Overlook Terrace

Madison, WI 53705

Phone: (608) 256-1901 ext 11855 Fax: (608) 280-7140

Email: madpodiatry@gmail.com

Website:

Alternate Contact: Lauren Doyle

Phone: (608) 256-1901

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input checked="" type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | No # Ltrs of Rec |
| <input type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | |
|---|--|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input checked="" type="checkbox"/> Doctor/Clinic Immunization Verification Required |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input type="checkbox"/> Immunization Verification - Letter from School Accepted |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check |
| <input checked="" type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Verification of Liability Insurance | Type |
| | Approx Cost \$0.00 |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 4

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|---|---|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input type="checkbox"/> Meals Provided | <input checked="" type="checkbox"/> Contact Program for a list of housing suggestions |

Other: UW student housing occasionally available, contact available upon request for information.

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: A clerkship at our program will provide you with exposure to both clinic and surgery for podiatry. The VA has a busy and diverse clinic 3-5 days per week and surgeries throughout each month. You will also experience surgeries at surgery centers in Madison and Watertown, Wisconsin as well as Rockford, IL. Approximately 20% of your time can be spent in surgery.

[CASPR Directory Page](#)

DVA - Maryland Healthcare System

CLERKSHIP DIRECTOR:

H David Gottlieb, DPM

10 North Greene Street

5A119

Baltimore, MD 21201-1524

Phone: (410) 605-7000 ext 4167 Fax: (410) 605-7919

Email: h.gottlieb@va.gov

Website:

Alternate Contact:

Phone:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Photograph | <input checked="" type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 2 # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: Email applications get preference. We schedule externs on a first come, first served basis. Apply early.

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|---|--|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check | <input type="checkbox"/> HIPAA Training |
| <input checked="" type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input type="checkbox"/> Verification of Liability Insurance | Approx Cost | |

Other/Comments: All paperwork will be sent to externs and need to be returned before their arrival here.

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|--|--|
| <input checked="" type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input type="checkbox"/> Meals Provided | <input type="checkbox"/> Contact Program for a list of housing suggestions |

Other: Housing available based on availability and not guaranteed

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Program emphasis is on complete care of wide variety of patient types from pediatric and geriatric.

Heavy patient volume of operative cases as well as busy outpatient clinic settings. The program emphasizes hands on training. Our program has state of the art paperless medical records systems as well as digital and 3 dimensional imaging technology.

[CASPR Directory Page](#)

DVA - Miami

CLERKSHIP DIRECTOR:

Gary M Rothenberg, DPM

1201 NW 16th Street

Mailstop 112

Miami, FL 33125-1624

Phone: (305) 575-3166

Fax: (305) 575-7234

Email: gary.rothenberg@va.gov

Website:

Alternate Contact:

Phone: (305) 324-4455 ext: 4920

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input checked="" type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 2 # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | |
|---|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check |
| <input checked="" type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | <input checked="" type="checkbox"/> HIPAA Training |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Type |
| | Approx Cost |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 4

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|---|---|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: \$500 |
| <input type="checkbox"/> Meals Provided | <input checked="" type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input checked="" type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: We have a busy inpatient and outpatient podiatry program with diverse pathology seen and treatment options (both conservative and surgical) offered. The students will be exposed to all aspects of podiatry including diabetic wound care, trauma, sports medicine and reconstructive surgery.

[CASPR Directory Page](#)

DVA - Minneapolis

CLERKSHIP DIRECTOR:

Eric Affeldt, DPM
One Veterans Drive
Minneapolis, MN 55417

Phone: (612) 467-1427 Fax: (612) 725-2231

Email: eric.affeldt@va.gov

Website:

Alternate Contact:

Phone:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|-------------------------------------|
| <input checked="" type="checkbox"/> Photograph | <input checked="" type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | No # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input type="checkbox"/> Transcript |

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|---|--|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input checked="" type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Approx Cost \$0.00 | |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 1

Accept Clerks from: CPMS, OCPM, SCPM

- | | |
|---|--|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input type="checkbox"/> Meals Provided | <input type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|---|--|
| <input type="checkbox"/> 2012 CASPR Residency Program | <input type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: 0

PROGRAM No Residency available here

OVERVIEW:

DVA - Mountain Home

CLERKSHIP DIRECTOR:

George W Stano Jr, DPM

Veteran's Way

Mountain Home, TN 37684

Phone: (423) 926-1171

Fax: (423) 926-2696

Email: george.stano2@va.gov

Website:

Alternate Contact:

Phone:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: No

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 3 # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | |
|---|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted |
| <input checked="" type="checkbox"/> Fingerprinting - Submitted by Student | <input checked="" type="checkbox"/> Background Check |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | <input checked="" type="checkbox"/> HIPAA Training |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Type |
| | Approx Cost |

Other/Comments: fingerprinting & online training done prior to arrival at hospital

PROGRAM INFORMATION:

Average # of Clerks per Month: 3

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|---|---|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input type="checkbox"/> Meals Provided | <input checked="" type="checkbox"/> Contact Program for a list of housing suggestions |

Other: as of 7/1/2011 all three years of training will be in TN

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Our program's focus is biomechanics and reconstructive rearfoot & ankle surgery.

[CASPR Directory Page](#)

DVA - New Jersey Hlth Care Sys

CLERKSHIP DIRECTOR:

W. Aaron Broyles, DPM

385 Tremont Avenue
East Orange, NJ 07018

Phone: (973) 676-1000 ext 1164 Fax: (973) 395-7154

Email: william.broyles2@va.gov

Website: www.newjersey.va.gov/services/podiatry.asp

Alternate Contact:

Phone:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input checked="" type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 2 # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | |
|---|--|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input type="checkbox"/> Immunization Verification - Letter from School Accepted |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check |
| <input checked="" type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type |
| <input type="checkbox"/> Verification of Liability Insurance | Approx Cost \$0.00 |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|---|--|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input type="checkbox"/> Meals Provided | <input type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: 2 or 3 first year slots per year (8 residents total) in CPME approved 3-year PM&S-36. Program to convert July 1, 2012 to Podiatric Medicine and Surgery Residency (PMSR) with credential in Reconstructive Rearfoot/Ankle Surgery. Program encompasses full scope surgical training; scrubbing with vast number of surgical attendings, forefoot, rearfoot & ankle including Charcot reconstruction, limb salvage and arthroscopy. Participating in clerkship may significantly increase chance of selection into residency, as clerking gives opportunity to demonstrate knowledge and skill in clinic and OR. Visitations also encouraged. Resident applicants need minimum GPA of 3.0 to be considered, however, this will be waived if applicant has visited or clerked.

[CASPR Directory Page](#)

DVA - New Mexico Healthcare System

CLERKSHIP DIRECTOR:

Mark Margiotta, DPM

1501 San Pedro Dr, SE
(112)

Albuquerque, NM 87108

Phone: (505) 265-1711 ext 5313 Fax: (505) 256-5743

Email: mark.margiotta@va.gov

Website:

Alternate Contact:

Phone:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input checked="" type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 2 # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | |
|---|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input checked="" type="checkbox"/> Doctor/Clinic Immunization Verification Required |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted |
| <input checked="" type="checkbox"/> Fingerprinting - Submitted by Student | <input checked="" type="checkbox"/> Background Check |
| <input checked="" type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Verification of Liability Insurance | Type cursory |
| | Approx Cost \$0.00 |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|---|---|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input type="checkbox"/> Meals Provided | <input checked="" type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input checked="" type="checkbox"/> Clerkship Required | <input type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM 3/3/3 PM&S-36, 25 DPMs working with Program, 2 full time attendings. Very heavy academics and a
OVERVIEW: large number of trauma and reconstructive rearfoot surgical cases

[CASPR Directory Page](#)

DVA - New York Harbor Healthcare

CLERKSHIP DIRECTOR:

Steven L Goldman, DPM

423 East 23rd Street

New York, NY 10010-5050

Phone: (516) 426-9365

Fax: (484) 377-5655

Email: stevegoldman@att.net

Website:

Alternate Contact:

Phone:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: No

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input checked="" type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 3 # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|---|--|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check | <input type="checkbox"/> HIPAA Training |
| <input checked="" type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input type="checkbox"/> Verification of Liability Insurance | Approx Cost | |

Other/Comments: US Citizenship and a valid US Passport plus one other form of government issued identification

PROGRAM INFORMATION:

Average # of Clerks per Month: 3

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|---|--|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input type="checkbox"/> Meals Provided | <input type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM The hospital offers an enriched clerkship experience located in lower Manhattan, Brooklyn and Queens.

OVERVIEW: The program is awaiting PMSR with the rearfoot credential approval in the fall 2011. Clerks participate in all surgical and non-surgical facets of the program as well as didactic lectures and journal clubs. Clerkships are highly recommended for applying students.

[CASPR Directory Page](#)

DVA - Northport

CLERKSHIP DIRECTOR:

Gregory A. Davies, DPM

79 Middleville Road

Pod Sec (112A)

Northport, NY 11768-2290

Phone: (631) 261-4400 ext 2063 Fax: (631) 754-7970

Email: gregory.davies@va.gov

Website:

Alternate Contact:

Phone:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input checked="" type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 2 # Ltrs of Rec |
| <input type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|--|--|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input type="checkbox"/> Verification of Liability Insurance | Approx Cost | |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 3

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|--|--|
| <input checked="" type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: free |
| <input type="checkbox"/> Meals Provided | <input type="checkbox"/> Contact Program for a list of housing suggestions |

Other: \$25.00 key deposit-returned with return of key upon leaving

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW:

[CASPR Directory Page](#)

DVA - Palo Alto Healthcare System

CLERKSHIP DIRECTOR:

Jack Bois, DPM
3801 Miranda Ave (112)
Palo Alto, CA 94304-1207

Phone: (650) 493-5000 ext 67524 Fax: (650) 849-0556

Email: jack.bois@va.gov

Website:

Alternate Contact:

Phone:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | No # Ltrs of Rec |
| <input type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|---|--|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input checked="" type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input checked="" type="checkbox"/> Background Check | <input type="checkbox"/> HIPAA Training |
| <input checked="" type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type preferred by VA | |
| <input type="checkbox"/> Verification of Liability Insurance | Approx Cost | |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 4

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|---|---|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input type="checkbox"/> Meals Provided | <input checked="" type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: The DVA-Palo Alto clerkship program provides comprehensive, hands-on experience in Podiatric Medicine and Surgery. Surgical experience is provided for each student along with participation in our journal club and didactic programs. DVA-Palo Alto is a teaching hospital for Stanford University which is nearby and is in the San Francisco Bay Area.

[CASPR Directory Page](#)

DVA - Philadelphia

CLERKSHIP DIRECTOR:

Karen Galli, DPM

3900 Woodland Avenue

Dept of Surg #112

Philadelphia, PA 19104

Phone: (215) 823-5800 ext 6647 Fax: (215) 823-4434

Email: karen.galli@va.gov

Website: vaww.ga.gov/philadelphia

Alternate Contact:

Phone:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|-------------------------------------|
| <input type="checkbox"/> Photograph | <input checked="" type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | No # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input type="checkbox"/> Board Scores | <input type="checkbox"/> Car Required | <input type="checkbox"/> Transcript |

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|---|--|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check | <input type="checkbox"/> HIPAA Training |
| <input checked="" type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input type="checkbox"/> Verification of Liability Insurance | Approx Cost | |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|---|--|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input type="checkbox"/> Meals Provided | <input type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Hands on experience in high volume outpatient clinic with exposure to diabetic foot care/complications, pre and post op care, biomechanics and palliative care. Opportunity to assist on surgical cases. Experience with inpatient management.

[CASPR Directory Page](#)

DVA - Phoenix (Carl T. Hayden)

CLERKSHIP DIRECTOR:

Edward W Tierney, DPM
650 E Indian School Rd (112)
Phoenix, AZ 85012-1839

Phone: (602) 277-5551 ext 7539 Fax: (602) 200-6028

Email: edward.tierney@va.gov; ftxmnr@netscape.net

Website:

Alternate Contact:

Phone: (602) 277-5551 ext: 7495

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|---|--|--|
| <input checked="" type="checkbox"/> Photograph | <input type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | No # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input type="checkbox"/> Board Scores | <input type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: unofficial transcript, car recommended

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|---|--|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check | <input type="checkbox"/> HIPAA Training |
| <input checked="" type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input type="checkbox"/> Verification of Liability Insurance | Approx Cost | |

Other/Comments: finger printing arranged through VAMC- must be VA done digitally pre rotation

PROGRAM INFORMATION:

Average # of Clerks per Month: 7

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|--|---|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input checked="" type="checkbox"/> Meals Provided | <input checked="" type="checkbox"/> Contact Program for a list of housing suggestions |

Other: breakfast/lunch

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input checked="" type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW:

[CASPR Directory Page](#)

DVA - Richmond (McGuire)

CLERKSHIP DIRECTOR:

Jonathan Brantley, DPM

1201 Broad Rock Blvd 112H

Richmond, VA 23249

Phone: (804) 675-5000 ext 4126 Fax: (804) 675-6421

Email: jonathan.brantley@va.gov

Website:

Alternate Contact:

Phone:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: No

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input checked="" type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 3 # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | |
|--|--|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input type="checkbox"/> Immunization Verification - Letter from School Accepted |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | <input checked="" type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Verification of Liability Insurance | Type |
| | Approx Cost \$0.00 |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|---|---|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input type="checkbox"/> Meals Provided | <input checked="" type="checkbox"/> Contact Program for a list of housing suggestions |

Other: contact 2nd year resident regarding housing suggestions pager# 804-351-0471

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Emphasis on Podiatric Surgery and wound care from a molecular biological perspective.

[CASPR Directory Page](#)

DVA - San Francisco

CLERKSHIP DIRECTOR:

Ross Talarico, DPM
4150 Clement Street
San Francisco, CA 94121

Phone: (415) 221-4810 ext 3464 Fax:

Email: ross.talarico@va.gov

Website:

Alternate Contact:

Phone:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: No

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|-------------------------------------|
| <input checked="" type="checkbox"/> Photograph | <input checked="" type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 2 # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input type="checkbox"/> Board Scores | <input type="checkbox"/> Car Required | <input type="checkbox"/> Transcript |

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | |
|--|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | <input checked="" type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Verification of Liability Insurance | Type |
| | Approx Cost |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 4

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|---|---|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input type="checkbox"/> Meals Provided | <input checked="" type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW:

[CASPR Directory Page](#)

DVA - Southern Arizona

CLERKSHIP DIRECTOR:

Billy Martin, DPM

Surgical Care Line (2-112B)

3601 South 6th Avenue

Tucson, AZ 85723

Phone: (520) 792-1450 ext 6913 Fax: (520) 629-1706

Email: billy.martin@va.gov, debra.harris2@va.gov

Website:

Alternate Contact: Debra Harris

Phone: (520) 792-1450 ext: 6949

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input checked="" type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 3 # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|---|--|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input checked="" type="checkbox"/> Background Check | <input type="checkbox"/> HIPAA Training |
| <input checked="" type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input type="checkbox"/> Verification of Liability Insurance | Approx Cost | |

Other/Comments: Various VA Forms provided 2 mo prior to scheduled arrival. Complete and return NLT 1 mo prior.

PROGRAM INFORMATION:

Average # of Clerks per Month: 3

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|---|---|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input type="checkbox"/> Meals Provided | <input checked="" type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: We offer a well-rounded program with opportunities in state of the art wound care, innovative research, and an extensive variety of clinical and surgical experiences. Attendings are dedicated to teaching and providing one-on-one instruction. Externs encouraged to apply.

[CASPR Directory Page](#)

DVA - Tampa (J. A. Haley)

CLERKSHIP DIRECTOR:

Joshua Bernard, DPM

13000 Bruce B. Downs Blvd

Pod Sect (112)

Tampa, FL 33612-3906

Phone: (813) 972-2000 ext 6243 Fax: (813) 979-3664

Email: Joshua.Bernard@va.gov

Website:

Alternate Contact:

Phone:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input checked="" type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | No # Ltrs of Rec |
| <input type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|--|--|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input type="checkbox"/> Verification of Liability Insurance | Approx Cost | |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 4

Accept Clerks from: All Colleges of Podiatric Medicine

Housing Provided Approx. Housing Cost per Month: \$250-\$300

Meals Provided Contact Program for a list of housing suggestions

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Extensive exposure to clinical and surgical experience including reconstructive foot & ankle and ankle joint replacement surgery.

[CASPR Directory Page](#)

East Jefferson General Hospital

CLERKSHIP DIRECTOR:

Darek L Guichard, DPM

4200 Houma Blvd

Metairie, LA 70006

Phone: (504) 835-1849

Fax: (504) 835-1768

Email: darek113@cox.net

Website: www.EJGH.org

Alternate Contact:

Phone:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: No

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input checked="" type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | No # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|---|--|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Approx Cost | |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 1

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|---|--|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input type="checkbox"/> Meals Provided | <input type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: General podiatric care shadowing attendings in their office, as well as assistant surgery in the hospital.

[CASPR Directory Page](#)

Englewood Hosp & Medical Center

CLERKSHIP DIRECTOR:

Jeffrey M Cohen, DPM

350 Engle Street

Englewood, NJ 07631

Phone: (201) 568-0033

Fax: (201) 568-9891

Email: footfix@optonline.net

Website:

Alternate Contact:

Phone:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | No # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Approx Cost \$0.00 | |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 1

Accept Clerks from: All Colleges of Podiatric Medicine

Housing Provided Approx. Housing Cost per Month:

Meals Provided Contact Program for a list of housing suggestions

Other: Discounted meals

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: PMSR program with strong surgical training and wound care training teaching hospital

[CASPR Directory Page](#)

Florida Hospital East Orlando

CLERKSHIP DIRECTOR:

Howard Finkelstein, DPM

7975 Lake Underhill Road

Suite 210

Orlando, FL 32822

Phone: (407) 303-8683

Fax: (407) 303-8659

Email: Rebecca.Morgan@flhosp.org

Website: www.fhgme.com

Alternate Contact: Rebecca Morgan

Phone: (407) 303-8683

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|-------------------------------------|
| <input checked="" type="checkbox"/> Photograph | <input checked="" type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 2 # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input type="checkbox"/> Transcript |

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | |
|---|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input checked="" type="checkbox"/> Background Check |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | <input checked="" type="checkbox"/> HIPAA Training |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Approx Cost \$0.00 |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 3

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|--|--|
| <input checked="" type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: \$200/ 4 wks |
| <input checked="" type="checkbox"/> Meals Provided | <input type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|--|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Thirty-six month program with extensive training in elective forefoot, rearfoot, and ankle surgery, with a high volume of foot and ankle trauma, diabetic limb salvage, and foot and ankle reconstructive surgery with the application of both internal and external fixation devices. Additional ten months of surgical and medical rotations: Emergency Medicine, Internal Medicine, Orthopedics, General Surgery, Plastic Surgery, Vascular Surgery, Infectious Diseases, Anesthesiology, Radiology, and Pathology. Comprehensive clinical training in hospital patient management and outpatient treatment. Fifty-two weeks of Emergency Room foot and ankle trauma call. Opportunity for International AO fellowship training.

[CASPR Directory Page](#)

Forest Hills Podiatry

CLERKSHIP DIRECTOR:

Michael Dellacorte, DPM

102-01 66th

Forest Hills, NY 11375

Phone: (718) 830-1920

Fax: (718) 275-0950

Email: tnarayan@nshs.edu

Website:

Alternate Contact: Tara Narayan

Phone: (718) 830-1920

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: No

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Photograph | <input checked="" type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 3 # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input type="checkbox"/> Board Scores | <input type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|--|--|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input checked="" type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input type="checkbox"/> Verification of Liability Insurance | Approx Cost \$0.00 | |

Other/Comments: Required: Recent PPD, Titres, Copy of recent physical exam, Proof of tetanus shot

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|---|--|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input type="checkbox"/> Meals Provided | <input type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW:

[CASPR Directory Page](#)

Franciscan Health System-St. Francis Hospital

CLERKSHIP DIRECTOR:

Chad Farley, DPM

34509 9th Avenue South
Suite 306

Federal Way, WA 98003

Phone: (253) 944-4177

Fax: (253) 944-4004

Email: fhssf1990@gmail.com

Website: <http://franciscanfootankle.com/>

Alternate Contact:

Phone:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 1 # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | |
|---|--|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input type="checkbox"/> Immunization Verification - Letter from School Accepted |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | <input type="checkbox"/> HIPAA Training |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Type |
| | Approx Cost \$0.00 |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|--|---|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input checked="" type="checkbox"/> Meals Provided | <input checked="" type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Thank you for your interest in our 1 month clerkship @ St Francis Hospital. During your month with us you will be exposed to a wide variety of Foot and Ankle surgery. The primary responsibility of the externs is to scrub in with residents on surgical cases. You will also be expected to round with the residents on surgical cases. You will also be expected to round with the residents on inpatients. Clerks will also participate in all academic activities available to the residents such as grand rounds, journal club & lectures. There is no student clinic as part of our clerkship rotation.

[CASPR Directory Page](#)

Genesys Regional Medical Center

CLERKSHIP DIRECTOR:

Irvin O. Kanat, DPM
One Genesys Parkway
Grand Blanc, MI 48439

Phone: (248) 245-1161 Fax: (810) 606-6556

Email: kjohnson@genesys.org

Website: www.genesys.org

Alternate Contact: Kathy Johnson

Phone: (810) 606-5990

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Photograph | <input type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | No # Ltrs of Rec |
| <input type="checkbox"/> Letter of Interest | <input type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: The standard AACPM clerkship application

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | |
|---|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | <input checked="" type="checkbox"/> HIPAA Training |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Type |
| | Approx Cost |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|--|---|
| <input checked="" type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: approx \$50/month |
| <input checked="" type="checkbox"/> Meals Provided | <input checked="" type="checkbox"/> Contact Program for a list of housing suggestions |

Other: Every effort is made to accommodate housing requests at the above rate. When available - 1st come 1st
serve

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: The Clerkship will involve students in the total practice of Podiatry. Students will observe and participate in surgical cases, hospital rounds, foot clinic and podiatry office rotation, case preparation and presentation, lectures, study sessions and mock interviews. Program emphasis is on forefoot and rearfoot surgery, wound care and general podiatric medical practice.

[CASPR Directory Page](#)

Good Samaritan Hospital Medical Center

CLERKSHIP DIRECTOR:

Renato Giorgini, DPM

1000 Montauk Highway

West Islip, NY 11795

Phone: (631) 376-4163

Fax: (631) 376-3420

Email: denise.fliedner@chsli.org

Website: www.good-samaritan-hospital.org

Alternate Contact: Denise Fliedner

Phone: (631) 376-4163

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|-------------------------------------|
| <input checked="" type="checkbox"/> Photograph | <input type="checkbox"/> US Citizenship | <input type="checkbox"/> CV | 0 # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input type="checkbox"/> Transcript |

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|---|---|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input checked="" type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Approx Cost | |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|---|--|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input type="checkbox"/> Meals Provided | <input type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Requires school contract for application

[CASPR Directory Page](#)

Gouverneur & South Manhattan Network

CLERKSHIP DIRECTOR:

Anuj Singh, DPM

227 Madison Street

5th floor

New York, NY 10002

Phone: (212) 238-7592

Fax: (212) 238-7046

Email: anuj.singh@nychhc.org

Website:

Alternate Contact: Alfred A Garofalo, DPM

Phone: (646) 458-3718

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 3 # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|---|---|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input checked="" type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Approx Cost | |

Other/Comments: Drug testing and fingerprinting may be required on site at some of the hospitals.

PROGRAM INFORMATION:

Average # of Clerks per Month: 3

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|---|--|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input type="checkbox"/> Meals Provided | <input type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Well-rounded program with extensive hands on surgical, clinical and didactic experiences at Level 1 trauma centers (Bellevue Hospital Center, Jacobi Hospital Center and Woodhull Medical and Mental Health Center). Alternative e-mail address: alfred.garofalo@nychhc.org

[CASPR Directory Page](#)

Grant Medical Center

CLERKSHIP DIRECTOR:

Richard D Weiner, DPM

285 E State Street

Suite 670

Columbus, OH 43215

Phone: (614) 566-9041

Fax: (614) 566-8073

Email: bsnyder@ohiohealth.com

Website: www.ohiohealth.com/surgicalpodiatryresidencygrant

Alternate Contact: Belinda Snyder

Phone: (614) 566-9041

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input checked="" type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 3 # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: US Citizen or Green Card; Research/Articles published (optional) minimum GPA 3.0, top 50% of class

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input checked="" type="checkbox"/> Fingerprinting - Submitted by Student | <input checked="" type="checkbox"/> Background Check | <input checked="" type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Approx Cost | |

Other/Comments: OSHA Training

PROGRAM INFORMATION:

Average # of Clerks per Month: 3

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|--|--|
| <input checked="" type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: NONE |
| <input type="checkbox"/> Meals Provided | <input type="checkbox"/> Contact Program for a list of housing suggestions |

Other: Discounted meals. Bring toiletries for housing.

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW:

[CASPR Directory Page](#)

Gundersen Lutheran Med Foundation

CLERKSHIP DIRECTOR:

David M Dawson, DPM

1836 South Avenue

LaCrosse, WI 54601 -5494

Phone: (608) 775-2427

Fax: (608) 775-1548

Email: jgberg@gundluth.org

Website: www.gundluth.org/education

Alternate Contact: Johanna Berg

Phone: (608) 775-2961

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | |
|---|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | <input checked="" type="checkbox"/> HIPAA Training |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Type |
| | Approx Cost |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

Housing Provided Approx. Housing Cost per Month: \$0.00

Meals Provided Contact Program for a list of housing suggestions

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input type="checkbox"/> US Citizenship Required for Residency |
| <input checked="" type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: 4 week clerkship rotation combining surgical and clinical experience. Will spend time with all seven podiatrists and four residents. Clerkship required to be eligible for residency. See website for additional information and contact information.

[CASPR Directory Page](#)

Hennepin County Medical Center

CLERKSHIP DIRECTOR:

Mindy Benton, DPM

701 Park Avenue South

Minneapolis, MN 55415-1829

Phone: (612) 873-4220

Fax: (612) 904-4280

Email: hmcexterns@gmail.com

Website: hcmc.org

Alternate Contact:

Phone:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|-------------------------------------|
| <input checked="" type="checkbox"/> Photograph | <input checked="" type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | No # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input type="checkbox"/> Transcript |

Other/Comments: email preferred

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | |
|--|--|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input type="checkbox"/> Immunization Verification - Letter from School Accepted |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input checked="" type="checkbox"/> Background Check |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | <input checked="" type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Verification of Liability Insurance | Type HCMC will perform |
| | Approx Cost |

Other/Comments: HIPAA training HCMC will provide

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|---|---|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: \$350 |
| <input type="checkbox"/> Meals Provided | <input checked="" type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: HCMC is a level I trauma center located in Minneapolis. The residency serves a diverse patient population and affords the clerk exposure to all types of foot and ankle surgery.

[CASPR Directory Page](#)

Henry Ford Macomb Hospitals

CLERKSHIP DIRECTOR:

Christian Tolboe, DPM

15855 19 Mile Rd

Clinton Township, MI 48038

Phone: (586) 263-2953

Fax: (586) 329-3916

Email: externdirector@gmail.com

Website: <http://henryfordmacomb.com>

Alternate Contact:

Phone:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: No

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 2 # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | |
|---|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | <input checked="" type="checkbox"/> HIPAA Training |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Type |
| | Approx Cost |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

Housing Provided Approx. Housing Cost per Month:

Meals Provided Contact Program for a list of housing suggestions

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Highly diverse program. Exposure to many different facets of podiatry. Strong didactics and clinical exposures. Included but not limited to: diabetic woundcare, functional reconstruction, rearfoot and forefoot surgery.

[CASPR Directory Page](#)

Henry Ford Wyandotte Hospital

CLERKSHIP DIRECTOR:

Chris Olenech, DPM

2333 Biddle Avenue

Wyandotte, MI 48192

Phone: (313) 386-5750

Fax: (313) 386-0579

Email: colenechdpm@yahoo.com

Website: www.henryfordwyandotte.com

Alternate Contact:

Phone:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|---|---|--|-------------------------------------|
| <input type="checkbox"/> Photograph | <input type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | No # Ltrs of Rec |
| <input type="checkbox"/> Letter of Interest | <input type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input type="checkbox"/> Transcript |

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check | <input checked="" type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Approx Cost \$0.00 | |

Other/Comments: letter of good standing from school

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|--|--|
| <input checked="" type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input type="checkbox"/> Meals Provided | <input type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: The clerkship experience at HFWH will consist of participating in all aspects for the Residency training program. Activities will include scrubbing and active participation in daily round: surgical cases as well as patient care at student clinic, private offices. Student will actively participate in all didactic activities on daily basis.

[CASPR Directory Page](#)

Heritage Valley Beaver

CLERKSHIP DIRECTOR:

Kevin L Sams, DPM
6832 Big Beaver Blvd
Beaver Falls, PA 15010

Phone: (724) 843-7010 Fax: (724) 846-9938

Email: collegehillpodiatry@yahoo.com

Website: www.heritagevalley.org

Alternate Contact:

Phone:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 2 # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|---|---|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Approx Cost | |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

Housing Provided Approx. Housing Cost per Month:

Meals Provided Contact Program for a list of housing suggestions

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Wound care, clinics, hospital based surgery rounds, doctor office visitation, lecture and journal club.

[CASPR Directory Page](#)

Highlands/PSL

CLERKSHIP DIRECTOR:

William Farrett, DPM

1721 E 19th Ave #520

Denver, CO 80218

Phone: (303) 839-6741

Fax: (303) 869-2258

Email: awingeleth@coloradohealth.org

Website: www.highlandspsl.com

Alternate Contact: April Wingeleth

Phone: (303) 839-6741

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input checked="" type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 2 # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|---|--|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Approx Cost \$0.00 | |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 3

Accept Clerks from: All Colleges of Podiatric Medicine

Housing Provided Approx. Housing Cost per Month: \$450/month

Meals Provided Contact Program for a list of housing suggestions

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: This is an excellent clerkship for a student who is intellectually curious and is willing to work hard. Program is highly academic with 2 mandatory meetings per week (journal club and Podiatric Lecture Series). Opportunities are many to witness diverse surgical procedures from any of the 34 faculty members. Student is required to research and give a lecture.

[CASPR Directory Page](#)

Hoboken University Medical Center

CLERKSHIP DIRECTOR:

Thomas Azzolini, DPM

308 Willow Ave

Hoboken, NJ 07030

Phone: (201) 418-1000

Fax: (201) 792-2773

Email: drazzolini@njfootcare.com

Website: www.hobokenUMC.com

Alternate Contact: On-Call Resident

Phone: (201) 271-3758

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: No

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|---|--|---------------------------------------|--|
| <input type="checkbox"/> Photograph | <input type="checkbox"/> US Citizenship | <input type="checkbox"/> CV | # Ltrs of Rec |
| <input type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | |
|---|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | <input type="checkbox"/> HIPAA Training |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Type |
| | Approx Cost |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 3

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|---|---|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input type="checkbox"/> Meals Provided | <input checked="" type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: A PM&S-36 program with heavy emphasis on reconstructive surgery and trauma of the ankle and foot. Clerks are involved in inpatient care, outpatient podiatry clinic, emergency department coverage and a wide variety of surgical cases. Didactic lectures and workshops for residents are attended by clerks. Clerks make a presentation on an assigned topic.

[CASPR Directory Page](#)

Hospital Podiatry Group/Vancouver Gen Hosp

CLERKSHIP DIRECTOR:

Howard Green, DPM

203 - 8425 120th Street

Delta, BC V4C 6R2 CANADA

Phone: (604) 597-5098

Fax: (604) 597-8575

Email: drhgreen@dccnet.com

Website:

Alternate Contact:

Phone:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: No

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|---|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Photograph | <input type="checkbox"/> US Citizenship | <input type="checkbox"/> CV | No # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input type="checkbox"/> Board Scores | <input type="checkbox"/> Car Required | <input type="checkbox"/> Transcript |

Other/Comments: Car is not required but is very helpful to have.

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|---|--|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Approx Cost | |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 1

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|---|---|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input type="checkbox"/> Meals Provided | <input checked="" type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|---|--|
| <input type="checkbox"/> 2012 CASPR Residency Program | <input type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from:

PROGRAM OVERVIEW: Well-rounded office & surgery program. All outside rotations are hospital based.

Howard University Hospital

CLERKSHIP DIRECTOR:

Kirk Geter, DPM

2041 Georgia Ave NW, St 4C-04

Washington, DC 20060

Phone: (202) 865-6413

Fax: (202) 865-3131

Email: kgeter@huhosp.org

Website:

Alternate Contact:

Phone:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: No

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|---|--|-------------------------------------|
| <input checked="" type="checkbox"/> Photograph | <input type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 2 # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input type="checkbox"/> Board Scores | <input type="checkbox"/> Car Required | <input type="checkbox"/> Transcript |

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | |
|---|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | <input checked="" type="checkbox"/> HIPAA Training |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Type |
| | Approx Cost |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|---|--|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input type="checkbox"/> Meals Provided | <input type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|--|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: During the student's clerkship they will be exposed to both inpatient and outpatient experiences. This will include office based and clinic care as well as inpatient rounds and medical care. The student will also gain exposure to increase their knowledge of surgical care. The student will take part in lectures, journal club and gain insight into how to function in a multidisciplinary environment. The student will also be required to take part in a case presentation. The program will allow for growth through exposure to many different aspects of the medical experience.

[CASPR Directory Page](#)

Hugar Foot Clinic/Loretto Hospital

CLERKSHIP DIRECTOR:

Ronald W Hugar, DPM

1614 N Harlem Avenue

Elmwood Park, IL 60707-4302

Phone: (708) 452-6100

Fax: (708) 452-1614

Email: rwh@hugarfootclinic.com

Website: www.hugarfootclinic.com

Alternate Contact: Rose

Phone: (708) 452-6100

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input checked="" type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | No # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|--|--|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input type="checkbox"/> Verification of Liability Insurance | Approx Cost | |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 1

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|--|--|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input checked="" type="checkbox"/> Meals Provided | <input type="checkbox"/> Contact Program for a list of housing suggestions |

Other: 1 meal per day at hospital

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input checked="" type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: The clerkship rotation mirrors the PMSR podiatric residency program with exposure to out-patient clinic, in-patient care, general and podiatric surgery, diabetic foot care, practice management and managed care podiatry.

[CASPR Directory Page](#)

Hunt Regional Medical Center

CLERKSHIP DIRECTOR:

Steven P Brancheau, DPM

4215 Joe Ramsey Blvd

P.O. Drawer 1059

Greenville, TX 75401

Phone: (903) 455-2383

Fax: (903) 408-1689

Email: dmcdonald@huntregional.org

Website:

Alternate Contact: Diana McDonald

Phone: (903) 408-1604

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input checked="" type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 2 # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|---|--|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Approx Cost | |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

Housing Provided Approx. Housing Cost per Month: \$400/month

Meals Provided Contact Program for a list of housing suggestions

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input checked="" type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW:

[CASPR Directory Page](#)

Inova Fairfax Hospital

CLERKSHIP DIRECTOR:

Stephen Stern, DPM

3300 Gallows Road
Falls Church, VA 22042

Phone: (703) 776-6141

Fax: (703) 776-3718

Email: stephen.stern@inova.org

Website:

Alternate Contact: Kimberly Etherith
Phone:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 2 # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | |
|--|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | <input checked="" type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Verification of Liability Insurance | Type |
| | Approx Cost |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 3

Accept Clerks from: All Colleges of Podiatric Medicine

Housing Provided Approx. Housing Cost per Month: \$450 Stipend

Meals Provided Contact Program for a list of housing suggestions

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: See CASPR Directory

[CASPR Directory Page](#)

Interfaith Medical Center

CLERKSHIP DIRECTOR:

O. Joseph Falcone, DPM

1545 Atlantic Avenue

Brooklyn, NY 11213

Phone: (718) 613-4856

Fax: (718) 613-4896

Email: jfalcone@interfaithmedical.com

Website: www.interfaithmedical.com

Alternate Contact:

Phone:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 1 # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: 1 letter of recommendation from school

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | |
|--|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required |
| <input checked="" type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Approx Cost \$0.00 |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 10

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|---|---|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input type="checkbox"/> Meals Provided | <input checked="" type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input type="checkbox"/> US Citizenship Required for Residency |
| <input checked="" type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: We are a comprehensive program that focuses on surgical management of all types of foot and ankle deformities as well as trauma. You can also email Ms. Dunbar, gdunbar@interfaithmedical.com

[CASPR Directory Page](#)

Intermountain Med Ctr/DVA - Salt Lake City

CLERKSHIP DIRECTOR:

Nan Hodge, DPM

500 Foothill Blvd

Salt Lake City, UT 84148

Phone: (801) 582-1565 ext 1622 Fax: (801) 588-5908

Email: vhaslcpodiatry@va.gov

Website: imcpodiatryresidencyprogram.wordpress.com

Alternate Contact:

Phone:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: No

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|---|--|---------------------------------------|--|
| <input type="checkbox"/> Photograph | <input type="checkbox"/> US Citizenship | <input type="checkbox"/> CV | No # Ltrs of Rec |
| <input type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | |
|---|--|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input type="checkbox"/> Immunization Verification - Letter from School Accepted |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input checked="" type="checkbox"/> Background Check |
| <input checked="" type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | <input checked="" type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Verification of Liability Insurance | Type VA |
| | Approx Cost \$0.00 |

Other/Comments: VA will do all the above

PROGRAM INFORMATION:

Average # of Clerks per Month: 5

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|---|--|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input type="checkbox"/> Meals Provided | <input type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Emphasis on Biomechanics and Wound Care. High volume clinics. Hands on patient care.

[CASPR Directory Page](#)

Jackson North Medical Center

CLERKSHIP DIRECTOR:

Jean Holewinski, DPM

160 NE 170th Street

North Miami Beach, FL 33169

Phone: (305) 491-2442

Fax: (305) 932-9536

Email: savealeg@gmail.com

Website:

Alternate Contact:

Phone: (305) 932-9232

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: No

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|-------------------------------------|
| <input checked="" type="checkbox"/> Photograph | <input type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | No # Ltrs of Rec |
| <input type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input type="checkbox"/> Transcript |

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|--|--|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input type="checkbox"/> Verification of Liability Insurance | Approx Cost \$0.00 | |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 1

Accept Clerks from: All Colleges of Podiatric Medicine

Housing Provided

Approx. Housing Cost per Month:

Meals Provided

Contact Program for a list of housing suggestions

Other:

RESIDENCY RELATIONSHIP:

2012 CASPR Residency Program

US Citizenship Required for Residency

Clerkship Required

Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Well rounded program in all aspects of lower extremity including rearfoot and forefoot trauma, reconstructive forefoot and rearfoot surgery, diabetic limb salvage and wound care. Work with all branches of medicine; ER, vascular, general medicine, orthopedics.

[CASPR Directory Page](#)

Jackson South Community Hospital

CLERKSHIP DIRECTOR:

Jaime A Carbonell, DPM
 9333 SW 152nd Street
 Miami, FL 33157

Phone: (305) 251-2552 Fax:

Email: drduffusdpm@yahoo.com

Website:

Alternate Contact: Deandrea Duffus
 Phone:

**Application Materials
 should be mailed to the
 program at this address.**

This program will also accept
 application materials via:
 Email: Yes Fax: No

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Photograph | <input type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | No # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|---|--|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Approx Cost \$0.00 | |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 2
 Accept Clerks from: All Colleges of Podiatric Medicine
 Housing Provided Approx. Housing Cost per Month:
 Meals Provided Contact Program for a list of housing suggestions

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

**PROGRAM
 OVERVIEW:**

[CASPR Directory Page](#)

Jamaica Hospital Medical Center

CLERKSHIP DIRECTOR:

Nicholas G Camarinos, DPM

8900 Van Wyck Expressway

Jamaica, NY 11418

Phone: (718) 721-0441

Fax: (718) 278-5188

Email: ngcdpm@yahoo.com

Website:

Alternate Contact:

Phone:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input checked="" type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 2 # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|---|---|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input checked="" type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Approx Cost \$0.00 | |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|---|--|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input type="checkbox"/> Meals Provided | <input type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|--|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input type="checkbox"/> US Citizenship Required for Residency |
| <input checked="" type="checkbox"/> Clerkship Required | <input type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW:

[CASPR Directory Page](#)

Jewish Hospital & St Mary's Healthcare

CLERKSHIP DIRECTOR:

Robert Levine, DPM

9110 Leesgate Road

Louisville, KY 40222

Phone: (502) 426-7222

Fax: (502) 897-7414

Email: rebecca@footdoctorspsc.com

Website: JHSMH.org/podiatry

Alternate Contact: Rebecca Clark, Program Coordinator

Phone: (502) 897-1616

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 2 # Ltrs of Rec |
| <input type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | |
|---|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | <input checked="" type="checkbox"/> HIPAA Training |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Type |
| | Approx Cost |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 3

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|--|--|
| <input checked="" type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: \$0 |
| <input checked="" type="checkbox"/> Meals Provided | <input type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW:

[CASPR Directory Page](#)

Jewish Hospital of Cincinnati

CLERKSHIP DIRECTOR:

Cary Copeland, DPM

4777 E Galbraith Rd

Cincinnati, OH 45236

Phone: (513) 769-4408

Fax: (513) 686-5469

Email: tjschleimer@health-partners.org

Website: thejewishhospitalsurgicalresidency.org

Alternate Contact: Teresa Schleimer

Phone: (513) 686-5474

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: No

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Photograph | <input type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 2 # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | |
|---|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | <input checked="" type="checkbox"/> HIPAA Training |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Type |
| | Approx Cost |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 3

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|--|--|
| <input checked="" type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: No cost |
| <input checked="" type="checkbox"/> Meals Provided | <input type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Well balanced experience with exposure to all aspects of podiatry, including but not limited to: diabetic limb salvage, forefoot and rearfoot reconstruction, trauma, clinic and private practice.

[CASPR Directory Page](#)

JFK Medical Center

CLERKSHIP DIRECTOR:

James T. Clancy, DPM
5301 S. Congress Avenue
Atlantis, FL 33462

Phone: (561) 548-1273 Fax: (561) 548-1572

Email: diane.fitz@hcahealthcare.com

Website: www.jfkmcpodiatry.com

Alternate Contact: Diane S. Fitz

Phone: (561) 548-1273

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input checked="" type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 2 # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | |
|---|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input checked="" type="checkbox"/> Background Check |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | <input checked="" type="checkbox"/> HIPAA Training |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Type HCA |
| | Approx Cost \$60.00 |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|--|---|
| <input checked="" type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: \$0 |
| <input type="checkbox"/> Meals Provided | <input checked="" type="checkbox"/> Contact Program for a list of housing suggestions |

Other: Some housing - limited basis

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: 4 week extensive foot/ankle trauma and reconstruction

[CASPR Directory Page](#)

John Peter Smith Hospital

CLERKSHIP DIRECTOR:

Travis Motley, DPM
1500 South Main Street
Fort Worth, TX 76104

Phone: (817) 927-1370 Fax: (817) 927-3955

Email: tmotley@jpshealth.org

Website: <http://www.jpshealthnet.org>

Alternate Contact:

Phone:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: No

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | No # Ltrs of Rec |
| <input type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|---|---|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Approx Cost | |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 3

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|--|--|
| <input checked="" type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input checked="" type="checkbox"/> Meals Provided | <input type="checkbox"/> Contact Program for a list of housing suggestions |

Other: meals provided while in hospital, in hospital housing at no cost if available (call early)

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: The JPS Podiatry Residency offers residents and students the opportunity to practice as integrated team members in a Level I trauma center. Our residents work closely with orthopedic, family practice and general surgery residents with both trauma patients and the residents of Tarrant County. Outpatient clinics provide exposure to every type of lower extremity pathology.

[CASPR Directory Page](#)

Kaiser Permanente Santa Clara

CLERKSHIP DIRECTOR:

Cristian Neagu, DPM

710 Lawrence Expressway

Dept 140

Santa Clara, CA 95051

Phone: (408) 851-1957

Fax: (408) 851-1971

Email: cristian.neagu@kp.org

Website: residency.kp.org/ncal/podi/santaclara/santaclara.html

Alternate Contact:

Phone:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: No

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 2-3 # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|--|--|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input type="checkbox"/> Verification of Liability Insurance | Approx Cost | |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|---|--|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input type="checkbox"/> Meals Provided | <input type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: New hospital, one location, high volume clinics and surgery. Very good mix of forefoot/rearfoot/trauma and reconstructive cases. A "hands on" Clerkship

[CASPR Directory Page](#)

Kaiser Permanente Union City

CLERKSHIP DIRECTOR:

Lauri McDaniel, DPM

also known as Kaiser Foundation Hospital - Hayward

3555 Whipple Rd

Union City, CA 94587-1507

Phone: (510) 675-4847

Fax: (510) 675-4901

Email: Lauri.McDaniel@kp.org

Website: residency.kp.org/ncal

Alternate Contact:

Phone:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 2 # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | |
|---|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | <input checked="" type="checkbox"/> HIPAA Training |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Type |
| | Approx Cost |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 1

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|--|--|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input checked="" type="checkbox"/> Meals Provided | <input type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Clerk will assist in the clinic seeing patients and assisting in the operating room with surgery.

[CASPR Directory Page](#)

Kaiser Permanente Vallejo

CLERKSHIP DIRECTOR:

Gray Williams, DPM
975 Sereno Drive, Pod Dpt
Vallejo, CA 94589

Phone: (707) 651-3338 Fax: (707) 651-3339

Email: gray.williams@kp.org

Website: residency.kp.org/ncal

Alternate Contact:

Phone:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: No

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input checked="" type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 2 # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: please only send application materials via email

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | |
|---|--|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input checked="" type="checkbox"/> Doctor/Clinic Immunization Verification Required |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input type="checkbox"/> Immunization Verification - Letter from School Accepted |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | <input checked="" type="checkbox"/> HIPAA Training |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Type |
| | Approx Cost |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|---|---|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input type="checkbox"/> Meals Provided | <input checked="" type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: The Clerkship Program at Kaiser Vallejo divides the student's time between 3 medical centers: Vallejo, Vacaville, and Santa Rosa. Please understand that housing and transportation are not provided. Driving is significant but carpooling opportunities exist part of the time. Our residency website has links to the detailed information you will need.

[CASPR Directory Page](#)

Kaiser Permanente/CCF

CLERKSHIP DIRECTOR:

Mark A Hardy, DPM

10 Severance Circle

Cleveland Heights, OH 44118

Phone: (216) 297-2451

Fax:

Email: markhardy@sbcglobal.net

Website:

Alternate Contact:

Phone: (440) 773-9835

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: No

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input checked="" type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 3 # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|--|--|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input type="checkbox"/> Verification of Liability Insurance | Approx Cost | |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 3

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|---|---|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: \$300 |
| <input type="checkbox"/> Meals Provided | <input checked="" type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input type="checkbox"/> US Citizenship Required for Residency |
| <input checked="" type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: PM&S-36 with high volume of foot, ankle and lower extremity procedures. Emphasis on research and publications.

[CASPR Directory Page](#)

Kaiser SF Bay Area Foot & Ankle

CLERKSHIP DIRECTOR:

Jason D. Pollard, DPM
280 West MacArthur Blvd
Oakland, CA 94611

Phone: (510) 307-2155 Fax: (510) 752-7798

Email: jason.pollard@kp.org

Website: http://residency.kp.org/residency_programs/podiatric_surgery/sf_bay_area/

Alternate Contact:

Phone:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: No

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input checked="" type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 2 # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: Letter of Good Standing from Dean

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | |
|---|--|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input checked="" type="checkbox"/> Doctor/Clinic Immunization Verification Required |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input type="checkbox"/> Immunization Verification - Letter from School Accepted |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | <input checked="" type="checkbox"/> HIPAA Training |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Approx Cost \$0.00 |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|---|--|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: \$600-800/month |
| <input type="checkbox"/> Meals Provided | <input type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: The Kaiser SF Bay Area Foot and Ankle clerkship is a one month comprehensive clinical and surgical rotation. The clerkship will provide students with hands on exposure to both a busy clinical practice as well as in-patient care. Students will encounter a diversity of surgical pathology including elective cases, trauma, reconstruction and limb salvage. To gain maximum exposure to the residency program and attending staff student will rotate for 2 weeks at Kaiser Oakland and 2 weeks at Kaiser Walnut Creek. In addition to clinical rotations, weekly didactics will be held which include grand rounds, journal club, and educational lectures.

[CASPR Directory Page](#)

Kennedy University Hospital

CLERKSHIP DIRECTOR:

Robert J Warkala, DPM

445 Hurffville Crosskeys Road
Suite B6

Sewell, NJ 08080

Phone: (856) 582-6082

Fax: (856) 582-6083

Email: alakraw1@comcast.net

Website: KennedyHealth.org

Alternate Contact: Beth Riechman

Phone: (856) 346-6000

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input checked="" type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 2 # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: Prefer to receive applications via email.

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|--|--|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input type="checkbox"/> Verification of Liability Insurance | Approx Cost \$0.00 | |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|--|---|
| <input checked="" type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: from \$500 |
| <input type="checkbox"/> Meals Provided | <input checked="" type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Kennedy Memorial Hospital system has three divisions in Stratford, Cherry Hill, and Washington Township, NJ. KMH serves as the major teaching affiliate of UMDNJ-Osteopathic school. The clerk experience is diverse, ranging from the inpatient setting to outpatient surgical centers and the Kennedy wound care center. Email applications preferred.

[CASPR Directory Page](#)

Kindred Hospital Rancho

CLERKSHIP DIRECTOR:

Steven Cheung, DPM

10841 White Oak Ave

Rancho Cucamonga, CA 91730

Phone:

Fax: (909) 581-6418

Email: irma.delgado@kindredhealthcare.com

Website:

Alternate Contact: Irma Delgado

Phone: (909) 581-6410

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | No # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|---|---|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input checked="" type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Approx Cost \$0.00 | |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 1

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|--|--|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input checked="" type="checkbox"/> Meals Provided | <input type="checkbox"/> Contact Program for a list of housing suggestions |

Other: Lunch at Kindred Hospital is provided

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: The hospital features a hospital based clinic and wound care, orthopedic surgery, podiatry surgery, radiology, laboratory, pharmacy, cardiopulmonary programs. We have comprehensive agreements with secondary institutions such as Naval Hospital Camp Pendleton where the residents see very interesting and complex patients.

[CASPR Directory Page](#)

Kingsbrook Jewish Medical Center

CLERKSHIP DIRECTOR:

Peter Mollica, DPM
585 Schenectady Avenue
Brooklyn, NY 11203

Phone: (917) 747-6663 Fax: (718) 604-5575
Email: mjackson@kingsbrook.org; pmollica@kingsbrook.org
Website:

Alternate Contact: Marlene Jackson
Phone: (718) 604-5483

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: No

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|-------------------------------------|
| <input checked="" type="checkbox"/> Photograph | <input checked="" type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 2 # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input type="checkbox"/> Board Scores | <input type="checkbox"/> Car Required | <input type="checkbox"/> Transcript |

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | |
|--|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input type="checkbox"/> Immunization Verification - Letter from School Accepted |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type |
| <input type="checkbox"/> Verification of Liability Insurance | Approx Cost \$0.00 |

Other/Comments:

PROGRAM INFORMATION:

- Average # of Clerks per Month: 2
Accept Clerks from: All Colleges of Podiatric Medicine
- | | |
|---|--|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input type="checkbox"/> Meals Provided | <input type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW:

[CASPR Directory Page](#)

Kingston Hospital

CLERKSHIP DIRECTOR:

Michael Keller, DPM

396 Broadway

Kingston, NY 12401

Phone: (845) 339-4191

Fax: (845) 943-6021

Email: bchauncey@hahv.org

Website:

Alternate Contact: Brigid Chauncey

Phone: (845) 943-6014

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|---|--|-------------------------------------|
| <input checked="" type="checkbox"/> Photograph | <input type="checkbox"/> US Citizenship | <input type="checkbox"/> CV | No # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input type="checkbox"/> Transcript |

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | |
|---|--|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input checked="" type="checkbox"/> Doctor/Clinic Immunization Verification Required |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input type="checkbox"/> Immunization Verification - Letter from School Accepted |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | <input checked="" type="checkbox"/> HIPAA Training |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Type |
| | Approx Cost |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 1

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|--|---|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input checked="" type="checkbox"/> Meals Provided | <input checked="" type="checkbox"/> Contact Program for a list of housing suggestions |

Other: Please call/email to check availability of the on campus housing - not available every month

RESIDENCY RELATIONSHIP:

- | | |
|--|--|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: 4 week program includes rotation in podiatric clinics; wound care; journal club; lectures; daily rounds with resident/attending; podiatric medicine; podiatric surgery; one weekend of call with resident/attending etc.

[CASPR Directory Page](#)

Lakewood Regional Medical Center

CLERKSHIP DIRECTOR:

Lawrence Hodor, DPM

3700 E South Street

Lakewood, CA 90712

Phone: (562) 804-1381

Fax: (562) 925-8898

Email: lhodor2@verizon.net

Website: www.lrmcpodiatry.com

Alternate Contact:

Phone:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input checked="" type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: mail applications to: Dr. Lawrence Hodor 5720 Bellflower Blvd. Lakewood, CA 90713

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | |
|---|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | <input checked="" type="checkbox"/> HIPAA Training |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Type |
| | Approx Cost |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

Housing Provided Approx. Housing Cost per Month:

Meals Provided Contact Program for a list of housing suggestions

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: See website: www.lrmcpodiatry.com If you want to speak to one of our current residents for more information call 562-602-6723 and leave a message.

[CASPR Directory Page](#)

Larkin Community Hospital

CLERKSHIP DIRECTOR:

Elroy A Kalme, DPM

7031 SW 62nd Ave
South Miami, FL 33143

Phone: (786) 280-7301 Fax: (305) 284-7763

Email: LarkinPodiatry@hotmail.com

Website:

Alternate Contact:

Phone:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: No

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|-------------------------------------|
| <input checked="" type="checkbox"/> Photograph | <input checked="" type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | No # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input type="checkbox"/> Transcript |

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | |
|---|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | <input checked="" type="checkbox"/> HIPAA Training |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Type |
| | Approx Cost |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 4

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|--|--|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input checked="" type="checkbox"/> Meals Provided | <input type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: A well rounded 36-month curriculum residency program with exposure to diverse forefoot, midfoot, and rearfoot procedures. The program provides the resident with the opportunity to train. All medical and podiatric experience modules excellently prepare the resident for private practice. The program is affiliated with multiple facilities around the city hence a car is needed.

[CASPR Directory Page](#)

Legacy Portland Hosp/Kaiser

CLERKSHIP DIRECTOR:

Jared Remmers, DPM

1015 NW 22nd Ave

Northrup #23

Portland, OR 97210

Phone: (503) 413-2005

Fax: (503) 413-7361

Email: dsawyer@lhs.org

Website: www.legacyhealth.org/body_subsite.ofm?id=

Alternate Contact: Diane Sawyer

Phone: (503) 413-7529

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|---|--|--|
| <input checked="" type="checkbox"/> Photograph | <input type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | No # Ltrs of Rec |
| <input type="checkbox"/> Letter of Interest | <input type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|---|---|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Approx Cost \$0.00 | |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 3

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|---|---|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input type="checkbox"/> Meals Provided | <input checked="" type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|--|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Legacy Health/Kaiser combines the benefits of a private hospital and managed care institutional training. Podiatry residents rotate with all other residents on clinical experiences and are active members of the ward teams. Didactic training and laboratory workshops supplement the residents' development through a sequential process over a three-year comprehensive training program. High clinic volume and a variety of surgical cases will provide doctors the experience and confidence to practice anywhere in the country as a valuable asset to their respective community.

[CASPR Directory Page](#)

Long Beach Memorial Med Center

CLERKSHIP DIRECTOR:

Pedram Aslmand, DPM

2801 Atlantic Avenue

Long Beach, CA 90806

Phone: (562) 933-2505

Fax: (562) 933-3888

Email: cmcshane@memorialcare.org

Website: www.memorialcare.org

Alternate Contact: Carol McShane

Phone: (562) 293-3250

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 3 # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | |
|---|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | <input checked="" type="checkbox"/> HIPAA Training |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Type |
| | Approx Cost |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|---|--|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input type="checkbox"/> Meals Provided | <input type="checkbox"/> Contact Program for a list of housing suggestions |

Other: some meals

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: This is a PM&S-36 program provides a comprehensive surgical education through a positive learning environment. The program is well-rounded with an emphasis on wound care, limb salvage and orthopedic trauma. Didactic activities include weekly radiology conference, journal club, and pathology lab. LBMCC is a teaching hospital for the University of California Irvine.

[CASPR Directory Page](#)

Long Island Jewish - North Shore Manhasset

CLERKSHIP DIRECTOR:

Russell Caprioli, DPM

270-05 76th Avenue

New Hyde Park, NY 11040

Phone: (718) 470-7076

Fax: (516) 371-3438

Email: rcapriol@nshs.edu

Website: www.NorthShoreLIJ.com

Alternate Contact:

Phone:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 2 # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | |
|--|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Verification of Liability Insurance | Type |
| | Approx Cost \$0.00 |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 3

Accept Clerks from: BUSPM,CSPM,NYCPM,OCPM,SCPM,TUSPM

- | | |
|---|--|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input type="checkbox"/> Meals Provided | <input type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: See Directory page and website for more information

[CASPR Directory Page](#)

Lutheran Medical Center

CLERKSHIP DIRECTOR:

Jeffrey V Lucido, DPM

150 55th Street

Brooklyn, NY 11220

Phone: (718) 630-8455

Fax:

Email: jlucido@lmcmc.com

Website: www.lutheranmedicalcenter.com

Alternate Contact:

Phone: (718) 745-3800

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: No

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|---|--|--|
| <input checked="" type="checkbox"/> Photograph | <input type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input type="checkbox"/> Board Scores | <input type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | |
|---|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | <input checked="" type="checkbox"/> HIPAA Training |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Type |
| | Approx Cost |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 3

Accept Clerks from: All Colleges of Podiatric Medicine

Housing Provided

Approx. Housing Cost per Month:

Meals Provided

Contact Program for a list of housing suggestions

Other:

RESIDENCY RELATIONSHIP:

2012 CASPR Residency Program

US Citizenship Required for Residency

Clerkship Required

Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: PMSR fully approved program that devotes one full year to orthopedic trauma. Level one training center gives our residents exposure to a wide variety of pathology. Each resident scrubs as primary assistant in more than 500 surgical procedures each year. Also see: www.lmcmc.com/servicesandspecialties/podiatry.

[CASPR Directory Page](#)

Madigan Army Medical Center

CLERKSHIP DIRECTOR:

LTC Kerry Sweet, DPM

9040-A Fitzsimmons Ave

Attn: MCHJ-CLS-F/Podiatry Service

Tacoma, WA 98431

Phone: (253) 968-5609 ext 3239 Fax: (253) 968-1586

Email: kerry.j.sweet@us.army.mil

Website:

Alternate Contact: Linda Wiggins

Phone: (253) 968-0321

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: No

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 3 # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Drug Test - Submitted by Student | <input checked="" type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input checked="" type="checkbox"/> Fingerprinting - Submitted by Student | <input checked="" type="checkbox"/> Background Check | <input checked="" type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Approx Cost \$0.00 | |

Other/Comments: check with program for Background check information

PROGRAM INFORMATION:

Average # of Clerks per Month: 3

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|---|---|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input type="checkbox"/> Meals Provided | <input checked="" type="checkbox"/> Contact Program for a list of housing suggestions |

Other: Low cost meals

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Sports medicine focus, but also have Limb Preservation Service that provides experience with in-patient management of complex patients and exposure to complex wound care and limb salvage cases/procedures.

[CASPR Directory Page](#)

Memorial Hospital of Rhode Island

CLERKSHIP DIRECTOR:

Aaron Shemenski, DPM

111 Brewster Street

Pawtucket, RI 02860

Phone: (401) 722-7722

Fax: (401) 729-2544

Email: gail_goes@mhri.org

Website: www.mhri.org

Alternate Contact: Gail Goes

Phone: (401) 729-2977

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input checked="" type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 3 # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: car useful, not required. GPA 3.0 and above.

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|---|---|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input checked="" type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Approx Cost | |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|--|---|
| <input checked="" type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: \$0 |
| <input type="checkbox"/> Meals Provided | <input checked="" type="checkbox"/> Contact Program for a list of housing suggestions |

Other: We have housing for 2 students per month

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Residency is integral part of a teaching hospital affiliated with Brown Univ School of Medicine. Strongest feature is hands-on approach with invaluable clinical experience in hospital routine/problem foot center (20-30 pts/session). Logged "C" surgical cases far exceed requirements of PM&S-36. Office-based rotations offer a real look into everyday podiatric practice.

[CASPR Directory Page](#)

Memorial Regional Hospital South

CLERKSHIP DIRECTOR:

Barney Greenberg, DPM

2651 Hollywood Blvd

Hollywood, FL 33020

Phone: (954) 923-1800

Fax: (954) 921-0599

Email: toedoc01@aol.com; mrhsPodiatry@yahoo.com

Website:

Alternate Contact:

Phone: (954) 966-4500 ext: 1304

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 2 # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | |
|--|---|
| <input checked="" type="checkbox"/> Drug Test - Submitted by Student | <input checked="" type="checkbox"/> Doctor/Clinic Immunization Verification Required |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Verification of Liability Insurance | Type |
| | Approx Cost |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

Housing Provided Approx. Housing Cost per Month:

Meals Provided Contact Program for a list of housing suggestions

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Well-rounded program in all phases of podiatric medicine and surgery. Hands-on experience, office rotations, journal club and presentation required.

[CASPR Directory Page](#)

Mercy Hospital

CLERKSHIP DIRECTOR:

David J Neese, DPM

4050 Coon Rapids Blvd

Coon Rapids, MN 55433

Phone: (763) 421-7300

Fax: (763) 421-3337

Email: james.fullwood@allina.com

Website: allina.com/ahs/mercy.nsf/page/PodiatryResidency

Alternate Contact: Nicole Cullen, DPM

Phone: (515) 419-6345

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input checked="" type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | # Ltrs of Rec |
| <input type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | |
|---|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | <input type="checkbox"/> HIPAA Training |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Type |
| | Approx Cost |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 1

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|--|---|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input checked="" type="checkbox"/> Meals Provided | <input checked="" type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Our students are expected to be an integral part of surgical procedures, and the hospital-based wound clinic. Not afraid to be "hands on", as well as participate in Journal Club, and x-ray conferences. We are active in teaching, and continuously challenge our students academically. Each is expected to present a powerpoint presentation to the staff of our choosing.

[CASPR Directory Page](#)

Mercy St Vincent Medical Center

CLERKSHIP DIRECTOR:

Michael D Cragel, DPM

2213 Cherry Street

Toledo, OH 43608

Phone: (419) 693-4171

Fax: (419) 251-6795

Email: kristin_baldeschwiler@mhsnr.org

Website: www.svmmc-mhpresidencies.org/podiatry.asp

Alternate Contact: Kristin A Baldeschwiler

Phone: (419) 251-4613

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: No

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Photograph | <input type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 2 # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|---|---|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Approx Cost | |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|--|--|
| <input checked="" type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input checked="" type="checkbox"/> Meals Provided | <input type="checkbox"/> Contact Program for a list of housing suggestions |

Other: Meal stipend of \$40 per week is provided

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: First and foremost, come eager to learn. During your clerkship at Mercy St Vincent, you will participate in surgeries, hospital rounds, wound clinic, outpatient clinic, Podiatry grand rounds, journal club, board review sessions, and workshops. You will spend time in several departments and locations and will most likely attend surgeries at five different locations.

[CASPR Directory Page](#)

Mercy Suburban Hospital

CLERKSHIP DIRECTOR:

Lynne M Casper, DPM

2701 DeKalb Pike
East Norriton, PA 19401

Phone: (610) 279-3080 Fax: (610) 292-8384

Email: mercysuburban@gmail.com

Website: www.mercyhealth.org/surburban/

Alternate Contact:

Phone:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input checked="" type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 2 # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | |
|---|---|
| <input checked="" type="checkbox"/> Drug Test - Submitted by Student | <input checked="" type="checkbox"/> Doctor/Clinic Immunization Verification Required |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | <input checked="" type="checkbox"/> HIPAA Training |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Approx Cost \$0.00 |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|--|---|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input checked="" type="checkbox"/> Meals Provided | <input checked="" type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: At Mercy Suburban Hospital, we offer a well-rounded podiatric clerkship month with exposure in the OR, outpatient, inpatient, and wound care center settings. Located in the Philadelphia suburbs, easy access to center city Philadelphia

[CASPR Directory Page](#)

Metrowest Medical Center

CLERKSHIP DIRECTOR:

Donald W Adams, DPM

115 Lincoln Street

Framingham, MA 01702

Phone: (508) 872-9288

Fax: (508) 620-7368

Email: sharon.dearth@mwmc.com

Website: www.mwmc.com

Alternate Contact: Sharon Dearth

Phone: (508) 383-1555

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: No Fax: No

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | No # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|--|---|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input checked="" type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input checked="" type="checkbox"/> Background Check | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type CORI | |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Approx Cost | |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 1

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|---|---|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: \$600/mo |
| <input type="checkbox"/> Meals Provided | <input checked="" type="checkbox"/> Contact Program for a list of housing suggestions |

Other: Housing Arranged \$600/mo; Parking

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Trauma, surgery, diabetes

[CASPR Directory Page](#)

Millcreek Community Hospital

CLERKSHIP DIRECTOR:

Goffredo Ianiro, DPM

5515 Peach Street

Erie, PA 16509

Phone: (814) 868-8217

Fax: (814) 868-2489

Email: mchmeded@mch1.org

Website: www.millcreekcommunityhospital.org

Alternate Contact: Marilyn Tracy

Phone: (814) 868-8217

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input checked="" type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 2 # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|---|---|--|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input checked="" type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check | <input checked="" type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Approx Cost \$0.00 | |

Other/Comments: current PPD

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|--|--|
| <input checked="" type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: no charge |
| <input checked="" type="checkbox"/> Meals Provided | <input type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Millcreek Community Hospital offers an extensive mix of surgical procedures including forefoot, rearfoot reconstruction, and diabetic limb salvage procedures. Clinical time is spent with a wide variety of attending physicians, as well in our wound clinics.

[CASPR Directory Page](#)

Mineral Area Regional Med Ctr

CLERKSHIP DIRECTOR:

Carmina Quiroga, DPM
11709 Old Ballas Road #201
Creve Coeur, MO 63141

Phone: (314) 432-1903

Fax: (314) 432-5105

Email:

Website:

Alternate Contact:

Phone:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: No Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input checked="" type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | No # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|--|--|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input type="checkbox"/> Verification of Liability Insurance | Approx Cost | |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|--|--|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: \$500-\$700 |
| <input checked="" type="checkbox"/> Meals Provided | <input type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input checked="" type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW:

[CASPR Directory Page](#)

Montefiore Medical Center

CLERKSHIP DIRECTOR:

Eric Walter, DPM
600 East 233rd Street
Bronx, NY 10466

Phone: (718) 920-2060 Fax: (347) 577-4451

Email: dchinae@montefiore.org

Website:

Alternate Contact: Donna Chinae
Phone: (347) 577-4410

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: No

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 2 # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|---|---|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Approx Cost \$0.00 | |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 3

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|--|--|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input checked="" type="checkbox"/> Meals Provided | <input type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|--|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: 2nd largest teaching hospital in U.S. Large diversified urban population reconstructive surgery. Forefoot and rearfoot; trauma surgery diabetic limb salvage and wound care.

[CASPR Directory Page](#)

Morristown Medical Center

CLERKSHIP DIRECTOR:

Kiran D Poylangada, DPM

Parsippany Foot & Ankle

50 Cherry Hill Road

Parsippany, NJ 07054

Phone: (973) 971-6442

Fax: (973) 290-8329

Email: kiran.poylangada@atlanticealth.org

Website: <http://www.atlanticealth.org/en/morristown>

Alternate Contact: Elizabeth Siccone

Phone: (973) 971-6442

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: No

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 1 # Ltrs of Rec |
| <input type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | |
|--|--|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input type="checkbox"/> Immunization Verification - Letter from School Accepted |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Verification of Liability Insurance | Type |
| | Approx Cost |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 3

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|---|--|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input type="checkbox"/> Meals Provided | <input type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input type="checkbox"/> US Citizenship Required for Residency |
| <input checked="" type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW:

[CASPR Directory Page](#)

Mount Auburn Hospital

CLERKSHIP DIRECTOR:

Emily A Cook, DPM

330 Mount Auburn Street

Cambridge, MA 02138

Phone: (617) 497-2420

Fax: (617) 499-5593

Email: MAH.Residency@gmail.com

Website:

Alternate Contact: Lissette Cornejo, Program Coordinator

Phone:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: No

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input checked="" type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | No # Ltrs of Rec |
| <input type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: email application to lcornejo@mah.harvard.edu

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|---|--|--|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input checked="" type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check | <input checked="" type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Approx Cost \$0.00 | |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|---|---|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input type="checkbox"/> Meals Provided | <input checked="" type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Mount Auburn Hospital, a teaching hospital of Harvard Medical School. Is a 3 yr high-volume, well-rounded program with an emphasis in surgery (particularly complex reconstructive forefoot, rearfoot, and ankle surgery, sports medicine, & trauma, academia, & research

[CASPR Directory Page](#)

Mt Sinai Hospital of Queens

CLERKSHIP DIRECTOR:

Wayne Axman, DPM

25-10 30th Avenue

Astoria, NY 11102

Phone: (718) 274-0974

Fax: (718) 879-1670

Email: wayne.axman@mountsinai.org

Website:

Alternate Contact: Betty Mason

Phone: (718) 274-0974

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 2 # Ltrs of Rec |
| <input type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|--|---|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input checked="" type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input checked="" type="checkbox"/> Background Check | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input type="checkbox"/> Verification of Liability Insurance | Approx Cost \$0.00 | |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month:

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|---|--|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input type="checkbox"/> Meals Provided | <input type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: The training schedule consists of 2-4 weeks block time in the various hospitals where the residents are supervised by the chiefs and site coordinators. The residents attend weekly podiatric teaching rounds as well as didactic activities at Mount Sinai and Elmhurst Hospitals. The diverse podiatric staff is supportive of the residency training and participates in teaching the residents.

[CASPR Directory Page](#)

Mt Sinai Medical Center - FL

CLERKSHIP DIRECTOR:

Jacqueline Brill, DPM

4300 Alton Road

Miami Beach, FL 33140

Phone: (305) 893-3966

Fax: (305) 674-2946

Email: ismith@msmc.com

Website: www.msmc.com

Alternate Contact: Italia Smith

Phone: (305) 674-2251

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | No # Ltrs of Rec |
| <input type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: OSHA - Personal Health Insurance

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|---|---|--|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input checked="" type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check | <input checked="" type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Approx Cost \$0.00 | |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

Housing Provided Approx. Housing Cost per Month:

Meals Provided Contact Program for a list of housing suggestions

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW:

[CASPR Directory Page](#)

New York Community Hospital

CLERKSHIP DIRECTOR:

Lawrence A Santi, DPM

2525 Kings Highway

Brooklyn, NY 11229

Phone: (718) 435-1031

Fax: (718) 435-9617

Email: ftdoc2@aol.com

Website:

Alternate Contact:

Phone:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input checked="" type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 2 # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|--|--|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input type="checkbox"/> Verification of Liability Insurance | Approx Cost \$0.00 | |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|--|--|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input checked="" type="checkbox"/> Meals Provided | <input type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW:

[CASPR Directory Page](#)

New York Hospital Queens

CLERKSHIP DIRECTOR:

Alicia T Lazzara, DPM

56-30 Main Street

2nd FL Podiatry Office

Flushing, NY 11355

Phone: (718) 670-2151

Fax: (718) 661-7129

Email: atl9002@nyp.org; tak9013@nyp.org

Website: NYHQ.org

Alternate Contact: Theresa Kresback

Phone: (718) 670-2151

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: No

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|---|---|--|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input checked="" type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check | <input checked="" type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Approx Cost | |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 4

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|--|--|
| <input checked="" type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: free |
| <input type="checkbox"/> Meals Provided | <input type="checkbox"/> Contact Program for a list of housing suggestions |

Other: Housing for Out of State students

RESIDENCY RELATIONSHIP:

- | | |
|--|--|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Very busy, well rounded program which provides exposure to all aspects of podiatric surgery and medicine. Clerk will experience clinic, hospital and private office patient encounters as well as hospital based surgeries. Foot and ankle trauma as well as emergency room experience occur throughout the rotation. Daily radiology rounds, journal club and weekly lectures.

[CASPR Directory Page](#)

New York Methodist Hospital

CLERKSHIP DIRECTOR:

Ronald L Soave, DPM

Podiatry Residency Program

506 Sixth Street

Brooklyn, NY 11215-3645

Phone: (718) 780-5850

Fax: (718) 780-3095

Email: nympodiatrycoordinator@gmail.com

Website: www.nyp.org

Alternate Contact: Smitia Semexant

Phone: (718) 780-5716

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input checked="" type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: Green Cards accepted

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | |
|---|--|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input checked="" type="checkbox"/> Doctor/Clinic Immunization Verification Required |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input type="checkbox"/> Immunization Verification - Letter from School Accepted |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input checked="" type="checkbox"/> Background Check |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | <input checked="" type="checkbox"/> HIPAA Training |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Approx Cost |

Other/Comments: PPD and Hep B must be included in immunization

PROGRAM INFORMATION:

Average # of Clerks per Month: 5

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|--|---|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input checked="" type="checkbox"/> Meals Provided | <input checked="" type="checkbox"/> Contact Program for a list of housing suggestions |

Other: 50% discount on meals with Hospital ID. Hospitality Housing for a fee available (first come basis)

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW:

[CASPR Directory Page](#)

North Colorado Medical Center

CLERKSHIP DIRECTOR:

Eric Jaakola, DPM

1600 23rd Avenue

Greeley, CO 80634

Phone: (303) 321-4477

Fax: (970) 346-2828

Email: heidi.romero@bannerhealth.com

Website: www.bannerhealth.com (keyword: podiatric resid)

Alternate Contact: Heidi Romero

Phone: (970) 346-2844

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input checked="" type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 2 # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | |
|---|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input checked="" type="checkbox"/> Background Check |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | <input checked="" type="checkbox"/> HIPAA Training |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Type Student provides |
| | Approx Cost |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

Housing Provided Approx. Housing Cost per Month: \$100/month

Meals Provided Contact Program for a list of housing suggestions

Other: program housing available on a limited basis

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW:

[CASPR Directory Page](#)

Northshore Medical Center

CLERKSHIP DIRECTOR:

Clifford O'Connor, DPM

1100 NW 95th Street

Miami, FL 33150

Phone: (305) 893-9883

Fax: (305) 893-5352

Email:

Website:

Alternate Contact: Maguelena Aldophe

Phone: (305) 893-9883

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: No Fax: No

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | Yes # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | |
|---|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input checked="" type="checkbox"/> Doctor/Clinic Immunization Verification Required |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted |
| <input checked="" type="checkbox"/> Fingerprinting - Submitted by Student | <input checked="" type="checkbox"/> Background Check |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | <input checked="" type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Verification of Liability Insurance | Type |
| | Approx Cost \$0.00 |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

Housing Provided Approx. Housing Cost per Month:

Meals Provided Contact Program for a list of housing suggestions

Other:

RESIDENCY RELATIONSHIP:

- | | |
|---|--|
| <input type="checkbox"/> 2012 CASPR Residency Program | <input type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: 0

PROGRAM OVERVIEW: Three year podiatric surgery. In Provision status.

Northside/(WRHE)

CLERKSHIP DIRECTOR:

Vern M Chuba, DPM

500 Gypsy Lane
Youngstown, OH 44501

Phone: (330) 884-3068 Fax: (330) 884-0651

Email: Diane_Morgan2@valleycarehealth.net

Website: www.forumhealth.org

Alternate Contact: Diane Morgan

Phone: (330) 884-3068

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | No # Ltrs of Rec |
| <input type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|---|--|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input checked="" type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Approx Cost | |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 4

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|---|---|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input type="checkbox"/> Meals Provided | <input checked="" type="checkbox"/> Contact Program for a list of housing suggestions |

Other: Apartment complex across street: Furnished apts \$300/month

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Approved PM&S-36 residency program. Well-rounded clerkship with exposure from wound care to surgery. Resident run podiatric clinic.

[CASPR Directory Page](#)

Northwest Medical Center

CLERKSHIP DIRECTOR:

Alexandra Andes, DPM

2801 N St Rd 7

Margate, FL 33063

Phone: (954) 722-8080

Fax:

Email: aandesdpm@gmail.com

Website:

Alternate Contact:

Phone:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: No

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 2 # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | |
|---|--|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input checked="" type="checkbox"/> Doctor/Clinic Immunization Verification Required |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input type="checkbox"/> Immunization Verification - Letter from School Accepted |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input checked="" type="checkbox"/> Background Check |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | <input checked="" type="checkbox"/> HIPAA Training |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Type |
| | Approx Cost \$0.00 |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

Housing Provided Approx. Housing Cost per Month:

Meals Provided Contact Program for a list of housing suggestions

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW:

[CASPR Directory Page](#)

Norton Healthcare

CLERKSHIP DIRECTOR:

Thomas Childress, DPM

One Audubon Plaza Drive

Kentucky Podiatric Residency Program

Louisville, KY 40217

Phone: (502) 893-1844

Fax: (502) 636-7684

Email: linda.woolridge@nortonhealthcare.org

Website: www.nortonhealthcare.org/body.cfm?id=858

Alternate Contact: Linda Woolridge

Phone: (502) 636-8171

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: No

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | No # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|---|---|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Approx Cost | |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 3

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|--|--|
| <input checked="" type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: \$0 |
| <input checked="" type="checkbox"/> Meals Provided | <input type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input checked="" type="checkbox"/> Clerkship Required | <input type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Three-year PM&S-36 program; Residents and students have access to all Norton Healthcare facilities. Students will have rotations in Podiatric Medicine & Surgery, Ortho/Trauma, and Pediatric Orthopedics that include surgery and private office time. Students will attend and participate in all didactic events held during their rotation.

[CASPR Directory Page](#)

Norwegian American Hospital

CLERKSHIP DIRECTOR:

Louis M Santangelo, DPM
1044 North Francisco Avenue
Chicago, IL 60622

Phone: (773) 292-4364 Fax: (773) 278-1206

Email: montemurroantonio@yahoo.com

Website: www.nahospital.org

Alternate Contact: Antonio Montemurro DPM

Phone: (773) 292-4364

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: No

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|---|---|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Photograph | <input type="checkbox"/> US Citizenship | <input type="checkbox"/> CV | No # Ltrs of Rec |
| <input type="checkbox"/> Letter of Interest | <input type="checkbox"/> Board Scores | <input type="checkbox"/> Car Required | <input type="checkbox"/> Transcript |

Other/Comments: Letter of enrollment from school

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|--|---|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input type="checkbox"/> Verification of Liability Insurance | Approx Cost | |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 3

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|---|--|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input type="checkbox"/> Meals Provided | <input type="checkbox"/> Contact Program for a list of housing suggestions |

Other: Parking is included

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Norwegian American Hospital is an approved PM&S-36 program. Training includes heavy, extensive exposure to forefoot and rearfoot surgery, orthopedic trauma with an emphasis on foot and ankle, wound care and pediatrics. Hands-on surgical training begins immediately. Patient demographics are diverse and care is geared towards real life practice management.

[CASPR Directory Page](#)

Oakwood Annapolis Hospital

CLERKSHIP DIRECTOR:

Lawrence M Fallat, DPM

33155 Annapolis Rd

Wayne, MI 48184

Phone: (313) 389-2288

Fax: (313) 389-2286

Email: oakwoodpodiatry@gmail.com

Website: www.oakwood.org

Alternate Contact:

Phone:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: No

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input checked="" type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 3 # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|--|---|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input checked="" type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input type="checkbox"/> Verification of Liability Insurance | Approx Cost | |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 3

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|--|--|
| <input checked="" type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: \$250.00 |
| <input type="checkbox"/> Meals Provided | <input type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW:

[CASPR Directory Page](#)

Ochsner Medical Center at Kenner

CLERKSHIP DIRECTOR:

Rory Panepinto, DPM

2120 Driftwood Blvd

Kenner, LA 70065

Phone: (504) 443-9500

Fax: (504) 454-3075

Email: ochsnerpodiatry@gmail.com

Website:

Alternate Contact:

Phone:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: No

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input checked="" type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 2 # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | |
|--|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required |
| <input checked="" type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input checked="" type="checkbox"/> Background Check |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | <input type="checkbox"/> HIPAA Training |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Type |
| | Approx Cost \$0.00 |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

Housing Provided

Approx. Housing Cost per Month:

Meals Provided

Contact Program for a list of housing suggestions

Other:

RESIDENCY RELATIONSHIP:

2012 CASPR Residency Program

US Citizenship Required for Residency

Clerkship Required

Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: This program is part of the Ochsner Health Care System, it is a PM&S 36 program. We emphasize podiatric surgical competencies, but also have a training emphasis in wound care and hyperbarics. We are a large teaching hospital with residents from any different medical specialties to provide a comprehensive medical education for our residents.

[CASPR Directory Page](#)

Ohio State University

CLERKSHIP DIRECTOR:

Said Atway, DPM

476 W 10th Avenue

4118 Cramblett Hall

Columbus, OH 43210

Phone: (614) 293-3668

Fax: (614) 293-3596

Email: osupodiatry@gmail.com

Website: http://ortho.osu.edu/education/pod_residency/

Alternate Contact: Julia Panzo

Phone: (614) 293-6194

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: No

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Photograph | <input type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 2 # Ltrs of Rec |
| <input type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | |
|---|--|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input checked="" type="checkbox"/> Doctor/Clinic Immunization Verification Required |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input type="checkbox"/> Immunization Verification - Letter from School Accepted |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check |
| <input checked="" type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | <input type="checkbox"/> HIPAA Training |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Type |
| | Approx Cost \$0.00 |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 3

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|---|---|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input type="checkbox"/> Meals Provided | <input checked="" type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: This externship takes place within the Department of Orthopaedics at The Ohio State University Medical Center and The Ohio State University Hospitals East, in Columbus, Ohio. The Department of Orthopaedics sponsors a three-year rotating residency program in Podiatric Surgery.

[CASPR Directory Page](#)

Our Lady of Lourdes Memorial Hosp

CLERKSHIP DIRECTOR:

Guido A LaPorta, DPM

169 Riverside Drive

c/o Brenda Keating, Admin

Binghamton, NY 13905

Phone: (607) 766-9097

Fax: (607) 798-7681

Email: bkeating@lourdes.com

Website: www.lourdes.com (under community services)

Alternate Contact: Brenda A Keating

Phone: (607) 798-5528

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input checked="" type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 3 # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|---|---|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Approx Cost | |

Other/Comments: Must have up-to-date PPD and a physical within the past year

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|--|--|
| <input checked="" type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input checked="" type="checkbox"/> Meals Provided | <input type="checkbox"/> Contact Program for a list of housing suggestions |

Other: Limited meals available. Housing at local hotel at the hospital's expense.

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Program includes podiatric office and hospital-based medicine practice, wound care, limb salvage, trauma, reconstructive forefoot and rearfoot surgery, and training in external fixation. Residents responsible for in-house patient management and staffing Primary Care Network Food Clinic. Off-site rotations at Syracuse, NY, Scranton, PA & Rubin Institute, Baltimore, MD.

[CASPR Directory Page](#)

Palmetto General Hospital

CLERKSHIP DIRECTOR:

Luis Marin, DPM

2001 West 68th Street, C/O Med Education

Bldg 7100, Suite 202

Hialeah, FL 33016

Phone: (305) 826-7774

Fax: (305) 826-5505

Email: drluismarin@hotmail.com

Website: www.palmettogeneral.com

Alternate Contact: Rosemary

Phone: (305) 364-2107

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: No

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input checked="" type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 3 # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | |
|---|--|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required |
| <input checked="" type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input type="checkbox"/> Immunization Verification - Letter from School Accepted |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check |
| <input checked="" type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Verification of Liability Insurance | Type |
| | Approx Cost |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 4

Accept Clerks from: All Colleges of Podiatric Medicine

Housing Provided

Approx. Housing Cost per Month:

Meals Provided

Contact Program for a list of housing suggestions

Other:

RESIDENCY RELATIONSHIP:

2012 CASPR Residency Program

US Citizenship Required for Residency

Clerkship Required

Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Great exposure to trauma; reconstruction surgery, wound care - Trips/ Missions to: Dominican Republic - SOL foundation + Yucatan crippled project - Mexico - training and exposure in external fixation

[CASPR Directory Page](#)

Peninsula Hospital Center

CLERKSHIP DIRECTOR:

Lawrence P Horl, DPM
 51-15 Beach Channel Drive
 Far Rockaway, NY 11691

Phone: (718) 734-2000 ext 3020 Fax:

Email: horl77@aol.com

Website:

Alternate Contact:

Phone:

**Application Materials
 should be mailed to the
 program at this address.**

This program will also accept
 application materials via:

Email: Yes Fax: No

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Photograph | <input type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | No # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input type="checkbox"/> Board Scores | <input type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|---|---|--|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input checked="" type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check | <input checked="" type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Approx Cost \$0.00 | |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 2
 Accept Clerks from: All Colleges of Podiatric Medicine
 Housing Provided Approx. Housing Cost per Month:
 Meals Provided Contact Program for a list of housing suggestions

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: See Residency Information. PMSR over 36 months.

Penn Presbyterian Medical Center

CLERKSHIP DIRECTOR:

Alan Mlodzienski, DPM

51 North 39th Street
Philadelphia, PA 19104

Phone: (215) 662-9664 Fax: (215) 243-8818

Email: jacqueline.rosenzweig@uphs.upenn.edu

Website: www.med.upenn.edu/podiatricresidency

Alternate Contact: Jacqueline Rosenzweig

Phone: (215) 662-9664

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: No

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 2 # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|---|---|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input checked="" type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Approx Cost \$0.00 | |

Other/Comments: current PPD

PROGRAM INFORMATION:

Average # of Clerks per Month: 3

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|---|--|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input type="checkbox"/> Meals Provided | <input type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Student participates with residents on surgery, clinic, and floors. Student performs one weekday overnight with on-call resident and one weekend day with residents. Student presentation to all residents on podiatric topic of their choosing the last week of their clerkship.

[CASPR Directory Page](#)

POH Regional Medical Center

CLERKSHIP DIRECTOR:

Stuart Bass, DPM

50 N Perry Street

Pontiac, MI 48342

Phone: (248) 408-8300

Fax: (248) 338-5567

Email: betsy.davis@pohmedical.org

Website: www.pohregional.org

Alternate Contact: Betsy Davis

Phone: (248) 338-5392

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: No Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input checked="" type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | No # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: letter of good standing from school

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|---|---|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Approx Cost | |

Other/Comments: TB Test

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

Housing Provided Approx. Housing Cost per Month: \$200/mo

Meals Provided Contact Program for a list of housing suggestions

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: PM&S-36 - converting to PMSR with Reconstructive rearfoot, ankle credential. Two residents selected annually, conversion to PMSR w/ RRA leads to certification in ABPS and ABPOPPM.

[CASPR Directory Page](#)

Providence Hospital

CLERKSHIP DIRECTOR:

Irvin O. Kanat, DPM
16001 West Nine Mile Rd
Southfield, MI 48075

Phone: (248) 245-1161 Fax: (248) 849-2994

Email: vanessa.solomon@stjohn.org

Website: www.realmedicine.org/providencecgme

Alternate Contact: Vanessa Solomon

Phone: (248) 849-3403

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Photograph | <input type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | No # Ltrs of Rec |
| <input type="checkbox"/> Letter of Interest | <input type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: The standard AACPM clerkship application

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|---|---|--|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input checked="" type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check | <input checked="" type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Approx Cost | |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|--|---|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input checked="" type="checkbox"/> Meals Provided | <input checked="" type="checkbox"/> Contact Program for a list of housing suggestions |

Other: every effort is made to locate housing nearby.

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: The clerkship will involve students in the total practice of Podiatry. Students will observe and participate in surgical cases, hospital rounds, a wound care center, podiatry office rotation, case preparation and presentation, lectures, study sessions and mock interviews. Program emphasis is on forefoot and rearfoot surgery, wound care and general podiatric medical practice.

[CASPR Directory Page](#)

Regions Hospital/Health Partners

CLERKSHIP DIRECTOR:

Ryan Pfannenstien, DPM

640 Jackson Street

St. Paul, MN 55101

Phone: (651) 254-8380

Fax: (651) 254-8385

Email: rachel.c.collier@healthpartners.com

Website: www.imehealthpartners.com/PodiatricMedicalResidencyDirectory.shtml

Alternate Contact: Rachel Collier DPM, Ryan Reinking DPM

Phone: (651) 629-1913 ext: 629-0329

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: No

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 1 # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|---|---|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Approx Cost | |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|---|--|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input type="checkbox"/> Meals Provided | <input type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|--|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input type="checkbox"/> US Citizenship Required for Residency |
| <input checked="" type="checkbox"/> Clerkship Required | <input type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: PM&S-36, 3 year comprehensive foot and ankle surgical residency program located at a level 1 trauma center. Surgical experience includes trauma, rearfoot reconstruction, diabetic limb salvage, arthroscopy and elective foot and ankle procedures. Comprehensive clinical experience including close follow up of operative patients. You can also email Dr. Reinking at ryan.r.reinking@healthpartners.com for more information.

[CASPR Directory Page](#)

Roger Williams Medical Center

CLERKSHIP DIRECTOR:

Jeffery Rock, DPM
825 Chalkstone Avenue
Providence, RI 02908

Phone: (401) 253-8900 ext 250 Fax: (401) 253-3131

Email: jrock@lifespan.org

Website: www.rwmc.org/residency_specialties/podiatry.cfm

Alternate Contact:

Phone:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: No

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input checked="" type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | No # Ltrs of Rec |
| <input type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | |
|---|--|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input checked="" type="checkbox"/> Doctor/Clinic Immunization Verification Required |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input type="checkbox"/> Immunization Verification - Letter from School Accepted |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | <input type="checkbox"/> HIPAA Training |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Approx Cost \$0.00 |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 1

Accept Clerks from: All Colleges of Podiatric Medicine

Housing Provided Approx. Housing Cost per Month:

Meals Provided Contact Program for a list of housing suggestions

Other: some meals maybe provided

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW:

[CASPR Directory Page](#)

Roxborough Memorial Hospital

CLERKSHIP DIRECTOR:

Larry Goss, DPM
5800 Ridge Avenue
Philadelphia, PA 19130

Phone: (215) 487-4284 Fax: (215) 487-4222

Email: lgossdpm@comcast.net

Website:

Alternate Contact:

Phone:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: No

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | No # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|---|---|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input checked="" type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Approx Cost | |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|---|--|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input type="checkbox"/> Meals Provided | <input type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: There is a strong emphasis on reconstructive rearfoot procedures at this program. Weekly academic meetings and lectures are mandatory. Completion of a research project is required for successful graduation of the residency program. Educational lectures and teaching of students is required. Arthroscopy, internal and external fixation courses are taken during your 3rd year.

[CASPR Directory Page](#)

Rush North Shore Medical Center

CLERKSHIP DIRECTOR:

Jeffrey Alexander, DPM

9600 Gross Point Road

Skokie, IL 60076-1257

Phone: (847) 933-6020

Fax: (847) 933-3829

Email: kmartin2@northshore.org

Website: www.rush.edu/professionals/gme/podiatry/index.html

Alternate Contact: Kathy Martin

Phone:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: No

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|---|---|--|-------------------------------------|
| <input type="checkbox"/> Photograph | <input type="checkbox"/> US Citizenship | <input type="checkbox"/> CV | No # Ltrs of Rec |
| <input type="checkbox"/> Letter of Interest | <input type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input type="checkbox"/> Transcript |

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|--|--|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input type="checkbox"/> Verification of Liability Insurance | Approx Cost \$0.00 | |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 1

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|---|--|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input type="checkbox"/> Meals Provided | <input type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Well rounded program offering exposure to all areas of podiatric medicine and surgery

[CASPR Directory Page](#)

Rush Oak Park Hospital

CLERKSHIP DIRECTOR:

Jeffery Alexander, DPM

520 South Maple

Oak Park, IL 60304

Phone: (708) 660-6100

Fax: (708) 660-0447

Email: kwsella@hughes.net

Website: www.rush.edu/professionals/gme/podiatry/index.html

Alternate Contact: Kathleen Kwsella

Phone:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: No

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|---|--|-------------------------------------|
| <input checked="" type="checkbox"/> Photograph | <input type="checkbox"/> US Citizenship | <input type="checkbox"/> CV | No # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input type="checkbox"/> Transcript |

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|--|--|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input type="checkbox"/> Verification of Liability Insurance | Approx Cost | |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|--|--|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input checked="" type="checkbox"/> Meals Provided | <input type="checkbox"/> Contact Program for a list of housing suggestions |

Other: meals: some at hospital

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Well rounded program offering exposure to all areas of podiatric medicine and surgery

[CASPR Directory Page](#)

Sacred Heart Hospital

CLERKSHIP DIRECTOR:

David E Finkelstein, DPM

3240 West Franklin Blvd

Chicago, IL 60624-1511

Phone: (773) 722-3020 ext 2277 Fax: (773) 722-5808

Email: dfinkelstein@pol.net

Website:

Alternate Contact:

Phone:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | No # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|---|---|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Approx Cost | |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|--|---|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input checked="" type="checkbox"/> Meals Provided | <input checked="" type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: The Sacred Heart Hospital externship experience includes both surgical and clinical education. The externs work with the residents and attendings on a daily basis.

[CASPR Directory Page](#)

Scott & White Mem Hosp/Texas A&M Health Sci Ctr

CLERKSHIP DIRECTOR:

J. Marshall Devall, DPM

600 South 25th Street
Santa Fe Podiatry Clinic
Temple, TX 76504

Phone: (254) 771-8472

Fax: (254) 771-8383

Email: mfelix@swmail.sw.org

Website: http://podiatry.sw.org

Alternate Contact: Michelle Felix, Program Coordinator

Phone: (254) 771-8491

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input checked="" type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | No # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: Transcript with GPA, Min GPA for Application: 3.0, flu vaccination, both seasonal and H1N1

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check | <input checked="" type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input type="checkbox"/> Verification of Liability Insurance | Approx Cost | |

Other/Comments: HIPAA training - required module for student trainees will be sent to student to complete prior to rotation

PROGRAM INFORMATION:

Average # of Clerks per Month: 4

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|---|---|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input type="checkbox"/> Meals Provided | <input checked="" type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input checked="" type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Podiatry is part of Department of Surgery. Academically affiliated with Texas A&M Health Science Center College of Medicine. S&W Memorial Hospital is level 1 trauma center, 500 bed hospital, 28,000 annual admissions. 5th largest multispecialty group practice in United States. Very strong interest in academic medical center program is needed to effectively participate.

[CASPR Directory Page](#)

Scripps Mercy Kaiser Program

CLERKSHIP DIRECTOR:

Ryan Lee, DPM

770 Washington Street
Suite 202

San Diego, CA 92103

Phone: (619) 291-0777

Fax: (619) 291-3231

Email: ryanlee43@gmail.com

Website:

Alternate Contact:

Phone:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 3 # Ltrs of Rec |
| <input type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: Car is recommended

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|---|--|--|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input checked="" type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input checked="" type="checkbox"/> Background Check | <input checked="" type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Approx Cost | |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|---|---|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input type="checkbox"/> Meals Provided | <input checked="" type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW:

[CASPR Directory Page](#)

South Jersey Hospital

CLERKSHIP DIRECTOR:

Angelo Luzzi, DPM
1505 West Sherman Ave
Vineland, NJ 08360

Phone: (856) 641-8661

Fax: (856) 641-7642

Email: graciav@sjhs.com

Website:

Alternate Contact: Victoria Gracia

Phone: (856) 641-8661

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input checked="" type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 3 # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | |
|---|--|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input checked="" type="checkbox"/> Doctor/Clinic Immunization Verification Required |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input type="checkbox"/> Immunization Verification - Letter from School Accepted |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | <input checked="" type="checkbox"/> HIPAA Training |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Approx Cost \$0.00 |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

Housing Provided Approx. Housing Cost per Month:

Meals Provided Contact Program for a list of housing suggestions

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW:

[CASPR Directory Page](#)

South Miami Hospital

CLERKSHIP DIRECTOR:

Jason R Hanft, DPM

6200 SW 73rd Street

Attn: Podiatry Residents

South Miami, FL 33143

Phone: (786) 662-5174

Fax:

Email: smhresidents@gmail.com

Website:

Alternate Contact: Attn: Podiatry Residents

Phone:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: No

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 3 # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|--|--|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input type="checkbox"/> Verification of Liability Insurance | Approx Cost \$0.00 | |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|--|---|
| <input checked="" type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: \$800/month |
| <input checked="" type="checkbox"/> Meals Provided | <input checked="" type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|--|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Heavy surgical training program involving forefoot, rearfoot, diabetic limb salvage and trauma. The program is among one of the most diversified in the country and covers a wide variety of pathology. In addition, the first year residents are primarily responsible for in patient management, ER call, and Wound Center. 2nd and 3rd yrs do elective surgeries and office rotations.

[CASPR Directory Page](#)

Southeast Michigan Surg Hosp (Kern)

CLERKSHIP DIRECTOR:

Kyle Sunblad, DPM
21230 Dequindre Road
Warren, MI 48091

Phone: (586) 427-1000 Fax: (586) 759-0237

Email: toofcod@yahoo.com, cfortune@nshinc.com

Website: www.smshinc.com

Alternate Contact: Cyndi Fortune
Phone: (586) 880-2424

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input checked="" type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 3 # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check | <input checked="" type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Approx Cost | |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

Housing Provided Approx. Housing Cost per Month:

Meals Provided Contact Program for a list of housing suggestions

Other: breakfast and lunch are provided

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: All students encouraged to observe, evaluate and participate in the discussion and medical care of patients with the resident and supervising physicians. Exposure will be to a wide array of academic, clinical, surgical experience during the rotation. The extern will have significant interactions with Anesthesiology, Radiology, General & Vascular Surgery, and Clinical Diabetic Care. Clinical experiences will consist of being involved in our clinic, observing diabetic patients, operating room and assisting. The focus of the month is to provide didactic and clinical experience in the pursuit of accomplishing the goals and objectives set forth by the Schools of Podiatric Medicine and Clinical of Podiatric Medical Education.

[CASPR Directory Page](#)

St Barnabas Hospital - NY

CLERKSHIP DIRECTOR:

Emilio Goetz, DPM

4422 Third Avenue

Bronx, NY 10457

Phone: (718) 960-9000 ext 6269 Fax: (718) 960-6132

Email: docforfeet@yahoo.com

Website:

Alternate Contact: Linda Jamison-Brown

Phone: (718) 960-6269

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: No

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | No # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | |
|---|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | <input checked="" type="checkbox"/> HIPAA Training |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Type |
| | Approx Cost |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 4

Accept Clerks from: AzPod, BUSPM, NYCPM, OCPM, SCPM, TUSPM

- | | |
|--|--|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input checked="" type="checkbox"/> Meals Provided | <input type="checkbox"/> Contact Program for a list of housing suggestions |

Other: Please have students interested contact me via email

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Level 1 Trauma Center - heavy emphasis on ortho, please contact us via email

[CASPR Directory Page](#)

St Barnabas Medical Center - NJ

CLERKSHIP DIRECTOR:

Jonathan Haber, DPM

94 Old Short Hills Road

Livingston, NJ 07039

Phone: (973) 228-5042

Fax: (973) 322-2471

Email: agritschke@sbhcs.com

Website: www.sbhcs.com

Alternate Contact: Anna Gritschke

Phone: (973) 322-8994

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input checked="" type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 2 # Ltrs of Rec |
| <input type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|--|--|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input type="checkbox"/> Verification of Liability Insurance | Approx Cost \$0.00 | |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 3

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|---|--|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input type="checkbox"/> Meals Provided | <input type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: St. Barnabas sponsors a 3 year PM&S-36 podiatric residency. The residents are exposed to full scope podiatric medicine and surgery at the hospital and surgical centers. The resident will see patients in the emergency room, during hospital rounds, and scrub on surgical cases. They are expected to do a clinical presentation and participate in journal club with the residents.

[CASPR Directory Page](#)

St Elizabeth's Medical Center

CLERKSHIP DIRECTOR:

John Marcoux, DPM

736 Cambridge Street

Brighton, MA 02135

Phone: (617) 779-6512

Fax: (617) 779-6762

Email: marie.prevost2@steward.org

Website:

Alternate Contact: Marie Prevost

Phone: (617) 789-3472

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: No Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 2 # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|---|--|--|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input checked="" type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input checked="" type="checkbox"/> Background Check | <input checked="" type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type CORI | |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Approx Cost \$0.00 | |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 1

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|---|---|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input type="checkbox"/> Meals Provided | <input checked="" type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: SEMC is a PM&S-36, provisionally approved by the CPME, SEMC is a Tuft's Medical School teaching affiliate. There is excellent interdisciplinary cooperation & collegiality amongst the training programs. The residency is authorized for a total of 6 residents, 2 per year. The residency is designed in a rotational structure with an emphasis on resource based, competency driven, assessment validated training. The resident is provided with a greater responsibility in patient care & decision making as they progress through training. Didactic activities include journal club, workshops, case review & lectures. Clinical affiliations allow 3rd & 4th year podiatric students to rotate through SEMC on a monthly basis to augment their clinical curriculum. Externs are actively involved in the clinic, OR, ED, & all didactic activities.

[CASPR Directory Page](#)

St Francis Hosp and Medical Center

CLERKSHIP DIRECTOR:

Rafael Gonzalez, DPM

114 Woodland Street

Dept of Podiatric Surgery MS #40501

Hartford, CT 06105

Phone: (860) 714-5911

Fax: (860) 714-8885

Email: dvivenzi@stfranciscare.org

Website: www.stfranciscare.org

Alternate Contact: Deborah ViVenzio

Phone: (860) 714-5911

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: No

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input checked="" type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 2 # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: Evidence of satisfactory completion of physical exam with in the past 3 years and current flu shot

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | |
|---|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input checked="" type="checkbox"/> Doctor/Clinic Immunization Verification Required |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | <input checked="" type="checkbox"/> HIPAA Training |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Approx Cost |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 3

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|---|---|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input type="checkbox"/> Meals Provided | <input checked="" type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: PM&S-36 Podiatric Surgery Residency Program. Residents Rotations include General and Vascular Surgery, Medicine, Orthopedics, and Emergency Medicine among others. Externs participate in clinic, out patient and in patient surgery and in-hospital patient care alongside residents and Attendings. Externs are also required to attend Journal Club.

[CASPR Directory Page](#)

St John Hospital and Medical Center

CLERKSHIP DIRECTOR:

Stuart J Wertheimer, DPM

22101 Moross Road

Detroit, MI 48236

Phone: (313) 343-6396

Fax: (313) 343-6394

Email: stuart.wertheimer@stjohn.org

Website: www.stjohn.org/stjohnhospital/cme-residency

Alternate Contact:

Phone:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | No # Ltrs of Rec |
| <input type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: must be upper 50% of class. Must have passed Part I on initial attempt

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | |
|---|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | <input checked="" type="checkbox"/> HIPAA Training |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Type |
| | Approx Cost |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 3

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|---|---|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input type="checkbox"/> Meals Provided | <input checked="" type="checkbox"/> Contact Program for a list of housing suggestions |

Other: Housing - shared student apartments based on availability (\$125/month)

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: The program provides active participation of the clerk. Emphasis is placed on reconstructive surgery of the foot and ankle and lower extremity traumatology. Didactics activities occur daily.

[CASPR Directory Page](#)

St John Macomb Oakland Hospital

CLERKSHIP DIRECTOR:

Anthony V Benenati, DPM

11800 East 12 Mile Road

Warren, MI 48093

Phone: (586) 779-6140

Fax: (586) 779-9865

Email: info@benenatifootcare.com

Website: stjoh.org

Alternate Contact:

Phone:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input checked="" type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 2 # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | |
|--|--|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input type="checkbox"/> Immunization Verification - Letter from School Accepted |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input checked="" type="checkbox"/> Background Check |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Verification of Liability Insurance | Type |
| | Approx Cost |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|--|--|
| <input checked="" type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input type="checkbox"/> Meals Provided | <input type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: High emphasis on Surgery. Forefoot and rearfoot reconstruction as well as trauma. Residents cover 2 major metropolitan Emergency Rooms with over 500 patient beds.

[CASPR Directory Page](#)

St John's Episcopal Hosp - South Shore

CLERKSHIP DIRECTOR:

Lloyd Bardfeld, DPM
327 Beach 19th Street
Far Rockaway, NY 11691

Phone: (516) 592-7075 Fax: (718) 869-8512

Email: tnddawg@aol.com, agoldeb@ehs.org

Website: www.ehs.org

Alternate Contact: Allan Goldberg DPM

Phone: (516) 578-9890

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | No # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|--|---|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input type="checkbox"/> Verification of Liability Insurance | Approx Cost | |

Other/Comments: History and physical from school attesting to the ability of the applicant to perform as a clerk

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|---|--|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input type="checkbox"/> Meals Provided | <input type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: St John's Episcopal Hospital allows clerks to obtain hands on clinical training. The hospital has a CPME approved PMSR residency and a CPME approved Wound Care/Tissue Healing Post Graduate Fellowship

[CASPR Directory Page](#)

St Joseph Hospital - Chicago

CLERKSHIP DIRECTOR:

Frank Zappa, DPM

2900 North Lake Shore Drive

Chicago, IL 60657

Phone: (312) 243-3769

Fax: (312) 243-3840

Email: Sandra.Testore@gmail.com

Website: www.reshealth.org/educaiton/sjhpodiatry

Alternate Contact: Sandra L Testore

Phone: (312) 243-3769

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: No

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input checked="" type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | No # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|---|---|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input checked="" type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input checked="" type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check | <input type="checkbox"/> HIPAA Training |
| <input checked="" type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Approx Cost \$0.00 | |

Other/Comments: Titers for mumps, measles, and rubella. Current negative TB test

PROGRAM INFORMATION:

Average # of Clerks per Month: 4

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|---|---|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input type="checkbox"/> Meals Provided | <input checked="" type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input checked="" type="checkbox"/> Clerkship Required | <input type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: PM&S-36/ 5 residents in each year/ 20+ affiliate sites/ large diverse faculty/ generous salary/ friendly atmosphere

[CASPR Directory Page](#)

St Joseph Medical Center - TX

CLERKSHIP DIRECTOR:

Steven J Lieberson, DPM

1401 St. Joseph Parkway - GWS 3rd FL

Houston, TX 77002

Phone: (713) 756-8217

Fax: (713) 657-7234

Email: marivel.lozano@sjmctx.com

Website: in process

Alternate Contact: Marivel R Lozano

Phone: (713) 756-8217

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input checked="" type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 3 # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: If not US Citizen, please provide work authorization and othe required documents as per the I9 form

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input checked="" type="checkbox"/> Background Check | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Approx Cost \$0.00 | |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 3

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|---|---|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input type="checkbox"/> Meals Provided | <input checked="" type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: St Joseph Medical Center is a PM&S-36 residency program that will offer 3 available positions for candidates beginning July 2011. This program will offer a well rounded & diverse training experience in all aspects of podiatric medicine and surgery including forefoot surgery, rearfoot surgery, pediatrics and trauma. This program has over 20 podiatrists that will expose the residents to various choices of procedures & fixation techniques. Residents will also spend time in the private offices of podiatric faculty to experience pre & post op management, consultations, in-office procedures, practice management & all other aspects of practice. Surgical workshops will be performed at St Joseph Med Ctr in our cadaver lab complete with imaging.

[CASPR Directory Page](#)

St Joseph Regional Med Ctr - IN

CLERKSHIP DIRECTOR:

Michael Salcedo, DPM

837 East Cedar Street

Suite #125

South Bend, IN 46617

Phone: (574) 236-8597

Fax: (574) 472-6088

Email: smithsh@sjrmc.com

Website: www.saintjosephresidency.com/podiatryprog/

Alternate Contact: Sherry Smith

Phone: (574) 236-8597

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | No # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|---|---|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Approx Cost | |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|--|--|
| <input checked="" type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: \$700/mo |
| <input checked="" type="checkbox"/> Meals Provided | <input type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM visit our website at www.saintjosephresidency.com

OVERVIEW:

[CASPR Directory Page](#)

St Joseph's Hospital/NPHS

CLERKSHIP DIRECTOR:

Frank Macri, DPM
16th and Girard Avenue
Philadelphia, PA 19130

Phone: (215) 877-7330 Fax: (215) 787-9398

Email: bunion15@msn.com

Website: www.nphs.com

Alternate Contact: Bernice Garrison

Phone: (215) 787-9266

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|---|--|--|
| <input checked="" type="checkbox"/> Photograph | <input type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 1 # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input type="checkbox"/> Board Scores | <input type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|---|--|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Approx Cost | |

Other/Comments: verification of PPD test

PROGRAM INFORMATION:

Average # of Clerks per Month: 1

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|--|--|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input checked="" type="checkbox"/> Meals Provided | <input type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Exposure to all phases of forefoot, midfoot, ankle procedures. Outpt/Inpt exposure

[CASPR Directory Page](#)

St Luke's Hosp - Allentown Campus

CLERKSHIP DIRECTOR:

Robert Diamond, DPM

c/o Medical Education Office
1501 Lehigh Street, Suite 103

Allentown, PA 18104

Phone: (610) 628-8318

Fax: (610) 628-8464

Email: schwabj@slhn.org

Website: www.stlukesresidenteducation.org

Alternate Contact: Janet Schwab

Phone: (610) 628-8318

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 2 # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|--|--|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input type="checkbox"/> Verification of Liability Insurance | Approx Cost | |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 3

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|--|---|
| <input checked="" type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: \$0 |
| <input checked="" type="checkbox"/> Meals Provided | <input checked="" type="checkbox"/> Contact Program for a list of housing suggestions |

Other: partial meals

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input type="checkbox"/> US Citizenship Required for Residency |
| <input checked="" type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW:

[CASPR Directory Page](#)

St Mary Mercy Livonia

CLERKSHIP DIRECTOR:

Ronald Adelman, DPM

36475 Five Mile Road

Livonia, MI 48154

Phone: (734) 655-2727

Fax: (734) 655-8430

Email: adelmanr@trinity-health.org

Website: www.stmarymercy.org

Alternate Contact:

Phone:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 2 # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|---|---|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Approx Cost | |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|---|---|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input type="checkbox"/> Meals Provided | <input checked="" type="checkbox"/> Contact Program for a list of housing suggestions |

Other: contact residents for housing at email stmary.podiatry@gmail.com

RESIDENCY RELATIONSHIP:

- | | |
|--|--|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM At St. Mary Mercy, the Podiatry Residency Program (PM&S-36) is well integrated in the hospital system.

OVERVIEW: With a large volume of podiatric, orthopedic, vascular, and general surgery the resident will be consistently exposed with surgical volume, as podiatric surgery is the only surgical residency. On site wound care and podiatric clinics are noted as well.

[CASPR Directory Page](#)

St Mary's Hospital - NJ

CLERKSHIP DIRECTOR:

Lenny Ramirez, FACFAS, DPM

350 Blvd

Passaic, NJ 07055

Phone: (973) 223-0190

Fax: (973) 616-6292

Email: lenram88@aol.com

Website:

Alternate Contact:

Phone:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | No # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|---|--|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Approx Cost \$0.00 | |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|---|--|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input type="checkbox"/> Meals Provided | <input type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: 250 bed hospital in serving urban community. Wide variety of cases from pediatrics to geriatrics, wound care center, HBO, rotation through ambulatory surgery center. Hospital has open heart program, birthing suites, orthopedics, and advanced radiology department.

[CASPR Directory Page](#)

St Mary's Medical Center-IN

CLERKSHIP DIRECTOR:

Terence A Alvey, DPM
3700 Washington Avenue
Evansville, IN 44750

Phone: (812) 477-1558

Fax: (812) 485-4679

Email: cjmaassen@stmarys.org

Website: www.stmarys.org

Alternate Contact: Kathy Maassen

Phone: (812) 485-8390

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input checked="" type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | No # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|---|--|--|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check | <input checked="" type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Approx Cost | |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

Housing Provided Approx. Housing Cost per Month: \$100/month

Meals Provided Contact Program for a list of housing suggestions

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Clerkship exposes students to hospital admissions, attending podiatrists' offices/surgeries as well as a large number of trauma surgeries at a level two Trauma Center. Residency rotations are available online. Students experience residents' clinics as well. WE HAVE EXPANDED OUR RESIDENCY TO 2/2/2 WITH REARFOOT CERTIFICATION BEGINNING 7/1/12.

[CASPR Directory Page](#)

St Michael's Medical Center

CLERKSHIP DIRECTOR:

Ann Marie Palagiano, DPM

268 Martin Luther King Jr Blvd

Newark, NJ 07102

Phone: (973) 399-3232

Fax: (973) 399-2529

Email: kylealessi@yahoo.com

Website:

Alternate Contact:

Phone:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Photograph | <input type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | No # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|--|--|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input type="checkbox"/> Verification of Liability Insurance | Approx Cost \$0.00 | |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 3

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|---|--|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input type="checkbox"/> Meals Provided | <input type="checkbox"/> Contact Program for a list of housing suggestions |

Other: housing possible on per case basis

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Well-rounded 3-year program. Currently PM&S-36, converting to PMSR with Reconstructive Rearfoot/Ankle Credential Affiliated with Seton Hall University.

[CASPR Directory Page](#)

St Rita's Medical Ctr

CLERKSHIP DIRECTOR:

Eric C. Miller, DPM, FACFAS

730 W Market Street
Medical Staff Services
Lima, OH 45801

Phone: (419) 224-8414 Fax: (419) 226-9818

Email: slschulte@health-partners.org

Website: www.stritas.org (info under "other services")

Alternate Contact: Stacy L Schulte, Residency Coordinator

Phone: (419) 996-5559

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: No

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input checked="" type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 2 # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|---|--|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input checked="" type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Approx Cost | |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|--|--|
| <input checked="" type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: complimentary |
| <input checked="" type="checkbox"/> Meals Provided | <input type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: We accept up to 2 podiatric externs per month during the months of January - June and August - December. Complimentary housing and meals are provided. The podiatric medical student will rotate at St Rita's Medical Center for one month, working closely with our residents and attendings to gain further knowledge in the field of podiatric medicine and surgery.

[CASPR Directory Page](#)

St Vincent Charity Hospital

CLERKSHIP DIRECTOR:

Debra Thornton, DPM

2351 East 22nd Street

Cleveland, OH 44115

Phone: (216) 363-2725

Fax: (216) 363-2721

Email: nichole.banks@stvincentcharity.com

Website: stvincentpodiatry.org

Alternate Contact:

Phone: (216) 363-2725

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 3 # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|---|---|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Approx Cost \$0.00 | |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

Housing Provided Approx. Housing Cost per Month: \$200.00

Meals Provided Contact Program for a list of housing suggestions

Other: Housing call room housing for the duration of the clerkship

RESIDENCY RELATIONSHIP:

- | | |
|--|--|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Committed to practicing and providing professional services to all persons without regard to race, creed or financial background.

[CASPR Directory Page](#)

St Vincent Hospital

CLERKSHIP DIRECTOR:

Christopher Winters, DPM

8333 Naab Road, Suite 300

Indianapolis, IN 46260

Phone: (317) 848-1402

Fax: (317) 575-6909

Email: ldallen1@stvincent.org

Website: <http://medicalednation.stvincent.org/podiatry>

Alternate Contact: Lisa Allen

Phone: (317) 338-6811

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 2 # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: clerks will remain at hospital all month, no driving to surgery centers

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | |
|---|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | <input checked="" type="checkbox"/> HIPAA Training |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Type |
| | Approx Cost \$0.00 |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 3

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|--|---|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input checked="" type="checkbox"/> Meals Provided | <input checked="" type="checkbox"/> Contact Program for a list of housing suggestions |

Other: lunch normally provided at noon conferences, local extended stay options near hospital are available

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input type="checkbox"/> US Citizenship Required for Residency |
| <input checked="" type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Well rounded program up to 3 clerks taken per month. Clerks are actively involved in education, rounds, patient care and surgery. Participate in weekly journal club & present at end of month. Program has 3 entry level positions available. Podiatry residents work closely with all medical specialties & residents.

[CASPR Directory Page](#)

St Vincent Hospital/WMC

CLERKSHIP DIRECTOR:

Paul Cournoyer, DPM

123 Summer St

Worcester, MA 01608

Phone: (508) 363-6357

Fax: (508) 363-7560

Email: nicole.cross@stvincenthospital.com

Website: www.stvincenthospital.com

Alternate Contact: Nicole Cross

Phone: (508) 363-6350

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: No

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input checked="" type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 2 # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: Car is recommended

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | |
|--|--|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input type="checkbox"/> Immunization Verification - Letter from School Accepted |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Verification of Liability Insurance | Type |
| | Approx Cost |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|---|---|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: \$150/mth cash only |
| <input type="checkbox"/> Meals Provided | <input checked="" type="checkbox"/> Contact Program for a list of housing suggestions |

Other: To inquire about housing availability, call Ivonne Moore as soon as possible at 508-363-6177

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW:

[CASPR Directory Page](#)

St Vincent's Medical Center - FL

CLERKSHIP DIRECTOR:

Cara Lapkowicz, DPM
2561 Riverside Avenue
Jacksonville, FL 32204-4722

Phone: (904) 308-2835 Fax: (904) 308-4099

Email:

Website: www.jaxpodiatry.com

Alternate Contact:

Phone: (904) 308-2835

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: No Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|---|---|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Photograph | <input type="checkbox"/> US Citizenship | <input type="checkbox"/> CV | No # Ltrs of Rec |
| <input type="checkbox"/> Letter of Interest | <input type="checkbox"/> Board Scores | <input type="checkbox"/> Car Required | <input type="checkbox"/> Transcript |

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|--|--|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input type="checkbox"/> Verification of Liability Insurance | Approx Cost \$0.00 | |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 3

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|--|--|
| <input checked="" type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: \$100 |
| <input checked="" type="checkbox"/> Meals Provided | <input type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: We are a program designed to develop the critical clinical and surgical skills necessary for today's podiatrist.

[CASPR Directory Page](#)

Summa Western Reserve Hospital

CLERKSHIP DIRECTOR:

Aaron J Chokan, DPM

1900 23rd Street

Cuyahoga Falls, OH 44223

Phone: (330) 929-3331

Fax: (330) 929-5408

Email: drchokan@ohiofac.com

Website: www.westernreservehospital.com

Alternate Contact:

Phone:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: No Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input checked="" type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 2 # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|---|---|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Approx Cost | |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 1

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|--|---|
| <input checked="" type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input checked="" type="checkbox"/> Meals Provided | <input checked="" type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: This program is very well-rounded with heavy emphasis on surgical procedures and wound care techniques. Exposure to large number of procedures during just the first year of Forefoot, Rearfoot, and Ankle surgical procedures. Residents cover 3 main hospitals in Akron/Canton area and are responsible for admissions, consults and carry a large inpatients base for diabetic foot infections and fractures. Residents learn surgical techniques for proper fusions of the forefoot, rearfoot and ankle. Wound care and practice management area also emphasized during the residents career to allow him/her to succeed in life. Our program is all based in a smaller 120 bed hospital for a close intimate setting.

[CASPR Directory Page](#)

Surg Hosp of Oklahoma/CCF

CLERKSHIP DIRECTOR:

William K Smith, Sr, DPM

100 SE 59th Street

Oklahoma City, OK 73159

Phone: (405) 634-9300

Fax: (405) 632-9308

Email: sipopy@cox.net

Website:

Alternate Contact:

Phone: (405) 634-9300

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input checked="" type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | No # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|---|---|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Approx Cost | |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|---|---|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input type="checkbox"/> Meals Provided | <input checked="" type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW:

[CASPR Directory Page](#)

Swedish Medical Center

CLERKSHIP DIRECTOR:

Matt Labella, DPM

500 17th Ave

GME Podiatry

Seattle, WA 98122

Phone: (206) 320-5301

Fax: (206) 320-4780

Email: extern@swedishfootankle.com

Website: www.swedish.org/podiatryresidency

Alternate Contact: Daniel Byrd

Phone: (206) 320-5301

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: No

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | No # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | |
|---|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | <input checked="" type="checkbox"/> HIPAA Training |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Approx Cost |

Other/Comments: PPD within the past 12 months; current CPR card if your school requires CPR certification

PROGRAM INFORMATION:

Average # of Clerks per Month: 3

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|--|--|
| <input checked="" type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: \$150.00 |
| <input type="checkbox"/> Meals Provided | <input type="checkbox"/> Contact Program for a list of housing suggestions |

Other: Parking available for \$100

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW:

[CASPR Directory Page](#)

Temple University Hospital

CLERKSHIP DIRECTOR:

Andrew J Meyr, DPM

TUSPM

810 Race Street

Philadelphia, PA 19107

Phone: (215) 625-5350

Fax: (215) 629-4904

Email: ajmeyr@gmail.com

Website: tuhpod.weebly.com

Alternate Contact:

Phone: (215) 625-5350

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 2 # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|--|--|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input type="checkbox"/> Verification of Liability Insurance | Approx Cost | |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 3

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|---|--|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input type="checkbox"/> Meals Provided | <input type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: TUSPM

PROGRAM OVERVIEW: TUH provides high volume surgical externship experience at a Level-1 trauma center, with emphasis on academics, reconstructive surgery and trauma.

[CASPR Directory Page](#)

Trinity Regional Medical Center

CLERKSHIP DIRECTOR:

Paul Dayton, DPM

801 Kenyon Rd

Suite 310

Fort Dodge, IA 50501

Phone: (515) 574-6880

Fax: (515) 573-8172

Email: daytonp@ihs.org

Website: www.trmc.org/podiatry-residency-program.cf

Alternate Contact:

Phone:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: No Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input checked="" type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | No # Ltrs of Rec |
| <input type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|---|---|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Approx Cost | |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 1

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|--|--|
| <input checked="" type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: at no cost |
| <input checked="" type="checkbox"/> Meals Provided | <input type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Trinity Regional Medical Center Podiatric Surgical Residency emphasizes comprehensive patient care experience, from new patient encounter to discharge. Ongoing experience includes in-patient and out-patient surgical management, diabetic foot management, adult and pediatric reconstruction, infection management, ER trauma call and office based foot and ankle care

[CASPR Directory Page](#)

Truman Medical Center Lakewood

CLERKSHIP DIRECTOR:

Jennifer Halligan, DPM

7900 Lee's Summit Road

Kansas City, MO 64139

Phone: (816) 453-5161

Fax: (816) 404-8038

Email: vickie.figg@tmcmed.org

Website:

Alternate Contact: Vickie Figg, Coordinator

Phone: (816) 404-8031

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: No

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input checked="" type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 3 # Ltrs of Rec |
| <input type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | |
|---|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | <input checked="" type="checkbox"/> HIPAA Training |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Type |
| | Approx Cost |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|---|--|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input type="checkbox"/> Meals Provided | <input type="checkbox"/> Contact Program for a list of housing suggestions |

Other: websites for housing: corporatehousing.com or extendedstayhotels.com

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Well rounded surgical program with good exposure to forefoot and rearfoot reconstruction as well as trauma. Car not required for rotation but program does participate in surgery cases at other hospitals in the metro area. Resident run clinic three times a week. Weekly radiology conference with case presentation/discussion, monthly journal club, and Symposium.

[CASPR Directory Page](#)

UF & Shands Jacksonville Med Ctr

CLERKSHIP DIRECTOR:

Stephen M Merritt, DPM

655 W 8th Street

Jacksonville, FL 32209

Phone: (904) 244-6810

Fax: (904) 244-3457

Email: stephen.merritt@jax.ufl.edu

Website: jax.shands.org/education/podiatry

Alternate Contact: Patricia Edwards

Phone: (904) 244-7757

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|---|--|-------------------------------------|
| <input type="checkbox"/> Photograph | <input type="checkbox"/> US Citizenship | <input type="checkbox"/> CV | No # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input type="checkbox"/> Transcript |

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | |
|---|---|
| <input checked="" type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input checked="" type="checkbox"/> Background Check |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | <input checked="" type="checkbox"/> HIPAA Training |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Type National |
| | Approx Cost |

Other/Comments: Car: need parking application & copy of registration. UF & Shands confidentiality Forms, background check & Drug Screen affidavit form. All requirements listed on www.hscj.ufl.edu/ugme

PROGRAM INFORMATION:

Average # of Clerks per Month: 6

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|---|---|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input type="checkbox"/> Meals Provided | <input checked="" type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|--|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW:

[CASPR Directory Page](#)

United Health Services Hospitals

CLERKSHIP DIRECTOR:

Shari Nichols, DPM

Wilson Medical Center

33-57 Harrison Street

Johnson City, NY 13790

Phone: (607) 772-8776

Fax: (607) 798-1629

Email: cynthia_cleveland@uhs.org

Website: www.uhs.net/meded/podiatry

Alternate Contact: Cindy Cleveland

Phone: (607) 763-6391

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input checked="" type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 1 # Ltrs of Rec |
| <input type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|---|---|--|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input checked="" type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check | <input checked="" type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Approx Cost | |

Other/Comments: car recommended for optimal experience

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|--|--|
| <input checked="" type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: \$0 |
| <input checked="" type="checkbox"/> Meals Provided | <input type="checkbox"/> Contact Program for a list of housing suggestions |

Other: on campus housing provided at no charge

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Well rounded podiatric experience in both hospital based and private office setting; all aspects of foot and ankle care covered including wound care, sports medicine, internal medicine and all specialties.

[CASPR Directory Page](#)

Univ of Texas Health Science Ctr

CLERKSHIP DIRECTOR:

Thomas Zgonis, DPM

7703 Floyd Curl Drive
MSC 7776

San Antonio, TX 78229

Phone: (210) 567-5130

Fax: (210) 567-4891

Email: bloom@uthscsa.edu

Website: www.diabeticfoot.org

Alternate Contact: Rosanna Bloom

Phone: (210) 567-5174

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input checked="" type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 3 # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | |
|---|--|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input type="checkbox"/> Immunization Verification - Letter from School Accepted |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input checked="" type="checkbox"/> Background Check |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | <input checked="" type="checkbox"/> HIPAA Training |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Type UTHSCSA |
| | Approx Cost \$25.00 |

Other/Comments: UTHSCSA Immunization form required, UTHSCSA - background check

PROGRAM INFORMATION:

Average # of Clerks per Month: 4

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|---|---|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input type="checkbox"/> Meals Provided | <input checked="" type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Our Podiatric Surgical Residency is a fully integrated program. Training involves an extensive combination of inpatient and outpatient services with excellent surgical training in diabetic limb salvage, plastic surgery, trauma, pediatrics and reconstructive rearfoot and ankle surgery. Our mission statement is teaching, research and service.

[CASPR Directory Page](#)

University Hospital - UMDNJ

CLERKSHIP DIRECTOR:

Alison M Joseph, DPM

150 Bergen Street

G-142, PO Box 1709

Newark, NJ 07103

Phone: (973) 972-5088

Fax: (973) 972-3735

Email: josepham@umdnj.edu

Website: www.umdnj.edu (hospital website)

Alternate Contact:

Phone:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: No Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 3 # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|---|--|--|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input checked="" type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input checked="" type="checkbox"/> Background Check | <input checked="" type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type Federal | |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Approx Cost | |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 4

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|--|---|
| <input checked="" type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: \$1,000.00 |
| <input type="checkbox"/> Meals Provided | <input checked="" type="checkbox"/> Contact Program for a list of housing suggestions |

Other: On campus housing based upon availability. Call Meridian Housing at 973-972-8796

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input type="checkbox"/> US Citizenship Required for Residency |
| <input checked="" type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: This is a PM&S-36 program, with a wide variety of foot and ankle pathology and surgery, including all types of reconstructive surgery and trauma. The residents are fully integrated with allopathic residents and services. The surgical numbers are approximately twice the CPME requirements.

[CASPR Directory Page](#)

University of Pittsburgh Medical Center

CLERKSHIP DIRECTOR:

Patrick R Burns, DPM

1400 Locust Street

Building B, Room 9520

Pittsburgh, PA 15219

Phone: (412) 232-5515

Fax: (412) 232-5529

Email: bodnerda@upmc.edu

Website: please see Program Overview

Alternate Contact: Debra Bodner

Phone: (412) 232-5515

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: No

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input checked="" type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 2 # Ltrs of Rec |
| <input type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | |
|---|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | <input type="checkbox"/> HIPAA Training |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Approx Cost |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 4

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|---|---|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input type="checkbox"/> Meals Provided | <input checked="" type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Website: www.upmc.com/HospitalsFacilities/Hospitals/Mercy/professionaleducation/graduate-medical-education/podiatry. Affiliated with the University of Pittsburgh School of Medicine and Department of Orthopaedic Surgery, this three-year program offers residents access to some of the country's top medical institutions. Residents spend three years in a comprehensive training program, rotating through all aspects of medicine and receiving the most up-to-date surgical training.

[CASPR Directory Page](#)

Washington Hospital Center

CLERKSHIP DIRECTOR:

Paul Giegerich, DPM
110 Irving Street NW
Washington, DC 20010

Phone: (202) 726-1800 Fax: (202) 726-9661

Email: sharon.r.daly@medstar.net

Website:

Alternate Contact: Sharon P Daly

Phone:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 3 # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|---|--|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Approx Cost | |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 3

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|---|--|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input type="checkbox"/> Meals Provided | <input type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW:

[CASPR Directory Page](#)

Weiss Memorial Hospital

CLERKSHIP DIRECTOR:

Lee R Stein, DPM
4646 N Marine Drive
Chicago, IL 60640

Phone: (773) 564-7400 Fax: (773) 564-5226

Email: cullan.reilly@gmail.com

Website: www.weisshospital.com/for-professionals

Alternate Contact: Cullan Reilly DPM

Phone: (920) 284-8639

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|-------------------------------------|
| <input checked="" type="checkbox"/> Photograph | <input type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | No # Ltrs of Rec |
| <input type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input type="checkbox"/> Transcript |

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|--|--|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input type="checkbox"/> Verification of Liability Insurance | Approx Cost \$0.00 | |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|---|--|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input type="checkbox"/> Meals Provided | <input type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Program is highly autonomous while working with over 50 attendings in the Chicago area. During your clerkship, you will be afforded experience in a surgical, clinical, and academic setting. Oak Forest Hospital/Weiss Memorial Hospital Residency Program offer separate clerkships at each individual hospital. Residents currently spend the first year at Oak Forest Hospital and the second and third years at Weiss Memorial Hospital.

[CASPR Directory Page](#)

Westchester General Hospital

CLERKSHIP DIRECTOR:

James Tracy, DPM
2500 SW 75th Avenue
Miami, FL 33155

Phone: (305) 263-9086 Fax: (305) 263-9521

Email: drtracy@bellsouth.net

Website: www.westchesterhospital.com

Alternate Contact: Lil Almonte

Phone: (305) 972-6141

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Photograph | <input type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 2 # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|---|---|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Approx Cost | |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|--|---|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input checked="" type="checkbox"/> Meals Provided | <input checked="" type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW:

[CASPR Directory Page](#)

Western Pennsylvania Hospital

CLERKSHIP DIRECTOR:

Karl Saltrick, DPM
4800 Friendship Ave
Pittsburgh, PA 15224

Phone: (412) 688-7578 Fax: (412) 688-7872

Email: bsheedy@wpahs.org

Website: www.wpahs.org

Alternate Contact: Beth Sheedy

Phone: (412) 688-7578

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: No Fax: No

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|---|--|--|
| <input checked="" type="checkbox"/> Photograph | <input type="checkbox"/> US Citizenship | <input type="checkbox"/> CV | No # Ltrs of Rec |
| <input type="checkbox"/> Letter of Interest | <input type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: please mail hard copy application

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | |
|---|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input checked="" type="checkbox"/> Doctor/Clinic Immunization Verification Required |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted |
| <input checked="" type="checkbox"/> Fingerprinting - Submitted by Student | <input checked="" type="checkbox"/> Background Check |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | <input type="checkbox"/> HIPAA Training |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Type PA Act 179 & 73 clearances |
| | Approx Cost \$50.00 |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 4

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|--|--|
| <input checked="" type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: n/a |
| <input type="checkbox"/> Meals Provided | <input type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW:

[CASPR Directory Page](#)

Westside Regional Medical Center

CLERKSHIP DIRECTOR:

Fredric Chussid, DPM

8201 W Broward Blvd

Plantation, FL 33324

Phone: (954) 370-2400

Fax: (954) 916-5402

Email: wsrpodiatry@gmail.com

Website:

Alternate Contact:

Phone:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 3 # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments:

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input checked="" type="checkbox"/> Fingerprinting - Submitted by Student | <input checked="" type="checkbox"/> Background Check | <input checked="" type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Approx Cost | |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 3

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|--|---|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input checked="" type="checkbox"/> Meals Provided | <input checked="" type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Surgical residency with a balance of ER call & hospital rotations. Residents will complete approx 1000+ surgical cases & 2300+ surgical procedures. Opportunities abundant for Pre-op & Post-op evaluation. To contact program, please use the following number: 954-370-4794

[CASPR Directory Page](#)

Westview Hospital

CLERKSHIP DIRECTOR:

Michael Baker, DPM
3630 North Guion Road
Indianapolis, IN 46222

Phone: (317) 898-6624 Fax: (317) 920-7284

Email: darci.sieracki@westviewhospital.org

Website: www.westviewhospital.org

Alternate Contact: Darci Sieracki

Phone:

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: No

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input checked="" type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | No # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: None.

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | |
|---|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | <input checked="" type="checkbox"/> HIPAA Training |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Approx Cost \$0.00 |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|--|--|
| <input checked="" type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: \$0 |
| <input checked="" type="checkbox"/> Meals Provided | <input type="checkbox"/> Contact Program for a list of housing suggestions |

Other: Housing Free but availability is limited

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input checked="" type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: Interactive experience of a comprehensive adult reconstructive, sports medicine and limb salvage program. Students receive intense hands-on education. On site surgery, clinic, and wound care.

[CASPR Directory Page](#)

Wheaton Franciscan Hlthcare - St Joseph

CLERKSHIP DIRECTOR:

Rob Amiot, DPM

5000 W Chambers Street

Milwaukee, WI 53226

Phone: (414) 874-4500

Fax: (414) 874-4533

Email: raamiot@gmail.com

Website: www.mywheaton.org

Alternate Contact: Monica Kurszewski, Prog Coord

Phone: (414) 874-4500

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: No

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input checked="" type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | No # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: GPA 3.5

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | |
|--|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required |
| <input checked="" type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input checked="" type="checkbox"/> Background Check |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | <input checked="" type="checkbox"/> HIPAA Training |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Type |
| | Approx Cost |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|--|--|
| <input checked="" type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: \$125 |
| <input checked="" type="checkbox"/> Meals Provided | <input type="checkbox"/> Contact Program for a list of housing suggestions |

Other: All students must stay in Milwaukee for the rotation

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input checked="" type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: The 4 wk rotation provides all aspects of Podiatry. Resident-led workshops case presentations, journal club, and weekend call with residents are accomplished during rotation.

[CASPR Directory Page](#)

White Memorial Medical Center

CLERKSHIP DIRECTOR:

Robert J Spencer, DPM

1701 Cesar Chavez Ave, Suite 510

Los Angeles, CA 90033-2496

Phone: (323) 987-1362 ext 4523 Fax: (323) 987-1366

Email: rjspencer11@gmail.com

Website: www.whitememorial.com

Alternate Contact:

Phone: (323) 987-1362 ext: 4554

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: No

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 2 # Ltrs of Rec |
| <input type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: Minimum GPA 3.2

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|--|---|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input type="checkbox"/> Verification of Liability Insurance | Approx Cost | |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 1

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|--|--|
| <input checked="" type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input checked="" type="checkbox"/> Meals Provided | <input type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: The White Memorial Medical Center offers a fully approved PM&S-36 residency. One position is offered each year through the CASPR Match. The faculty includes hospital boarded physicians as well as full time practicing podiatrists, orthopedists and medical subspecialties. We have an inner city patient population in a private hospital setting. The teaching program emphasizes surgical volume/diversity and quality medical rotations.

[CASPR Directory Page](#)

Womack/Eisenhower Army Medical Ctr

CLERKSHIP DIRECTOR:

Asim Raja, DPM

2817 Reilly Road

MCXC-DOR - POD, Stop A, Dept of Army

Fort Bragg, NC 28310-7301

Phone: (910) 907-7502

Fax: (910) 907-9901

Email: asim.raja@us.army.mil

Website: www1.wamc.amedd.army.mil/clinic/ortho/pod

Alternate Contact: Rose VanDyke

Phone: (910) 907-8064

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input checked="" type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 3 # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | | |
|---|---|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input checked="" type="checkbox"/> Doctor/Clinic Immunization Verification Required | |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted | |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input checked="" type="checkbox"/> Background Check | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | Type | |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Approx Cost | |

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 2

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|---|--|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: |
| <input type="checkbox"/> Meals Provided | <input type="checkbox"/> Contact Program for a list of housing suggestions |

Other:

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input checked="" type="checkbox"/> Clerkship Required | <input type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW:

[CASPR Directory Page](#)

Wyckoff Heights Med Ctr

CLERKSHIP DIRECTOR:

Ronald Guberman, DPM

374 Stockholm Street

Brooklyn, NY 11237

Phone: (718) 963-7332

Fax: (718) 963-6419

Email: vnieves@wyckoffhospital.org

Website:

Alternate Contact: Veronica Nieves

Phone: (718) 963-7332

Application Materials should be mailed to the program at this address.

This program will also accept application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- Photograph
- US Citizenship
- CV
- 2 # Ltrs of Rec
- Letter of Interest
- Board Scores
- Car Required
- Transcript

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- Drug Test - Submitted by Student
- Doctor/Clinic Immunization Verification Required
- Drug Test - Upon Arrival at Hospital
- Immunization Verification - Letter from School Accepted
- Fingerprinting - Submitted by Student
- Background Check
- HIPAA Training
- Fingerprinting - Upon Arrival at Hospital
- Type
- Verification of Liability Insurance
- Approx Cost

Other/Comments:

PROGRAM INFORMATION:

Average # of Clerks per Month: 3

Accept Clerks from: All Colleges of Podiatric Medicine

- Housing Provided
- Approx. Housing Cost per Month:
- Meals Provided
- Contact Program for a list of housing suggestions

Other:

RESIDENCY RELATIONSHIP:

- 2012 CASPR Residency Program
- US Citizenship Required for Residency
- Clerkship Required
- Clerks Usually Given Priority

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW:

[CASPR Directory Page](#)

Yale/VA - Podiatric Residency Program

CLERKSHIP DIRECTOR:

Gerald Gorecki, DPM, MPH

Surgical Svc/112 G

950 Campbell Ave

West Haven, CT 06516

Phone: (203) 932-5711 ext 2727 Fax: (203) 937-3845

Email: rachel.richardson2@va.gov

Website: www.yalefootsurg.com

Alternate Contact: Rachel Richardson

Phone: (932) 937-5711 ext: 2727

**Application Materials
should be mailed to the
program at this address.**

This program will also accept
application materials via:

Email: Yes Fax: Yes

INITIAL APPLICATION REQUIREMENTS:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Photograph | <input checked="" type="checkbox"/> US Citizenship | <input checked="" type="checkbox"/> CV | 2 # Ltrs of Rec |
| <input checked="" type="checkbox"/> Letter of Interest | <input checked="" type="checkbox"/> Board Scores | <input checked="" type="checkbox"/> Car Required | <input checked="" type="checkbox"/> Transcript |

Other/Comments: None

ADDITIONAL APPLICATION REQUIREMENTS: (required upon acceptance):

- | | |
|---|---|
| <input type="checkbox"/> Drug Test - Submitted by Student | <input type="checkbox"/> Doctor/Clinic Immunization Verification Required |
| <input type="checkbox"/> Drug Test - Upon Arrival at Hospital | <input checked="" type="checkbox"/> Immunization Verification - Letter from School Accepted |
| <input type="checkbox"/> Fingerprinting - Submitted by Student | <input type="checkbox"/> Background Check |
| <input checked="" type="checkbox"/> Fingerprinting - Upon Arrival at Hospital | <input type="checkbox"/> HIPAA Training |
| <input checked="" type="checkbox"/> Verification of Liability Insurance | Type |
| | Approx Cost |

Other/Comments: HIPPA Training recommended; not required

PROGRAM INFORMATION:

Average # of Clerks per Month: 5

Accept Clerks from: All Colleges of Podiatric Medicine

- | | |
|---|---|
| <input type="checkbox"/> Housing Provided | Approx. Housing Cost per Month: \$800-900 |
| <input type="checkbox"/> Meals Provided | <input checked="" type="checkbox"/> Contact Program for a list of housing suggestions |

Other: same housing listed in externship manual

RESIDENCY RELATIONSHIP:

- | | |
|--|---|
| <input checked="" type="checkbox"/> 2012 CASPR Residency Program | <input checked="" type="checkbox"/> US Citizenship Required for Residency |
| <input type="checkbox"/> Clerkship Required | <input checked="" type="checkbox"/> Clerks Usually Given Priority |

Accept Residents from: All Colleges of Podiatric Medicine

PROGRAM OVERVIEW: This is a PM&S-36 residency program consortium of 4 major teaching hospitals and other affiliated hospitals and surgicenters. We have an extensive diversity of clinical and surgical experiences in all phases of podiatric medicine and surgery.

[CASPR Directory Page](#)