

**PROGRAM NAME****Cedars Sinai Medical Center**8700 Beverly Blvd  
Department of Surgery, Room 8215 North Tower  
Los Angeles, CA 90048**CASPR # 0102****CRIP** Section 2**DIRECTOR****B. David Massaband DPM, FACFAS**

Phone: 310-657-2828

Program E-mail: [bmassaband@gmail.com](mailto:bmassaband@gmail.com)Program Web Site: [See Program Overview](#)Rescue Fund Insured: Yes  
COTH Member thru 6/30: Yes**Entry Level Positions**

Type	# Approved	# Active
PMSR/RRA	1	1

**HOSPITAL DESCRIPTION****Accreditation:** JCAHO **Has Clerkship Program:** yes**# Staff DPMS:** 31**Affiliated Institutions:** Local Surgical Centers (multiple) and outside affiliation agreements with Amputation Prevention Center at Sherman Oaks Hospital and Kaiser Permanente.**Other Residency Programs:** Multiple within hospital, including medicine, path, radiology, gen surgery, ortho surgery, peds, anesthesia, psych, ER, and more.**CLINICAL EXPERIENCES**

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

**Other Clinical Experiences:** Limb salvage.**Program Emphasis:** Surgery, Trauma, Diabetic limb salvage and wound care.**DIDACTIC PROGRAM**

<b>Grand Rounds:</b> yes	<b>Research:</b> yes	<b>Book Club:</b> yes
<b>Journal Club:</b> yes		<b>Lecture Series:</b> yes

**RESIDENT BENEFITS**

<b>Stipends:</b> PMSR/RRA: \$56,923/ \$58,747/ \$61,060	<b>CME Allowance:</b> no	<b>Housing:</b> no	<b>Uniforms:</b> yes
	<b>Health Insurance:</b> yes	<b>Meals:</b> yes	<b>Vacation:</b> yes
	<b>Malpractice Insurance:</b> yes	<b>Sick Leave:</b> yes	

**Other Resident Benefits:** none**APPLICANT REQUIREMENTS****Mail Additional Materials To:**8631 W 3RD ST STE 940E  
LOS ANGELES, CA 90048

<b>ACLS:</b> yes	<b>CPR:</b> yes	<b>Ltrs of Recommendation:</b> 3	<b>Clerkship Required:</b> no
<b>APMLE Pt III:</b> Yes	<b>State License 1st yr:</b> training	<b>Minimum GPA:</b> 3.0	
<b>Program Fee:</b> \$0.00	<b>Fee Refundable:</b> n/a	<b>Minimum Rank:</b> no	
		<b>CV:</b> yes	

**Deadline:** 11/7/2018**Payable To:** n/a**Other Applicant Requirements:** CV  
Encouraged to participate in 4th year externship at hospital.  
Encouraged to visit program.**AVAILABLE RESOURCES****Sample Contract:** Contact Program **Benefit Package:** Internet Site **Curriculum:** Internet Site**PROGRAM OVERVIEW**

See web page:

<https://www.cedars-sinai.edu/Education/Graduate-Medical-Education/Residency-Programs/Podiatry/>