

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.comProgram 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:** 33**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**

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

Other Clinical Experiences: Limb salvage.**Program Emphasis:** Surgery, Trauma, Diabetic limb salvage and wound care.**DIDACTIC PROGRAM****Grand Rounds:** yes**Research:** yes**Book Club:** yes**Journal Club:** yes**Lecture Series:** yes**RESIDENT BENEFITS**

Stipends:	CME Allowance: no	Housing: no	Uniforms: yes
PMSR/RRA: \$58,346/ \$60,216/ \$62,586	Health Insurance: yes	Meals: yes	Vacation: yes
	Malpractice Insurance: yes	Sick Leave: yes	

Other Resident Benefits: Housing stipend of \$6000 per year, per resident.
Medical license, DEA and USMLE reimbursement.**APPLICANT REQUIREMENTS****Mail Additional Materials To:**8631 W 3RD ST STE 940E
LOS ANGELES, CA 90048**ACLS:** yes **CPR:** yes **Ltrs of Recommendation:** 3 **Clerkship Required:** no**APMLE Pt III:** Yes **State License 1st yr:** training **Minimum GPA:** 3.0**Program Fee:** \$0.00 **Fee Refundable:** n/a **Minimum Rank:** no**CV:** 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/>