

**PROGRAM NAME** West Covina Medical Center Inc725 South Orange Avenue  
West Covina, CA 91790**CASPR #** 0109**CRIP** No**DIRECTOR** Bob Alavy DPM

Phone: 626-338-1800

Program E-mail: dralavy@yahoo.com

Program Web Site:

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:** 12  
**Affiliated Institutions:** none  
**Other Residency Programs:** none

**CLINICAL EXPERIENCES**

<b>Anesthesiology:</b> yes	<b>Internal Medicine:</b> yes	<b>Pathology/Lab:</b> yes	<b>Rehabilitation:</b> no
<b>Behavioral Science:</b> yes	<b>Infectious Disease:</b> yes	<b>Pediatrics:</b> no	<b>Rheumatology:</b> yes
<b>Dermatology:</b> no	<b>Neurology:</b> no	<b>Plastic Surgery:</b> no	<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> no
<b>Family Practice:</b> no	<b>Outpatient Clinic:</b> yes	<b>Radiology:</b> yes	

**Other Clinical Experiences:** none.**Program Emphasis:** none.**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>	<b>CME Allowance:</b> yes	<b>Housing:</b> no	<b>Uniforms:</b> yes
PMSR/RRA: \$38,250/ \$43,680/ \$43,680	<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:** Paid time off (sick or vacation) = 20 days 1 yr; 23 days 2 yr, 26 days 3 yr  
\$1,000 annual CME Allowance**APPLICANT REQUIREMENTS****Mail Additional Materials To:**725 South Orange Avenue  
West Covina, CA 91790

<b>ACLS:</b> no	<b>CPR:</b> no	<b>Ltrs of Recommendation:</b> 3	<b>Clerkship Required:</b> no
<b>APMLE Pt III:</b> No	<b>State License 1st yr:</b> training		<b>Minimum GPA:</b> no
<b>Program Fee:</b> \$35.00	<b>Fee Refundable:</b> n/a		<b>Minimum Rank:</b> no
			<b>CV:</b> no

**Deadline:** 11/7/2018**Payable To:** West Covina Medical Center**Other Applicant Requirements:** CV**AVAILABLE RESOURCES****Sample Contract:** Contact Program      **Benefit Package:** Contact Program      **Curriculum:** Contact Program**PROGRAM OVERVIEW**

Approved PMSR/RRA, Cadaver lab, Orthotics lab. This program may not participate in CRIP interview weekend. Applicants are often chosen from those who have externed/ visited the program.