

**PROGRAM NAME** Scripps Memorial Hospital Encinitas354 Santa Fe Dr,  
Encinitas, CA 92024**CASPR #** 0153**CRIP** Section 2**DIRECTOR** Keenan S. Carriero DPM

Phone:

Program E-mail:

Program Web Site:

Rescue Fund Insured: Yes  
COTH Member thru 6/30: Yes**HOSPITAL DESCRIPTION**

**Accreditation:** JCAHO      **Has Clerkship Program:** no  
**# Staff DPMS:** 10  
**Affiliated Institutions:** Scripps Encinitas Surgery Center  
 Center for Surgery of Encinitas

**Other Residency Programs:****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> no	<b>Rheumatology:</b> no
<b>Dermatology:</b> yes	<b>Neurology:</b> no	<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:****Program Emphasis:** Sports Medicine, Biomechanics and General Podiatry**DIDACTIC PROGRAM**

<b>Grand Rounds:</b> no	<b>Research:</b> yes	<b>Book Club:</b> no
<b>Journal Club:</b> yes		<b>Lecture Series:</b> yes

**RESIDENT BENEFITS**

<b>Stipends:</b> PMSR/RRA: \$53,731/ \$55,831/ \$58,145	<b>CME Allowance:</b> yes	<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> no	

**Other Resident Benefits:****APPLICANT REQUIREMENTS****Mail Additional Materials To:**354 Santa Fe Dr,  
Encinitas, CA 92024

<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> None
<b>Program Fee:</b> \$35.00	<b>Fee Refundable:</b>		<b>Minimum Rank:</b> Top 50%
			<b>CV:</b> yes

**Deadline:** 11/7/2018**Payable To:** Scripps Encinitas Residency Program

**Other Applicant Requirements:** Newer program: all applicants must be prepared to act as self starters.  
 Application fee should be in the form of a check. Mail it to the hospital address "C/O Podiatry Residency, Attention: Lenna Bradfield"

**AVAILABLE RESOURCES**

**Sample Contract:** Contact Program      **Benefit Package:** Contact Program      **Curriculum:** Contact Program

**PROGRAM OVERVIEW**