

PROGRAM NAME**Presence St Joseph Hospital/Chicago**2900 North Lakeshore Drive/ Medical Office Bldg 3
Room 417
Chicago, IL 60657**CASPR # 0348****CRIP** Section 2**DIRECTOR****Oleg Petrov DPM**

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Program E-mail: oleg.petrov@presencehealth.org

Program Web Site: www.presencehealth.org/education/sjhpodiatry/default.cfmRescue Fund Insured: Yes
COTH Member thru 6/30: Yes**Entry Level Positions**

Type	# Approved	# Active
PMSR/RRA	5	5

HOSPITAL DESCRIPTION**Accreditation:** JCAHO **Has Clerkship Program:** yes**# Staff DPMS:** 94**Affiliated Institutions:** 25+ affiliated institutions**Other Residency Programs:** Internal Medicine, General Surgery, Family Practice, OB/GYN, Transitional Year, and Preliminary**CLINICAL EXPERIENCES**

Anesthesiology: yes	Internal Medicine: yes	Pathology/Lab: yes	Rehabilitation: yes
Behavioral Science: yes	Infectious Disease: yes	Pediatrics: yes	Rheumatology: yes
Dermatology: no	Neurology: no	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: Enter Poster Competition, Abstract Competition, 2 Publishable Papers**Program Emphasis:** Preparedness for complete practice competency, micro-nerve repair, flaps and grafts, external fixators**DIDACTIC PROGRAM****Grand Rounds:** yes**Journal Club:** yes**Research:** yes**Book Club:** no**Lecture Series:** yes**RESIDENT BENEFITS****Stipends:** PMSR/RRA: \$56,056/ \$58,136/ \$60,216**CME Allowance:** yes**Housing:** no**Uniforms:** yes**Health Insurance:** yes**Meals:** no**Vacation:** yes**Malpractice Insurance:** yes**Sick Leave:** yes**Other Resident Benefits:** CME Allowance: \$200/PGY-1, \$500/PGY-2 & PGY-3. Pay for out of state rotation expenses.**APPLICANT REQUIREMENTS****Mail Additional Materials To:**PSJH-C Medical Office Bldg 3, Rm 417
2900 N Lake Shore Dr.
Chicago, IL 60657**ACLS:** no **CPR:** yes**Ltrs of Recommendation:** no**Clerkship Required:** no**APMLE Pt III:** Yes**State License 1st yr:** temporary**Minimum GPA:** 2.85**Program Fee:** \$0.00**Fee Refundable:** n/a**Minimum Rank:** none**CV:** no**Deadline:** 11/7/2018**Payable To:** n/a**Other Applicant Requirements:** Must pass Parts I and II boards.**AVAILABLE RESOURCES****Sample Contract:** Internet Site**Benefit Package:** Internet Site**Curriculum:** Internet Site**PROGRAM OVERVIEW**

-All applications are reviewed and considered. Graduates from all podiatric medical schools are considered for the residency program. The program offers a hospital clerkship.

-Clerkships are granted and processed utilizing the Universal Externship Application, all required documents must be received 2 weeks prior to the rotation start date.

Contact: Trish Boskovic at tboskovic@presencehealth.org, or Pat Hardy at PHardy@presencehealth.org for information-See www.presencehealth.org/education/sjhpodiatry for information and current updates.