

PROGRAM NAME

Christ Hospital
 2139 Auburn Ave
 MOB 307
 Cincinnati, OH 45219

CASPR #

0457

CRIP

Section 2

DIRECTOR

Douglas C. Schuckmann DPM

Phone:

Program E-mail: lara.bodart@thechristhospital.com

Program Web Site: <https://www.thechristhospital.com/about-the-network/clinical-education/podiatric-resid>

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: 21
Affiliated Institutions: The Christ Hospital - Red Bank Surgery Center
 Dearborn County Hospital
 Three local DPM offices
Other Residency Programs: Internal Medicine
 Family Medicine

Multiple specialties from the University of Cincinnati Department of Medicine rotate at Christ Hospital.

CLINICAL EXPERIENCES

Anesthesiology: yes	Internal Medicine: yes	Pathology/Lab: yes	Rehabilitation: yes
Behavioral Science: yes	Infectious Disease: yes	Pediatrics: no	Rheumatology: yes
Dermatology: yes	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:

Program Emphasis:

DIDACTIC PROGRAM

Grand Rounds: yes	Research: yes	Book Club: yes
Journal Club: yes		Lecture Series: yes

RESIDENT BENEFITS

Stipends: PMSR/RRA: \$52,800/ \$56,888/ \$60,352	CME Allowance: yes	Housing: no	Uniforms: yes
	Health Insurance: yes	Meals: yes	Vacation: yes
	Malpractice Insurance: yes	Sick Leave: yes	

Other Resident Benefits:

APPLICANT REQUIREMENTS

Mail Additional Materials To:

2139 Auburn Ave
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ACLS: yes	CPR: yes	Ltrs of Recommendation: 3	Clerkship Required: no
APMLE Pt III: No	State License 1st yr: training	Fee Refundable: n/a	Minimum GPA: 2.5
Program Fee: \$0.00			Minimum Rank: top 50%
			CV: yes

Deadline: 11/7/2018

Payable To: n/a

Other Applicant Requirements: N/A

AVAILABLE RESOURCES

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

PROGRAM OVERVIEW