

**PROGRAM NAME****Grant Medical Center**Medical Education Dept  
111 South Grant Avenue  
Columbus, OH 43215**CASPR # 0461****CRIP** Section 2**DIRECTOR****Christopher F. Hyer DPM, MS, FACFAS**

Phone: 614-566-9041

Program E-mail: Belinda.Snyder@ohiohealth.com

Program Web Site: <http://www.ohiohealth.com/surgicalpodiatryresidencygrant>Rescue 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:** 55**Affiliated Institutions:** none.**Other Residency Programs:** Family Practice; Neurosurgery. Fellowships in Colon/Rectal Surgery; Geriatrics; Sports Medicine; Trauma; Orthotrauma; Breast Surgery; Hospital Medicine; SICU**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> 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> yes	<b>Outpatient Clinic:</b> yes	<b>Radiology:</b> yes	

**Other Clinical Experiences:** Vascular Medicine and Electives in Research or Sports Medicine.**Program Emphasis:** Surgical reconstruction of the foot, ankle and leg. Well rounded, multi-disciplinary surgical. 24 hour access to in-hospital cadaver lab.**DIDACTIC PROGRAM****Grand Rounds:** yes**Journal Club:** yes**Research:** yes**Book Club:** no**Lecture Series:** yes**RESIDENT BENEFITS****Stipends:** PMSR/RRA: \$53,726/ \$54,600/ \$56,368**CME Allowance:** yes**Housing:** no**Uniforms:** yes**Health Insurance:** yes**Meals:** yes**Vacation:** yes**Malpractice Insurance:** yes**Sick Leave:** yes**Other Resident Benefits:** Malpractice tail coverage; dental/vision/disability/life insurances; 403b; ACFAS and fitness center memberships; training license reimbursement; parking; lab coats; recruiting assistance; concierge service**APPLICANT REQUIREMENTS****Mail Additional Materials To:**Medical Education Dept  
111 South Grant Avenue  
Columbus, OH 43215**ACLS:** yes **CPR:** yes **Ltrs of Recommendation:** 3**APMLE Pt III:** No **State License 1st yr:** training**Program Fee:** \$0.00 **Fee Refundable:** n/a**Clerkship Required:** no**Minimum GPA:** 3.0**Minimum Rank:** 50%**CV:** yes**Deadline:** 11/7/2018**Payable To:** n/a**Other Applicant Requirements:** REQUIRED: Letter on why interested in program; Class Rank letter from school; photo; letter of recommendation from a prior job or volunteer activity. Clerkship not required.**AVAILABLE RESOURCES****Sample Contract:** At CRIP**Benefit Package:** At CRIP**Curriculum:** At CRIP**PROGRAM OVERVIEW**

Anyone who has participated in or completed a CPME approved residency is NOT eligible. We do not sponsor visas.