

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	4	4

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**

Anesthesiology: yes	Internal Medicine: yes	Pathology/Lab: yes	Rehabilitation: no
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: yes	Outpatient Clinic: yes	Radiology: yes	

Other Clinical Experiences: Vascular Medicine and Electives in Research or Sports Medicine**Program Emphasis:** Surgical reconstruction of the foot, ankle and leg.**DIDACTIC PROGRAM****Grand Rounds:** yes**Research:** yes**Book Club:** no**Journal Club:** yes**Lecture Series:** yes**RESIDENT BENEFITS****Stipends:** PMSR/RRA: \$50,648/ \$52,520/ \$54,392**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:**

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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:** 11/2/2016**Payable To:** n/a**Other Applicant Requirements:** REQUIRED: Letter on why interested in program; Class Rank letter from school; photo. Clerkship not required.**AVAILABLE RESOURCES****Sample Contract:** Contact Program **Benefit Package:** Internet Site**Curriculum:** Internet Site**PROGRAM OVERVIEW**

Anyone who has participated in or completed a CPME approved residency is NOT eligible.