

**PROGRAM NAME** TriHealth - Bethesda North Hospital

10500 Montgomery Road  
Cincinnati, OH 45242

**CASPR #** 0473

**CRIP** Section 1

**DIRECTOR** Todd Adams DPM, FACFAS

Phone: 513-474-4450

Program E-mail: todd\_adams@trihealth.com

Program Web Site: <http://www.trihealth.com>

Rescue Fund Insured: Yes  
COTH Member thru 6/30: Yes

**Entry Level Positions**

Type	# Approved	# Active
PMSR/RRA	2	2

**HOSPITAL DESCRIPTION**

**Accreditation:** JCAHO      **Has Clerkship Program:** no  
**# Staff DPMS:** 15  
**Affiliated Institutions:** Good Samaritan Hospital, Bethesda Arrow Springs, Bethesda Surgery Center, Evendale Surgery Center  
**Other Residency Programs:** General Surgery, Internal Medicine, Family Medicine, Ob/Gyn, Vascular Surgery, Sports Medicine, Female Pelvic and Reconstructive Surgery, Procedural Dermatology

**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> no	<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> no	<b>Radiology:</b> yes	

**Other Clinical Experiences:**

**Program Emphasis:**

**DIDACTIC PROGRAM**

<b>Grand Rounds:</b> yes	<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: \$54,462/ \$55,849/ \$57,827	<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> yes	

**Other Resident Benefits:** Please Contact Program

**APPLICANT REQUIREMENTS**

**Mail Additional Materials To:**

375 Dixmyth Ave- 3rd Floor 0320  
Cincinnati, OH 45220

<b>ACLS:</b> yes	<b>CPR:</b> yes	<b>Ltrs of Recommendation:</b> 2	<b>Clerkship Required:</b> no
<b>APMLE Pt III:</b> Yes	<b>State License 1st yr:</b> training		<b>Minimum GPA:</b> 3.0
<b>Program Fee:</b>	<b>Fee Refundable:</b>		<b>Minimum Rank:</b> 50%
			<b>CV:</b> yes

**Deadline:** 11/8/2017

**Payable To:**

**Other Applicant Requirements:** Self motivated learner, fluent in english

**AVAILABLE RESOURCES**

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

**PROGRAM OVERVIEW**