

**PROGRAM NAME** **UF Health Jacksonville**  
Dept. of Orthopaedics  
655 West 8th Street, Box C-126  
Jacksonville, FL 32209

**CASPR #** **0531**  
**CRIP** Section 2

**DIRECTOR** **Jason A. Piraino DPM,MS, FACFAS**

Phone:

Program E-mail: [sophia.bouliach@jax.ufl.edu](mailto:sophia.bouliach@jax.ufl.edu)

Program Web Site: <http://ufhealthjax.org/education/podiatry-residency/>

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

**Entry Level Positions**

Type	# Approved	# Active
PMSR/RRA	3	3

**HOSPITAL DESCRIPTION**

**Accreditation:** JCAHO      **Has Clerkship Program:** yes  
**# Staff DPMS:** 4  
**Affiliated Institutions:** Jacksonville Surgery Center  
**Other Residency Programs:** multiple allopathic programs in all specialties

**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> yes	<b>Rheumatology:</b> yes
<b>Dermatology:</b> no	<b>Neurology:</b> yes	<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> no	<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:** 3rd world exposure with rotation in orthopaedic surgical clinic in Haiti

**Program Emphasis:** Focus on orthopedic/podiatric trauma surgery

**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: \$48,763/ \$50,325/ \$52,003	<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:** See website for additional benefits

**APPLICANT REQUIREMENTS**

**Mail Additional Materials To:**  
655 West 8th Street, Box C-126  
Attn: Sophia Boulaich  
Jacksonville, FL 32209

<b>ACLS:</b> yes	<b>CPR:</b> yes	<b>Ltrs of Recommendation:</b> 2	<b>Clerkship Required:</b> no
<b>APMLE Pt III:</b> No		<b>State License 1st yr:</b> training	<b>Minimum GPA:</b> 3.0
<b>Program Fee:</b> \$0.00		<b>Fee Refundable:</b> n/a	<b>Minimum Rank:</b> no
			<b>CV:</b> yes

**Deadline:** 11/8/2017

**Payable To:** n/a

**Other Applicant Requirements:** none.

**AVAILABLE RESOURCES**

**Sample Contract:** Contact Program      **Benefit Package:** Internet Site

**Curriculum:** Internet Site

**PROGRAM OVERVIEW**

Discover more about our hospital and program on our website.