

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: kelsey.hayes@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

Anesthesiology: yes	Internal Medicine: yes	Pathology/Lab: yes	Rehabilitation: yes
Behavioral Science: yes	Infectious Disease: yes	Pediatrics: yes	Rheumatology: yes
Dermatology: no	Neurology: yes	Plastic Surgery: yes	Surgery (General): yes
Diabetic Wound Care: yes	Orthopedics: yes	Podiatry: yes	Trauma: yes
Emergency Room: yes	Office Rotations: no	Podiatry (Surgery): yes	Vascular Surgery: yes
Family Practice: yes	Outpatient Clinic: yes	Radiology: 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**

Grand Rounds: yes	Research: yes	Book Club: no
Journal Club: yes		Lecture Series: yes

RESIDENT BENEFITS

Stipends:	CME Allowance: yes	Housing: no	Uniforms: yes
PMSR/RRA: \$48,763/ \$50,325/ \$52,003	Health Insurance: yes	Meals: yes	Vacation: yes
	Malpractice Insurance: yes	Sick Leave: yes	

Other Resident Benefits: See website for additional benefits**APPLICANT REQUIREMENTS****Mail Additional Materials To:**655 West 8th Street, Box C-126
Attn: Kelsey Hayes
Jacksonville, FL 32209

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