| PROGRAM NAME | **Oak Hill Hospital** | | CASPR # | **0548** |

PROGRAM NAME   **Oak Hill Hospital**
11375 Cortez Boulevard
Brooksville, FL 34613

CASPR #   **0548**
CRIP Section 2

DIRECTOR   **Val Haddon DPM**

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

Phone: 352-592-2757
Program E-mail: helen.sztroin@hcahealthcare.com
Program Web Site: oakhillhospital.com/gme

Entry Level Positions

Type	# Approved	# Active
PMSR/RRA	2	6

HOSPITAL DESCRIPTION

Accreditation:	JCAHO	**Has Clerkship Program:**	no
# Staff DPMS:	10		

Affiliated Institutions: Oak Hill Hospital, All Saints Surgery Center
Other Residency Programs: Internal Medicine, Family Medicine, Anesthesiology, Emergency Medicine, Transitional Year

CLINICAL EXPERIENCES

Anesthesiology:	yes	**Internal Medicine:**	yes	**Pathology/Lab:**	yes	**Rehabilitation:**	yes
Behavioral Science:	yes	**Infectious Disease:**	yes	**Pediatrics:**	yes	**Rheumatology:**	no
Dermatology:	no	**Neurology:**	no	**Plastic Surgery:**	no	**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: Pain Management and Intensive Care Unit
Program Emphasis:

DIDACTIC PROGRAM

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

RESIDENT BENEFITS

Stipends:
PMSR/RRA: $50,500/ $52,000/ $53,500

CME Allowance:	yes	**Housing:**	no	**Uniforms:**	no
Health Insurance:	yes	**Meals:**	no	**Vacation:**	yes
Malpractice Insurance:	yes	**Sick Leave:**	yes		

Other Resident Benefits:

APPLICANT REQUIREMENTS

Mail Additional Materials To:
Oak Hill Hospital GME
11375 Cortez Boulevard
Brooksville, FL 34613

Deadline: 11/7/2018

ACLS: yes	**CPR:** yes	**Ltrs of Recommendation:** 3	**Clerkship Required:** no
APMLE Pt III: Yes		**State License 1st yr:** training	**Minimum GPA:** 2.8
Program Fee:			**Minimum Rank:** 0
		Fee Refundable:	**CV:** yes
		Payable To:	

Other Applicant Requirements: TBD

AVAILABLE RESOURCES

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

PROGRAM OVERVIEW