

**PROGRAM NAME** St Francis Hospital & Med Ctr - CT

114 Woodland Street  
Attn: Podiatry - MS# 40501  
Hartford, CT 06105

**CASPR #** 0623**CRIP** Section 2**DIRECTOR** Rafael Gonzalez DPM

Phone: 860-714-5911

Program E-mail: mmorrow@stfranciscare.org

Program Web Site: [www.stfranciscare.org](http://www.stfranciscare.org)

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:** yes  
**# Staff DPMS:** 32  
**Affiliated Institutions:** Blue Back Surgery Center; Connecticut Surgery Center; Eastern Connecticut Health Network; Johnson Memorial Hospital  
Enfield Outpatient Department; and Middlesex Hospital and Surgery Center  
**Other Residency Programs:** Anesthesiology, Dentistry, Emergency Medicine, Family Medicine, General Surgery, Internal Medicine, OB/GYN,  
Orthopedics, Primary Care, Radiology and Urology

**CLINICAL EXPERIENCES**

<b>Anesthesiology:</b> yes	<b>Internal Medicine:</b> yes	<b>Pathology/Lab:</b> yes	<b>Rehabilitation:</b> no
<b>Behavioral Science:</b> yes	<b>Infectious Disease:</b> yes	<b>Pediatrics:</b> no	<b>Rheumatology:</b> yes
<b>Dermatology:</b> yes	<b>Neurology:</b> no	<b>Plastic Surgery:</b> yes	<b>Surgery (General):</b> yes
<b>Diabetic Wound Care:</b> yes	<b>Orthopedics:</b> no	<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> no	<b>Outpatient Clinic:</b> yes	<b>Radiology:</b> yes	

**Other Clinical Experiences:** Practice Management; Podiatry Clinic at Hospital Clinic; and Wound Care Rotation at Hospital Clinic.**Program Emphasis:** Senior Residents are sent to the ACFAS Arthroscopy Course.**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: \$56,350/ \$58,550/ \$61,350	<b>CME Allowance:</b> yes	<b>Housing:</b> no	<b>Uniforms:</b> yes
	<b>Health Insurance:</b> yes	<b>Meals:</b> no	<b>Vacation:</b> yes
	<b>Malpractice Insurance:</b> yes	<b>Sick Leave:</b> yes	

**Other Resident Benefits:** \*CME Allowance \$1,000.00.**APPLICANT REQUIREMENTS****Mail Additional Materials To:**

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<b>ACLS:</b> yes	<b>CPR:</b> yes	<b>Ltrs of Recommendation:</b> 3	<b>Clerkship Required:</b> no
<b>APMLE Pt III:</b> No	<b>State License 1st yr:</b> none		<b>Minimum GPA:</b> 3.0*
<b>Program Fee:</b> \$25.00	<b>Fee Refundable:</b> No		<b>Minimum Rank:</b> No
			<b>CV:</b> yes

**Deadline:** 11/8/2017**Payable To:** St Francis Hospital and Medical Center**Other Applicant Requirements:** CV; \*Minimum GPA could be waived if applicant has visited or clerked at program; \*\*Clerkship is highly recommended. Students are required to have a car.**AVAILABLE RESOURCES****Sample Contract:** Contact Program      **Benefit Package:** Contact Program      **Curriculum:** Contact Program**PROGRAM OVERVIEW**

Please visit our website, [www.stfranciscare.org](http://www.stfranciscare.org). Visitation is highly recommended. CPME has granted approval as a PMSR designation with Rear foot and Ankle credential. For specific questions about our program or visa issues contact our Administrative Assistant at 860-714-5911.