

PROGRAM NAME Christiana Care Health Services501 West 14th St. Rm 2N74
Wilmington, DE 19801**CASPR #** 0706**CRIP** Section 2**DIRECTOR** Raymond A. DiPreto, Jr. DPM

Phone: 302-320-2967

Program E-mail: podiatric.residency@christianacare.orgProgram Web Site: <http://residency.christianacare.org/podiatric>Rescue Fund Insured: Yes
COTH Member thru 6/30: Yes**Entry Level Positions**

Type	# Approved	# Active
PMSR/RRA	1	1

HOSPITAL DESCRIPTION**Accreditation:** JCAHO **Has Clerkship Program:** yes**# Staff DPMS:** 32**Affiliated Institutions:** Jefferson Medical College, Philadelphia, PA**Other Residency Programs:** General Surgery, Internal Med, Family Med, Ob/Gyn, Emergency Med, Pediatrics, Radiology, Dentistry, Oral Surgery, Pharmacy, Medical Physics, Pastoral Care; Fellowships: Sports Med, Cardiology, Otolaryngology**CLINICAL EXPERIENCES**

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

Other Clinical Experiences: Twice weekly Foot and Ankle Clinic, Monthly Sports Medicine Clinic, Monthly Biomechanics Review, AO Basic and Advanced Courses, ACFAS Arthroscopy Workshops, Cadaver Labs and Sawbone Workshops**Program Emphasis:** Elective Surgical Procedures; Limb Salvage; Wound Care**DIDACTIC PROGRAM**

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

RESIDENT BENEFITS

Stipends:	CME Allowance: yes	Housing: no	Uniforms: yes
PMSR/RRA: \$58,739/ \$60,382/ \$63,315	Health Insurance: yes	Meals: no	Vacation: yes
	Malpractice Insurance: yes	Sick Leave: yes	

Other Resident Benefits: Dental Insurance; Spousal/Family Benefits; Flexible Healthcare Spending Acct; 403(b) Retirement Plan; Disability and Life Insurance; Research Stipend**APPLICANT REQUIREMENTS****Mail Additional Materials To:**Wilmington Hospital
501 W 14th Street, Rm 2N74
Wilmington, DE 19801

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

Deadline: 11/8/2017**Payable To:** n/a**Other Applicant Requirements:** Professionalism, Intelligence**AVAILABLE RESOURCES****Sample Contract:** Contact Program**Benefit Package:** Contact Program**Curriculum:** Contact Program**PROGRAM OVERVIEW**See our website for more information - <http://residency.christianacare.org/podiatric>