

PROGRAM NAME Crozer Chester Medical Center

One Medical Center Blvd
 3 Central
 Upland, PA 19013

CASPR # 0710**CRIP** Section 1**DIRECTOR** William M. Urbas DPM

Phone: 610-447-6354

Program E-mail: crozerpodiatry@gmail.com

Program Web Site: www.crozer.org/CKHS/Left+Nav/Residency+and+Education/

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

Entry Level Positions

Type	# Approved	# Active
PMSR/RRA	4	4

HOSPITAL DESCRIPTION

Accreditation: JCAHO **Has Clerkship Program:** yes
Staff DPMS: 20
Affiliated Institutions: none.

Other Residency Programs: Medicine, Surgery, Pediatrics, Sports Medicine, Transitional, Osteopathic Rotating, Family Medicine, OB/GYN,**CLINICAL EXPERIENCES**

Anesthesiology: yes	Internal Medicine: yes	Pathology/Lab: yes	Rehabilitation: yes
Behavioral Science: yes	Infectious Disease: yes	Pediatrics: yes	Rheumatology: yes
Dermatology: yes	Neurology: yes	Plastic Surgery: yes	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: 2 month rotation as second year with pediatric orthopedic surgeon**Program Emphasis:** Podiatric Surgery/Medicine**DIDACTIC PROGRAM**

Grand Rounds: yes	Research: yes	Book Club: yes
Journal Club: yes		Lecture Series: yes

RESIDENT BENEFITS

Stipends:	CME Allowance: yes	Housing: no	Uniforms: yes
PMSR/RRA: \$50,900/ \$52,870/ \$53,980	Health Insurance: yes	Meals: yes	Vacation: yes
	Malpractice Insurance: yes	Sick Leave: yes	

Other Resident Benefits: Health Plex membership, disability insurance, Education stipends: \$1800.00 yearly,**APPLICANT REQUIREMENTS****Mail Additional Materials To:**

One Medical Center Blvd
 3 Central
 Upland, PA 19013

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

Deadline: 11/7/2018**Payable To:** n/a**Other Applicant Requirements:** none.**AVAILABLE RESOURCES****Sample Contract:** At CRIP**Benefit Package:** Internet Site**Curriculum:** Internet Site**PROGRAM OVERVIEW**

This program is a three-year commitment. Please visit our website for more detailed information at www.crozer.org or call director at 610-447-6354