

**PROGRAM NAME**

**West Penn Hospital**

4800 Friendship Avenue  
Pittsburgh, PA 15224

**CASPR # 0745**

**CRIP** No

**DIRECTOR**

**Alan Catanzariti DPM**

Phone: 412-688-7578

Program E-mail: [beth.sheedy@ahn.org](mailto:beth.sheedy@ahn.org)

Program Web Site: [www.ahn.org/education/graduate-medical-education/residencies/foot-and-ankle-surgi](http://www.ahn.org/education/graduate-medical-education/residencies/foot-and-ankle-surgi)

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:** 22  
**Affiliated Institutions:** Forbes Hospital is part of the AHN Medical Education Consortium and Jefferson Hospital is also under the AHN umbrella (although not part of the Consortium)  
**Other Residency Programs:** Various other programs - refer to program website

**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> no
<b>Dermatology:</b> no	<b>Neurology:</b> no	<b>Plastic Surgery:</b> no	<b>Surgery (General):</b> yes
<b>Diabetic Wound Care:</b> yes	<b>Orthopedics:</b> yes	<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> no
<b>Family Practice:</b> no	<b>Outpatient Clinic:</b> no	<b>Radiology:</b> yes	

**Other Clinical Experiences:** Burn Trauma, Endocrinology  
**Program Emphasis:** Reconstructive rear foot and ankle surgery

**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: \$48,880/ \$49,816/ \$50,773	<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:** parking, meal tickets to off set costs

**APPLICANT REQUIREMENTS**

**Mail Additional Materials To:**  
 c/o Beth Sheedy, Coordinator  
 4800 Friendship Ave  
 Pittsburgh, PA 15224

<b>ACLS:</b> yes	<b>CPR:</b> yes	<b>Ltrs of Recommendation:</b> 0	<b>Clerkship Required:</b> no
<b>APMLE Pt III:</b> Yes	<b>State License 1st yr:</b> full	<b>Fee Refundable:</b> no	<b>Minimum GPA:</b> 3.2
<b>Program Fee:</b> \$50.00			<b>Minimum Rank:</b> no
			<b>CV:</b> yes

**Deadline:** 11/2/2016

**Payable To:** West Penn Hospital

**Other Applicant Requirements:** Immunizations, drug screen, Pennsylvania criminal background check, FBI fingerprinting (must be done in PA), Pennsylvania child abuse

**AVAILABLE RESOURCES**

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

**PROGRAM OVERVIEW**

See website for more details