

PROGRAM NAME Wyckoff Heights Med Ctr PMSR/RRA

Attn: Veronica Nieves, Office Manager
 374 Stockholm Street
 Brooklyn, NY 11237

CASPR # 0846**CRIP** Section 1**DIRECTOR** Ronald M. Guberman DPM

Phone:

Program E-mail: vnieves@wyckoffhospital.orgProgram Web Site: wyckoffhospital.org

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

Entry Level Positions

Type	# Approved	# Active
PMSR/RRA	3	3

HOSPITAL DESCRIPTION**Accreditation:** Other **Has Clerkship Program:** yes**# Staff DPMS:** 91**Affiliated Institutions:** New York Medical College**Other Residency Programs:** Internal Medicine, General Surgery, Dentistry, Obstetrics & Gynecology, Anesthesia Dental, Pediatric**CLINICAL EXPERIENCES**

Anesthesiology: yes	Internal Medicine: yes	Pathology/Lab: yes	Rehabilitation: yes
Behavioral Science: yes	Infectious Disease: yes	Pediatrics: yes	Rheumatology: no
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: no	Outpatient Clinic: yes	Radiology: yes	

Other Clinical Experiences: SICU, Hyperbaric Oxygen and Wound Center, Extensive in-patient and out-patient volume**Program Emphasis:** Trauma care of the foot, Diabetic Foot Care, Wound Care, Reconstructive Pediatric & Adult Foot Surgery, & Hyperbaric Medicine**DIDACTIC PROGRAM****Grand Rounds:** yes**Journal Club:** yes**Research:** yes**Book Club:** no**Lecture Series:** yes**RESIDENT BENEFITS****Stipends:** PMSR/RRA: \$61,071/ \$67,047/ \$73,022**CME Allowance:** yes**Housing:** yes**Uniforms:** yes**Health Insurance:** yes**Meals:** yes**Vacation:** yes**Malpractice Insurance:** yes**Sick Leave:** yes**Other Resident Benefits:** 11 sick days per year, 20 vac days per year, meal allowance of \$1,000 p/y, housing allowance of \$2,400 p/y, \$650 book allowance. 9 paid holidays and 4 paid personal days. Chief Resident differential of \$4,195 p/y.**APPLICANT REQUIREMENTS****Mail Additional Materials To:**

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ACLS: yes **CPR:** yes **Ltrs of Recommendation:** 3**APMLE Pt III:** No **State License 1st yr:** training**Program Fee:** \$50.00 **Fee Refundable:** no**Clerkship Required:** no**Minimum GPA:** no**Minimum Rank:** no**CV:** yes**Deadline:** 11/2/2016**Payable To:** Wyckoff Heights Podiatric Residency Program**Other Applicant Requirements:** The fee for application includes the PMSR and/or the PMSR/RRA programs.**AVAILABLE RESOURCES****Sample Contract:** Contact Program **Benefit Package:** Contact Program**Curriculum:** Contact Program**PROGRAM OVERVIEW**

A comprehensive clinical and academic approach to all areas of Podiatric Medicine & Surgery. We have a varied & busy surgical schedule with hands on resident experience as a key component of our training program. We take the training of each & every one of our residents individually & cooperatively as the primary objective of the program. The residents are given opportunities to attend & receive advanced training, certification in workshops and seminars. The size & nature of the program itself supports & promotes a great amount of activity in both the academic & clinical aspects of the program. The surgical quantity & quality, the inpatient & outpatient clinical activity & the volume of cases in the ER all reflect this devotion to advancing & improving the type & level of education & clinical experiences. Our academic schedule consists of daily rounds and teaching rounds rotating on a weekly basis with our teaching faculty all involved to provide lectures, journal review, cadaver labs on site, radiology review & a variety of regularly scheduled workshops & guest lecturers.