

**PROGRAM NAME** Montefiore Mount Vernon Hospital12 North 7th Avenue  
Mt Vernon, NY 10550**CASPR #** 0852**CRIP** Section 2**DIRECTOR** Dominic J. Catanese DPM

Phone: 914-361-6050

Program E-mail: cmolahan@montefiore.org, mtvernonpodiatry@gmail.co

Program Web Site:

Rescue Fund Insured: Yes  
COTH Member thru 6/30: Yes**HOSPITAL DESCRIPTION**

**Accreditation:** JCAHO      **Has Clerkship Program:** yes  
**# Staff DPMS:** 15  
**Affiliated Institutions:** Montefiore New Rochelle Hospital, New York  
**Other Residency Programs:** Medicine. (Only surgical residency program in hospital)

**Entry Level Positions**

Type	# Approved	# Active
PMSR/RRA	2	2

**CLINICAL EXPERIENCES**

<b>Anesthesiology:</b> yes	<b>Internal Medicine:</b> yes	<b>Pathology/Lab:</b> yes	<b>Rehabilitation:</b> yes
<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> yes
<b>Family Practice:</b> no	<b>Outpatient Clinic:</b> yes	<b>Radiology:</b> yes	

**Other Clinical Experiences:** Training with Orthopaedic surgeons and Orthopaedic Foot and Ankle surgeons. Wound care clinics with Foot and ankle Orthopaedic surgeon and with Podiatric wound care specialist**Program Emphasis:** We emphasize reconstructive surgery of the foot & ankle with concentrations on wound care and clinical foot and ankle care**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>	<b>CME Allowance:</b> no	<b>Housing:</b> no	<b>Uniforms:</b> yes
PMSR/RRA: \$54,025/ \$56,207/ \$59,991	<b>Health Insurance:</b> yes	<b>Meals:</b> yes	<b>Vacation:</b> yes
	<b>Malpractice Insurance:</b> yes	<b>Sick Leave:</b> yes	

**Other Resident Benefits:** Stipend of \$500.00 per year for educational expenses**APPLICANT REQUIREMENTS****Mail Additional Materials To:**12 North 7th Avenue  
Mt Vernon, NY 10550

<b>ACLS:</b> no	<b>CPR:</b> no	<b>Ltrs of Recommendation:</b> yes	<b>Clerkship Required:</b> no
<b>APMLE Pt III:</b> No	<b>State License 1st yr:</b> training		<b>Minimum GPA:</b> 2.6
<b>Program Fee:</b> \$0.00	<b>Fee Refundable:</b> n/a		<b>Minimum Rank:</b> no
			<b>CV:</b> yes

**Deadline:** 11/8/2017**Payable To:** n/a**Other Applicant Requirements:** Annual health assement from training institution**AVAILABLE RESOURCES****Sample Contract:** Contact Program      **Benefit Package:** Contact Program      **Curriculum:** Contact Program**PROGRAM OVERVIEW**

We offer a well rounded program with emphasis on reconstructive surgery of the foot and ankle. We Comprehensive wound training in our Hyperbaric Wound Care center