

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**Entry Level Positions**

Type	# Approved	# Active
PMSR/RRA	2	1

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)

CLINICAL EXPERIENCES

Anesthesiology: yes	Internal Medicine: yes	Pathology/Lab: yes	Rehabilitation: yes
Behavioral Science: yes	Infectious Disease: yes	Pediatrics: no	Rheumatology: no
Dermatology: no	Neurology: no	Plastic Surgery: no	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: 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

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

RESIDENT BENEFITS

Stipends:	CME Allowance: no	Housing: no	Uniforms: yes
PMSR/RRA: \$54,025/ \$56,207/ \$59,991	Health Insurance: yes	Meals: yes	Vacation: yes
	Malpractice Insurance: yes	Sick Leave: 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

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

Deadline: 11/8/2017**Payable To:** n/a

Other Applicant Requirements: Annual health assessment 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