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## Bethesda, Maryland 20814

**PODIATRIC MEDICINE AND SURGERY RESIDENCY**

**APPLICATION FOR PROVISIONAL APPROVAL**

**This application and supporting documentation must be submitted prior to activation of the residency, at least 18 months before the anticipated starting date**. **RRC and the Council require that the program’s director is the individual responsible for submitting all materials to Council staff related to all application, on-site evaluation, and approval processes.**

The review process for a residency requesting approval requires a period of at least 18 months from the time an application is received in the office of the Council on Podiatric Medical Education until the Council takes an approval action. This timeline may not always coordinate with the dates for the national residency application and matching service.

Please submit the first two pages of the application to the Council office at [CPMEstaff@cpme.org](mailto:CPMEstaff@cpme.org)

and notify the CPME of the need to submit the completed application. Once this information is received, CPME staff will contact you to provide further instructions on submitting the required documentation and payment through the CPME portal. The full submission is to include this completed form and the documentation in response to questions 1-5, pages 14–16 (supplemental materials) in PDF format, as a single bookmarked continuous document. Hand-written responses and hard copy documentation will not be accepted.

An **application fee**, made payable to the Council on Podiatric Medical Education, must accompany the application. Application fees are posted on the [CPME website](https://www.cpme.org/residencies/content.cfm?ItemNumber=2444&navItemNumber=2245).

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| 1. **Sponsoring Institution Information** | |
| Sponsoring institution |  |
| Address 1 |  |
| Address 2 |  |
| City/State/Zip |  |
| Telephone |  |
| Website address |  |
| Date institution began operations |  |

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| 1. **Co-sponsoring Institution Information (if applicable)** | |
| Co-sponsoring institution |  |
| Address 1 |  |
| Address 2 |  |
| City/State/Zip |  |
| Telephone |  |
| Chief Administrative Officer |  |
| CAO’s email address |  |
| Website address |  |
| Date institution began operations |  |
| Number of beds |  |

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| 1. **Program Director Information** | |
| Name: |  |
| Office Address 1 |  |
| Office Address 2 |  |
| City/State/Zip |  |
| Telephone |  |
| Fax |  |
| Mobile Phone |  |
| Email |  |

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| 1. **Administration – List the names, and email addresses of persons holding the following staff positions (include professional degrees when applicable, e.g., DPM, MD, or DO)** | | |
| **Title** | **Name** | **E–mail address** |
| Chief Administrative Officer |  |  |
| Designated Institutional Official |  |  |
| Chief of Podiatric Staff |  |  |
| Chief of Medical Staff |  |  |
| Director of Graduate Medical Education |  |  |
| Chief of Surgical Staff |  |  |

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| 1. **Program Information** (as defined in CPME 320, July 2015) | | | |
|  | **Type of Program(s)** | **Length of Program(s)** | |
| Podiatric Medicine and Surgery Residency (PMSR) | 36 Months |  |
| Podiatric Medicine and Surgery Residency with Reconstructive Rearfoot/Ankle Surgery (PMSR/RRA) | 36 Months | 48 Months |
|  | Is the resident required to be licensed? | Yes  No | |
|  | Number of positions requested | PMSR //  PMSR/RRA /// | |
|  | Program start and end dates (*e.g. July 1 – June 30*) |  | |
|  | Resident stipend in each year of training | $     , $     , $     , $ | |

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| 1. **The following information about the volume of patient care activity should be based on the 12-month period prior to submission of the application. The number of procedures is to include those performed at all facilities utilized by the sponsoring institution (including the sponsor). For secondary institutions or facilities utilized, appropriately executed affiliation agreements must exist (and be submitted) to be included in the number of procedures column.** | | | |
| **Participating Institution Information** | | | |
| Sponsoring institution |  | |
| Co–sponsor (if applicable) |  | |
| Affiliate |  | |
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| 1. **The statistics below cover the period from       to      .** Must be as current as possible and only cover 12 months.   To determine the institution’s ability to support the number of requested residency positions, multiply the number of residents requested per year by the Minimum Activity Volume (MAV) requirement per resident. For example: If a program is requesting two residents per year (2/2/2), the reported volume of biomechanical cases over a 12–month period should be 100 (50 x 2). The Residency Review Committee, however, expects the reported volume to exceed the MAV to allow for fluctuations in the availability of cases and resident logging errors. | | | |
| **Case Activities** | | **Volume** | |
| Podiatric surgical cases *(minimum 300 per resident)* | |  | |
| Trauma cases *(minimum 50 per resident)* | |  | |
| Podopediatric cases *(minimum 25 per resident)* | |  | |
| Other podiatric procedures *(minimum 100 per resident)* | |  | |
| Lower extremity wound care *(minimum 50 per resident)* | |  | |
| Biomechanical cases (utilizing the definition in the CPME 320) *(minimum 50 per resident)* | |  | |
| Comprehensive medical histories and physical examinations *(minimum 50 per resident)* | |  | |

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| **Category 1: Digital Surgery** | | | |
| **Range of CPT Codes** | **Description** | **Code Number** | **Number of Procedures** |
| 28108, 28124, 28126, 28153 | Partial ostectomy/exostectomy | 1.1 |  |
| 28150 | Phalangectomy | 1.2 |  |
| 28024, 28160, 28285, 28286 | Arthroplasty (interphalangeal joint [IPJ]) | 1.3 |  |
|  | Implant (IPJ) | 1.4 |  |
| 28160 | Diaphysectomy | 1.5 |  |
| 28310, 28312 | Phalangeal osteotomy | 1.6 |  |
| 28285, 28755 | Fusion (IPJ) | 1.7 |  |
| 28820, 28825 | Amputation | 1.8 |  |
| 28108, 28175 | Management of osseous tumor/neoplasm | 1.9 |  |
| 28005, 28124 | Management of bone/joint infection | 1.10 |  |
| 28505, 28525 | Open management of digital fracture/dislocation | 1.11 |  |
|  | Revision/repair of surgical outcome | 1.12 |  |
| 28280, 28531 | Other osseous digital procedure not listed above | 1.13 |  |
| **Total Number of Procedures** *(minimum 80 per resident)* | | |  |

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| **Category 2: First Ray Surgery – Hallux Valgus** | | | |
| **Range of CPT Codes** | **Description** | **Code Number** | **Number of Procedures** |
| 28290 | Bunionectomy (partial ostectomy/Silver procedure) | 2.1.1 |  |
| 28292 | Bunionectomy with capsulotendon balancing procedure | 2.1.2 |  |
| 28298-99 | Bunionectomy with phalangeal osteotomy | 2.1.3 |  |
| 28296, 28299, 28306 | Bunionectomy with distal first metatarsal osteotomy | 2.1.4 |  |
| 28296, 28299, 28306 | Bunionectomy with first metatarsal base or shaft osteotomy | 2.1.5 |  |
| 28297, 28299 | Bunionectomy with first metatarsocuneiform fusion | 2.1.6 |  |
| 28750 | Metatarsophalangeal joint (MPJ) fusion | 2.1.7 |  |
| 28293 | MPJ implant | 2.1.8 |  |
| 28270 | MPJ arthroplasty | 2.1.9 |  |
| **Total Number of Procedures** | | |  |

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| **Category 2: First Ray Surgery – Hallux Limitus** | | | | |
| **Range of CPT Codes** | **Description** | **Code Number** | **Number of Procedures** | |
| 28289 | Cheilectomy | 2.2.1 |  | |
| 28310 | Joint salvage with phalangeal osteotomy (Kessel-Bonney, enclavement) | 2.2.2 |  | |
| 28296, 28306 | Joint salvage with distal metatarsal osteotomy | 2.2.3 |  | |
| 28296, 28306 | Joint salvage with first metatarsal shaft or base osteotomy | 2.2.4 |  | |
| 28297 | Joint salvage with first metatarsocuneiform fusion | 2.2.5 |  | |
| 28750 | MPJ fusion | 2.2.6 |  | |
| 28293 | MPJ implant | 2.2.7 |  | |
| 28292 | MPJ arthroplasty | 2.2.8 |  | |
| **Total Number of Procedures** | | |  | |

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| **Category 2 First Ray Surgery – Other First Ray** | | | | |
| **Range of CPT Codes** | **Description** | **Code Number** | **Number of Procedures** | |
| 28294 | Tendon transfer/lengthening/capsulotendon balancing procedure | 2.3.1 |  | |
| 28306-7 | Osteotomy (e.g., dorsiflexory) | 2.3.2 |  | |
| 28615, 28740 | Metatarsocuneiform fusion (other than for hallux valgus or hallux limitus) | 2.3.3 |  | |
| 28810, 28820 | Amputation | 2.3.4 |  | |
| 28104-6, | Management of osseous tumor/neoplasm (with or without bone graft) | 2.3.5 |  | |
| 28002-5, 28122 | Management of bone/joint infection (with or without bone graft) | 2.3.6 |  | |
| 28485, 28645 | Open management of fracture or MPJ dislocation | 2.3.7 |  | |
| 28306-7 | Corticotomy/callus distraction | 2.3.8 |  | |
| 28322 | Revision/repair of surgical outcome (e.g., non-union, hallux varus) | 2.3.9 |  | |
| 28111, 28760, 28899 | Other first ray procedure not listed above | 2.3.10 |  | |
| **Total Number of Procedures** | | |  | |
| **Total Number of Category 2 Hallux Valgus, Hallux Limitus, and Other First Ray Procedures** *(minimum 60 per resident)* | | |  | |

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| **Category 3: Other Soft Tissue Foot Surgery** | | | | |
| **Range of CPT Codes** | **Description** | **Code Number** | **Number of Procedures** | |
| 28315 | Excision of ossicle/sesamoid | 3.1 |  | |
| 28080, 64776 | Excision of neuroma | 3.2 |  | |
| 10121, 11011-12, 28020-4, 28192-93 | Removal of deep foreign body (excluding hardware removal) | 3.3 |  | |
| 28008, 28060, 28062, 29893 | Plantar fasciotomy | 3.4 |  | |
| 28270 | Lesser MPJ capsulotendon balancing | 3.5 |  | |
| 28200-34 | Tendon repair, lengthening, or transfer involving the forefoot (including digital flexor digitorum longus transfer) | 3.6 |  | |
| 28615 | Open management of dislocation (MPJ/tarsometatarsal) | 3.7 |  | |
| 10180, 11043-44, 20000, 20005, 20103, 28001-3 | Incision and drainage/wide debridement of soft tissue infection (including plantar space) | 3.8 |  | |
| 28060-2 | Plantar fasciectomy | 3.9 |  | |
| 11400-426, 11600-646, 28039-47, 28050-54, 28092 | Excision of soft tissue tumor/mass of the foot (without reconstructive surgery) | 3.10 |  | |
|  | *Procedure code number no longer used* | 3.11 |  | |
| 14020-21, 14040-41, 14300, 14350, 15050, 15240-41, 15738, 15740, 15750, 15756-58, 20969-73, 28280, 28286, 28313, 28340-45, 28360 | Plastic surgery techniques (including skin graft, skin plasty, flaps, syndactylization, desyndactylization, and debulking procedures limited to the forefoot) | 3.12 |  | |
| 28020-24, 28050, 64727 | Microscopic nerve/vascular repair (forefoot only) | 3.13 |  | |
|  | Other soft tissue procedures not listed above (limited to the foot) | 3.14 |  | |
| 27615-16, 27618-19, 27632, 27634 | Excision of soft-tissue tumor/mass of the ankle (without reconstructive surgery) | 3.15 |  | |
| 28035, 28055, 64702, 64704, 64722, 64726 | External neurolysis/decompression (including tarsal tunnel) | 3.16 |  | |
| **Total Number of Procedures** *(minimum 45 per resident)* | | |  | |

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| **Category 4: Other Osseous Foot Surgery** | | | | |
| **Range of CPT Codes** | **Description** | **Code Number** | **Number of Procedures** | |
| 27640-41, 28116, 28118-20, 28122, 28288 | Partial ostectomy (distal to and including the talus) | 4.1 |  | |
| 28052, 28234, 28645 | Lesser MPJ arthroplasty | 4.2 |  | |
| 28110 | Bunionectomy of the fifth metatarsal without osteotomy | 4.3 |  | |
| 28112-14 | Metatarsal head resection (single or multiple) | 4.4 |  | |
| 28899 | Lesser MPJ implant | 4.5 |  | |
| 28308-9 | Central metatarsal osteotomy | 4.6 |  | |
| 28308 | Bunionectomy of the fifth metatarsal with osteotomy | 4.7 |  | |
| 28485 | Open management of lesser metatarsal fractures | 4.8 |  | |
| 20900, 20902 | Harvesting of bone graft distal to the ankle | 4.9 |  | |
| 28805, 28810 | Amputation (lesser ray, transmetatarsal amputation) | 4.10 |  | |
| 20005, 28005 | Management of bone/joint infection distal to the tarsometatarsal joints (with or without bone graft) | 4.11 |  | |
| 28171, 28173 | Management of bone tumor/neoplasm distal to the tarsometatarsal joints (with or without bone graft) | 4.12 |  | |
| 28615 | Open management of tarsometatarsal fracture/dislocation | 4.13 |  | |
| 28308-9 | Multiple osteotomy management of metatarsus adductus | 4.14 |  | |
| 27840, 28730, 28735 | Tarsometatarsal fusion | 4.15 |  | |
| 28899 | Corticotomy/callus distraction of lesser metatarsal | 4.16 |  | |
| 28320, 28322 | Revision/repair of surgical outcome in the forefoot | 4.17 |  | |
| 28130, 28140 | Other osseous procedures not listed above (distal to the tarsometatarsal joint) | 4.18 |  | |
| 28118 | Detachment/reattachment of Achilles tendon with partial ostectomy | 4.19 |  | |
| **Total Number of Procedures** *(minimum 40 per resident)* | | |  | |

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| **Category 5: Reconstructive Rearfoot and Ankle Surgery – Elective Soft Tissue** | | | | |
| **Range of CPT Codes** | **Description** | **Code Number** | **Number of Procedures** | |
| 14020-21, 14040-41, 14300, 14350 | Plastic surgery techniques involving the midfoot, rearfoot, or ankle | 5.1.1 |  | |
| 27690-92 | Tendon transfer involving the midfoot, rearfoot, ankle, or leg | 5.1.2 |  | |
| 27685-87, 28240 | Tendon lengthening involving the midfoot, rearfoot, ankle, or leg | 5.1.3 |  | |
| 28260-4 | Soft tissue repair of complex congenital foot/ankle deformity (clubfoot, vertical talus) | 5.1.4 |  | |
| 27698 | Delayed repair of ligamentous structures | 5.1.5 |  | |
| 27654, 27659, 27665, 27675-6, 27685-86, 27698, 28238 | Ligament or tendon augmentation/  supplementation/restoration | 5.1.6 |  | |
| 27625-6 | Open synovectomy of the rearfoot/ankle | 5.1.7 |  | |
| 28035 | *Procedure code number no longer used* | 5.1.8 |  | |
| 27630 | Other elective rearfoot reconstructive/ankle soft tissue surgery not listed above | 5.1.9 |  | |
| **Total Number of Procedures** | | |  | |

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| **Category 5: Reconstructive Rearfoot and Ankle Surgery – Elective Osseous** | | | |
| **Range of CPT Codes** | **Description** | **Code**  **Number** | **Number of Procedures** | |
| 29891-92, 29894-95, 29897-8, 29904-7 | Operative arthroscopy | 5.2.1 |  | |
| 28118 | *Procedure code number no longer used* | 5.2.2 |  | |
| 28899 | Subtalar arthroeresis | 5.2.3 |  | |
| 27870-71, 28705, 28715, 28725, 28730, 28735, 28737, 28740, 29899, 29907 | Midfoot, rearfoot, or ankle fusion | 5.2.4 |  | |
| 27705-9, 27712, 27715, 28300, 28302, 28304-5 | Midfoot, rearfoot, or tibial osteotomy | 5.2.5 |  | |
| 28116 | Coalition resection | 5.2.6 |  | |
| 28446 | Open management of talar dome lesion (with or without osteotomy) | 5.2.7 |  | |
| 27610, 27612, 27620, 27625-26 | Ankle arthrotomy with removal of loose body or other osteochondral debridement | 5.2.8 |  | |
| 27702-3 | Ankle implant | 5.2.9 |  | |
| 27705, 27707, 27709, 27715, 28899 | Corticotomy or osteotomy with callus distraction/correction of complex deformity of the midfoot, rearfoot, ankle, or tibia | 5.2.10 |  | |
| 27700, 27720, 27722, 27724-6, 27745 | Other elective rearfoot reconstructive/ankle osseous surgery not listed above | 5.2.11 |  | |
| **Total Number of Procedures** | | |  | |

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| **Category 5: Reconstructive Rearfoot and Ankle Surgery – Non–Elective Soft Tissue** | | | | |
| **Range of CPT Codes** | **Description** | **Code Number** | **Number of Procedures** | |
| 27650, 27652, 27658, 27664 | Repair of acute tendon injury | 5.3.1 |  | |
| 27695-96 | Repair of acute ligament injury | 5.3.2 |  | |
| 64727 | Microscopic nerve/vascular repair of the midfoot, rearfoot, or ankle | 5.3.3 |  | |
| 28043, 28045-46 | Excision of soft tissue tumor/mass of the foot (with reconstructive surgery) | 5.3.4 |  | |
|  | *Procedure code number no longer used* | 5.3.5 |  | |
| 27846, 27848, 28555, 28585 | Open repair of dislocation (proximal to tarsometatarsal joints) | 5.3.6 |  | |
| 27600, 27892-4 | Other non-elective rearfoot reconstructive/ankle soft tissue surgery not listed above | 5.3.7 |  | |
| 27615-16, 27618-19, 27632, 27634 | Excision of soft tissue tumor/mass of the ankle (with reconstructive surgery) | 5.3.8 |  | |
| **Total Number of Procedures** | | |  | |

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| **Category 5: Reconstructive Rearfoot and Ankle Surgery – Non-Elective Osseous** | | | |
| **Range of CPT Codes** | **Description** | **Code Number** | **Number of Procedures** | |
| 28465, 28555 | Open repair of adult midfoot fracture | 5.4.1 |  | |
| 28415, 28420, 28445, 28465 | Open repair of adult rearfoot fracture | 5.4.2 |  | |
| 27758-9, 27766, 27769, 27784, 27792, 27814, 27822-23, 27826-29, 27832 | Open repair of adult ankle fracture | 5.4.3 |  | |
| 27758-9, 27766, 27769, 27784, 27792, 27814, 27822-23, 27826-29, 27832 | Open repair of pediatric rearfoot/ankle fractures or dislocations | 5.4.4 |  | |
| 27635, 27637-38, 27645-7, 28100-4, 28106-7 | Management of bone tumor/neoplasm (with or without bone graft) | 5.4.5 |  | |
| 20005, 27603-4, 27607, 27610 | Management of bone/joint infection (with or without bone graft) | 5.4.6 |  | |
| 27888, 28800 | Amputation proximal to the tarsometatarsal joints | 5.4.7 |  | |
| 27889, 28585 | Other non-elective rearfoot reconstructive/ankle osseous surgery not listed above | 5.4.8 |  | |
| **Total Number of Procedures** | | |  | |
| **Total Number of Category 5 Elective Soft Tissue, Elective Osseous, Non–Elective Soft Tissue, and Non-Elective Osseous Procedures** *(minimum 50 per resident for PMSR/RRA programs only)* | | |  | |

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| 1. **Residency Policies** | |
|  | Describe the composition of the committee responsible for interviewing and selecting residents. |
|  | How will prospective residents be informed of the selection process and conditions of appointment established for the program? |
|  | In what format will the institution make available to the prospective resident a copy of the residency curriculum (e.g., bound copy, on residency website, flash drive)? |
|  | Will the applicant be charge an application fee?  Yes  No  If yes, what amount will be charged?  To whom will the fee be paid? |
|  | Describe the institution’s plans for interviewing its first resident(s) |
|  | When will interviews to select the institution’s first resident(s) be conducted? |
|  | On what date will the sponsoring institution obtain a binding commitment from the prospective resident(s)? |

**Supplemental Materials**

The following items must be submitted through the CPME portal. **Please refer to the referenced requirements in CPME 320, *Standards and Requirements for Approval of Podiatric Medicine and Surgery Residencies,* for further information specific to each required document.**

A **Pre-Evaluation Report Cover Page** is provided at the end of this document to be submitted with the supplemental materials.

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| **1. Accreditation documents** |
| Provide copies of the accreditation document for the sponsoring institution and co-sponsoring institution (if applicable) ***(requirement 1.2)****.* |

| **2. Affiliated Training Sites**  Provide the following information for each affiliated training site (e.g., hospital, surgery center, private practice office). ***(requirement 1.3)***  **Supplemental material:**  For each institution identified below, provide copies of **executed affiliation agreements** between the sponsoring institution and the affiliates, including a separate written confirmation of the appointment of the site coordinator (if this information is not on the agreement) | | | | | | | |
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| **Name** | **City, State** | **Accredited**  **By (if applicable)** | **Date Affiliation Signed/**  **Effective Date** | **Coordinator** | | | |
| **Staff?** | | **Name** | |
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| **Standard 3 – Polices Affecting the Resident** | |
| 3a. | Sample copy of the resident contract or letter of appointment between the sponsoring institution(s) and resident. ***(requirements 3.6 and 3.7)*** |
| 3b. | Residency manual that will be distributed at the beginning of the program to residents, faculty, and administrative staff involved in the residency. The manual must include at minimum the following components ***(requirement 3.9)***:  The mechanism of appeal  Performance improvement methods established to address instances of unsatisfactory resident performance  Resident clinical and educational work hours  The rules and regulations for the conduct of the resident  Transition of Care  Curriculum, including competencies and assessment documents specific to each rotation *(refer to requirements 6.1 and 6.4)*  Training schedule (*refer to requirement 6.3)*  Schedule of didactic activities and critical analysis of scientific literature *(refer to requirements 6.7 and 6.8)*  Policies and programs that encourage optimal resident well-being *(refer to requirement 3.13)*  CPME 320 and CPME 330 or links to these documents on the Council’s website |
| 3c. | Certificate to be awarded the resident upon completion of training. ***(requirement 3.10)*** |
| 3d. | Documentation to demonstrate that policies and programs are in place that encourage optimal resident well-being. If this information is in the residency manual, please provide reference to the pages in the manual where this information can be found. ***(requirement 3.13)*** |

| **Standard 5 – Program Director and Faculty** | |
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| 5a. | Curriculum vitae of the program director and a statement providing evidence that the director possesses appropriate clinical, administrative, and teaching qualifications suitable for implementing the residency, is certified by at least one board recognized by the Specialty Board Recognition Committee, and has a minimum of three years of post-residency clinical experience. ***(requirement 5.2)*** |
| 5b. | List of podiatric medical faculty actively involved in the program with educational and professional qualifications of each. For each staff member, list only name, degree, and affiliations with certifying and professional organizations (e.g. ABPM and ABFAS). Additionally, identify which podiatric faculty are affiliated with other CPME–approved residency programs. ***(requirements 5.5 and 5.6)*** |
| 5c. | List of non-podiatric medical faculty actively involved in the program with educational and professional qualifications of each. For each staff member, list only name, degree (MD, DO, PhD, RN, etc.), and affiliations with certifying and professional organizations. ***(requirements 5.5 and 5.6)*** |

By signing this form, the chief administrative officer(s) and the program director confirm the commitment of the institution(s) in providing podiatric residency training.

Chief administrative officer (or DIO) Date

Chief administrative officer of co–sponsoring institution (if applicable) Date

Program director Date

**Chart of Rotations**

Requirement 6.4

**The program director must submit this rotation chart as part of the pre-evaluation material. The team will confirm this information with the training schedule provided in the residency manual.**

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| **Rotation** | **Offered**  (Only indicate if YES) | **Format**  (block or sequential) | **Length** | **Location** |
| **Required Rotations – minimum of two weeks unless otherwise noted** | | | | |
| Anesthesiology |  |  |  |  |
| Behavioral Sciences |  |  |  |  |
| Emergency Medicine *(min 4 weeks)* |  |  |  |  |
| Medical Imaging |  |  |  |  |
| **Medical Specialty Rotations - minimum requirement of 12 cumulative weeks of training in medical specialties** | | | | |
| Internal Medicine/Family Practice  *(min 4 weeks)* |  |  |  |  |
| Infectious disease |  |  |  |  |
| **Medical Subspecialty Rotations (training must include at least two)** | | | | |
| Burn Unit |  |  |  |  |
| Dermatology |  |  |  |  |
| Endocrinology |  |  |  |  |
| Geriatrics |  |  |  |  |
| Intensive/Critical Care |  |  |  |  |
| Neurology |  |  |  |  |
| Pain Management |  |  |  |  |
| Pediatrics |  |  |  |  |
| Physical Medicine and Rehabilitation |  |  |  |  |
| Rheumatology |  |  |  |  |
| Wound Care |  |  |  |  |
| Vascular Medicine |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Rotation** | **Offered**  (Only indicate if YES) | **Format**  (block or sequential) | **Length** | **Location** | | |
| **Surgical Specialty Rotations –**  **Minimum requirement of 8 cumulative weeks**  **Training must include at least two of the following rotations** | | | | | | |
| Endovascular/Vascular *(min 2 weeks)* |  |  |  |  | | |
| Cardiothoracic surgery |  |  |  |  | | |
| General surgery |  |  |  |  | | |
| Hand surgery |  |  |  |  | | |
| Orthopedic surgery |  |  |  |  | | |
| Neurosurgery |  |  |  |  | | |
| Orthopedic/surgical oncology |  |  |  |  | | |
| Pediatric orthopedic surgery |  |  |  |  | | |
| Plastic surgery |  |  |  |  | | |
| Surgical intensive care unit (SICU) |  |  |  |  | | |
| Trauma team/surgery |  |  |  |  | | |
| **Other rotations:** | | | | | | |
|  |  |  |  |  | | |
|  |  |  |  |  | | |
|  |  |  |  |  | | |
|  |  |  |  |  | | |
|  |  |  |  |  | | |
| **Time spent in the Medical Specialty rotations must equal 12 cumulative weeks of training** | | | | | **YES** | **NO** |
|  |  |
| **Time spent in the Surgical Specialty rotations must equal 8 cumulative weeks of training** | | | | | **YES** | **NO** |
|  |  |
|  |  |

**Application for Provisional Approval**

**Supplemental Material Cover Page**

|  |  |
| --- | --- |
| **Program Name** |  |
| **Program Director** |  |

**Contents of this File:**

|  |  |  |
| --- | --- | --- |
| **Item #** | **Material Requested** | **Page** |
| 1. | Accreditation document for sponsoring institution(s)  *requirement 1.2* |  |
| 2. | Affiliation agreements and written confirmation of the appointment of a site coordinator  *requirement 1.3* |  |
| 3a. | Sample resident contract – Letter of Appointment  *Requirements 3.8 and 3.9* |  |
| 3b. | Residency manual  *requirement 3.9* |  |
| 3c. | Certificate of completion  *requirement 3.10* |  |
| 3d. | Documentation to demonstrate that policies and programs are in place that encourage optimal resident well-being  *requirement 3.13* |  |
| 5a. | Curriculum Vitae of program director and statement of qualifications  *requirement 5.2* |  |
| 5b. | List of podiatric faculty  *Requirements 5.5 and 5.6* |  |
| 5c. | List of non-podiatry faculty  *requirements 5.5 and 5.6* |  |

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