



LICENSING COMMITTEE
MAY 21, 2015

**SUBJECT: APPLICATIONS FOR APPROVAL OF CALIFORNIA PODIATRIC
RESIDENCY PROGRAMS FOR ACADEMIC YEAR 2015-2016**

19

ACTION: REVIEW AND APPROVE QUALIFYING RESIDENCY PROGRAMS

RECOMMENDATION

Review and approve qualifying California residency programs.

ISSUE

18 separate California Post-graduate clinical training programs seek approval of applications of residency programs offered for the 2015-2016 academic year.

DISCUSSION

Section 2475.2 of the California Business and Professions Code (the "Code") defines podiatric residencies as post-graduate clinical training programs that are supervised and last one or more years in duration. These clinical training programs offer graduates of colleges or schools of podiatric medicine the opportunity and expectation to function as members of the health care team and gain hands-on medical and surgical training and experience in patient management in addition to structured learning in the diagnosis, treatment and care of podiatric pathology.

As part of the Board of Podiatric Medicine's ("BPM") licensing initiative that is unique to California, the Board requires a Podiatric Resident's License for all post-graduate clinical training participants and requires successful completion of at least two years of podiatric medical and surgical residency before a certificate to practice podiatric medicine may be issued.

As part of the effort to ensure the quality of post-graduate clinical training in California, BPM is legislatively required to approve podiatric residencies in the state under section 2473.3 of the Code for applicants or those individuals that have been issued a residency license to practice podiatric medicine.

Accordingly, consistent with stated requirements contained in section 1399.667 of the Podiatric Medicine Regulations, the Board may approve a podiatric residency provided that the program:

- 1) reasonably conforms with the Accreditation Council for Graduate Medical Education's Institutional Requirements of the Essentials of Accredited Residencies in Graduate Medical Education: Institutional and Program Requirements;
- 2) is approved by the Council on Podiatric Medical Education;
- 3) has a designated Director of Medical Education;
- 4) provides emergency medical training through emergency room rotations;
- 5) measures and evaluates the progress of participants;
- 6) measures and evaluates program effectiveness; and
- 7) has a minimum 75% resident pass rate on Part III of the National Board of Podiatric Medical Exam (the "Nat'l Boards") within the last five year period.

Residency programs falling below the required minimum 75% passage rate on Part III of the Nat'l Boards may nevertheless be granted program approval if it is determined after inspection by the Board's site visit team or a review of reports submitted by the program that the program demonstrates reasonable conformance with all applicable requirements. Accordingly, the BPM Licensing Committee may in its discretion recommend approval of the applications for a vote by the full Board

The applicable BPM statutes and regulations are attached for Board reference in addition to submitted applications for Board review.

FINANCIAL IMPACT

Approval of this item will not have a financial impact on BPM's FY 14/15 Budget.

POLICY IMPLICATIONS

Board action is consistent with BPM's mandate for approval of post-graduate medical education for ensuring the quality of post-graduate clinical training in California as provided in:

- 1) Section 2475.3 of the California Business and Professions Code; and
- 2) Section 1399.667 of the Podiatric Medicine Regulations.

NEXT STEPS

With Committee approval, staff will forward program applications with corresponding recommendations to the full Board for consideration at the June 5, 2015 meeting.

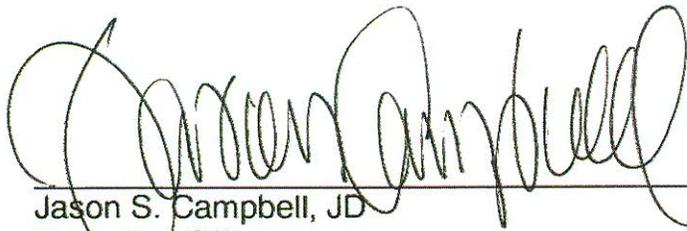
ATTACHMENTS

- A. Section 2475.3 of the California Business and Professions Code
- B. Section 1399.667 of the Podiatric Medicine Regulations.
- C. Applications for Approval of Residency Programs in California
 - 1. Cedars-Sinai Medical Center – Los Angeles, CA
 - 2. Chino Valley Medical Center – Chino, CA
 - 3. Doctors Hospital of West Covina – West Covina, CA
 - 4. Department of Veterans Affairs Greater Los Angeles – Los Angeles, CA
 - 5. Department of Veterans Affairs Palo Alto – Palo Alto, CA
 - 6. Department of Veterans Affairs Jerry L Pettis – Loma Linda, CA
 - 7. Department of Veterans Affairs San Francisco – San Francisco, CA
 - 8. Fountain Valley Regional Hospital – Fountain Valley, CA
 - 9. Kaiser Permanente – Oakland and San Francisco, CA
 - 10. Kaiser Permanente – Sacramento, CA
 - 11. Kaiser Permanente – Santa Clara, CA
 - 12. Kaiser Permanente – Vallejo, CA
 - 13. Lakewood Regional Medical Center – Lakewood, CA
 - 14. Long Beach Memorial Medical Center – Long Beach, CA
 - 15. Dignity Health – St. Mary's Medical Center – San Francisco, CA
 - 16. Scripps Mercy Hospital – San Diego, CA
 - 17. Silver Lake Medical Center – Los Angeles, CA
 - 18. White Memorial Medical Center – Los Angeles, CA

Prepared by: Kia-Maria Zamora, Licensing Unit Coordinator



Kia-Maria Zamora
Licensing Unit Coordinator



Jason S. Campbell, JD
Executive Officer

BUSINESS AND PROFESSIONS CODE - BPC

DIVISION 2. HEALING ARTS [500 - 4999.129]

(Division 2 enacted by Stats. 1937, Ch. 399.)

CHAPTER 5. Medicine [2000 - 2521]

(Chapter 5 repealed and added by Stats. 1980, Ch. 1313, Sec. 2.)

ARTICLE 22. Podiatric Medicine [2460 - 2499.8]

(Article 22 added by Stats. 1980, Ch. 1313, Sec. 2.)

2475.3.

(a) The board shall approve podiatric residency programs, as defined in Section 2475.2, in the field of podiatric medicine, for persons who are applicants for or have been issued a certificate to practice podiatric medicine pursuant to this article.

(b) The board may only approve a podiatric residency that it determines meets all of the following requirements:

(1) Reasonably conforms with the Accreditation Council for Graduate Medical Education's Institutional Requirements of the Essentials of Accredited Residencies in Graduate Medical Education: Institutional and Program Requirements.

(2) Is approved by the Council on Podiatric Medical Education.

(3) Complies with the requirements of this state.

(Amended by Stats. 2003, Ch. 586, Sec. 1. Effective January 1, 2004.)

DIVISION 13.9
BOARD OF PODIATRIC MEDICINE OF THE
MEDICAL BOARD OF CALIFORNIA

1399.667. Postgraduate Medical Education.

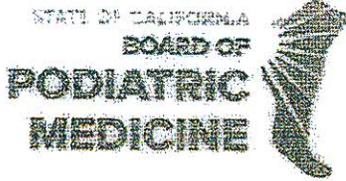
Podiatric medical residencies approved by the board in accordance with Section 2484 of the code shall be those that meet the minimum requirements set by the Council on Podiatric Medical Education, have designated a Director of Medical Education, provide emergency medical training through emergency room rotations, measure and evaluate the progress of participants and program effectiveness, have at least a seventy-five per cent pass rate for residents taking the Part III exam of the National Board of Podiatric Medical Examiners within the most recent five-year period, and, in the board's determination, reasonably conform with the Accreditation Council for Graduate Medical Education's Institutional Requirements of the Essentials of Accredited Residencies in Graduate Medical Education: Institutional and Program Requirements, as revised effective September 1998, which are incorporated by reference in their entirety. Reasonable conformance means that, in applying such requirements, the podiatric medical equivalent should be substituted for references made to general medicine, as appropriate. For example, in regard to resident eligibility and selection, references to "graduates of medical schools accredited by the Liaison Committee on Medical Education" should be interpreted as graduates of podiatric medical schools accredited by the Council on Podiatric Medical Education and approved by the California Board of Podiatric Medicine.

If a residency program falls below the specified seventy-five per cent pass rate, the board may grant the program approval if it determines after review of reports submitted by the program or the board's own site visit team that the program is in reasonable conformance with all applicable requirements.

NOTE: Authority cited: Sections 2015, 2018 and 2470, Business and Professions Code.
Reference cited: Sections 2475, 2475.3 and 2484, Business and Professions Code.

HISTORY:

1. 1. Renumbering of Section 1366.8 to Section 1399.667 filed 12-7-79; effective thirtieth day thereafter (Register 79, No. 49).
2. 2. Amendment filed 8-4-83; effective thirtieth day thereafter (Register 83, No. 32).
3. 3. Change without regulatory effect (Register 87, No. 15).
4. 4. Amendment of section and NOTE filed 12-11-95; operative 1-10-96 (Register 95, No. 50).
5. 5. Amendment of first paragraph, new subsection (b) and amendment of Note filed 8-21-98; operative 9-20-98 (Register 98, No. 34).
6. 6. Amendment of first paragraph filed 11-7-2000; operative 12-7-2000 (Register 2000, No. 45).
7. 7. Amendment of section heading and section filed 11-12-2003; operative 12-12-2003 (Register 2003, No. 46).



Edmund G. Brown Jr.
Governor

BPM 15RPR 1 AM 5-10

**Application for Approval
Residency Programs in California
Academic Year 2015-2016**

Please complete the application and return to our office no later than May 15, 2015.

If your institution offers more than one type of podiatric residency program, please use a separate application for each program. The Board will not issue a Resident's License to any resident participating in an institution's residency program until the residency program application has been submitted and approved by the Board and the resident has met all necessary requirements. Unlicensed residents participating in programs that are not approved by BPM may subject the institution to a Citation and Fine.

Sponsoring Facility: LEONARD'S - SIVIA MEDICAL CENTER 1		
Address: 8700 BEVERLY BLVD ; Dept of Surgery 8215 N Tupper		
Phone: (916) 423-5000		Email:
Residency Program Type:	<input type="checkbox"/> PMSR - Podiatric Medicine and Surgery Residency	
	<input checked="" type="checkbox"/> PMSR / RRA - Podiatric Medicine and Surgery Residency / Reconstructive Rearfoot / Ankle	
Does the Sponsoring Facility:	Yes	No
(a) Meet the general (institutional) requirements of the ACGME?	<input checked="" type="checkbox"/>	
(b) Have a Director of Medical Education?	<input checked="" type="checkbox"/>	
(c) Provide residents emergency medical training through ER rotations?	<input checked="" type="checkbox"/>	
(d) Measure & evaluate progress of residents?	<input checked="" type="checkbox"/>	
(e) Measure & evaluate program effectiveness?	<input checked="" type="checkbox"/>	
Approved by the Council on Podiatric Medical Education? <input checked="" type="checkbox"/>		
Date of Last CPME site visit: 10/30/12		
Signatures:		
Program Director: Jeffrey Klemes		
Printed Name:		
Date: 3/30/15	Phone: (916) 657-9080	Email: KLEMESJE@CSHS.ORG
Director of Medical Education:		
Printed Name: MARK NOAH, MD		
Date: 3/16/15	Phone: (916) 423-5161	Email: MARK.NOAH@CSHS.ORG
Facility/Hospital Administrator:		
Printed Name: THOMAS PRISICAC		
Date: 3/31/15	Phone: (916) 423-5711	Email:



BPM 15APR13 09:47

**APPLICATION FOR APPROVAL
PODIATRIC MEDICINE & SURGERY RESIDENCY PROGRAM
Academic Year 2015-2016**

Please complete the application and return to our office no later than May 15, 2015.

If your institution offers more than one type of podiatric residency program, please use a separate application for each program. The Board will not issue a Resident's License to any resident participating in an institution's residency program until the residency program application has been submitted and approved by the Board and the resident has met all necessary requirements. Unlicensed residents participating in programs that are not approved by BPM may subject the institution to a Citation and Fine.

Sponsoring Facility: CHINO VALLEY MEDICAL CENTER			
Address: 5451 WALNUT AVE, CHINO, CA 91710			
Phone: 909-464-8600		Email: jshapiro@westernu.edu	
Residency Program Type:	PMSR - Podiatric Medicine and Surgery Residency		
	PMSR / RRA - Podiatric Medicine and Surgery Residency / Reconstructive Rearfoot / Ankle		
Does the Sponsoring Facility:			Yes No
(a) Meet the general (institutional) requirements of the ACGME?			✓
(b) Have a Director of Medical Education?			✓
(c) Provide residents emergency medical training through ER rotations?			✓
(d) Measure & evaluate progress of residents?			✓
(e) Measure & evaluate program effectiveness?			✓
Approved by the Council on Podiatric Medical Education? <input checked="" type="checkbox"/>			
Date of Last CPME site visit: 8/30/2012			
Signatures: Jared Shapiro, DPM			
Program Director: JARROD SHAPIRO, DPM			
Printed Name: JARROD SHAPIRO, DPM			
Date: 4/2/15	Phone: 909-222-7735	Email: jshapiro@westernu.edu	
Director of Medical Education: Dr James M Lally, DO			
Printed Name: James M Lally, DO			
Date: 4/8/15	Phone:	Email:	
Facility / Hospital Administrator: Lally DO			
Printed Name: Dr James M Lally			
Date: 4/8/2015	Phone: 909 464 8604	Email:	



Edmund G. Brown Jr.
Governor

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Application for Approval Residency Programs in California Academic Year 2015-2016

Please complete the application and return to our office no later than May 15, 2015.

If your institution offers more than one type of podiatric residency program, please use a separate application for each program. The Board will not issue a Resident's License to any resident participating in an institution's residency program until the residency program application has been submitted and approved by the Board and the resident has met all necessary requirements. Unlicensed residents participating in programs that are not approved by BPM may subject the institution to a Citation and Fine.

Sponsoring Facility: Doctors Hospital of West Covina-			
Address: 725 S. Orange Avenue, West Covina, CA 91790			
Phone: (626) 338-8481 ext. 261		Email: administration@doctorshospitalwc.com	
Residency Program Type:	<input type="checkbox"/> PMSR – Podiatric Medicine and Surgery Residency		
	<input checked="" type="checkbox"/> PMSR / RRA – Podiatric Medicine and Surgery Residency / Reconstructive Rearfoot /Ankle		
Does the Sponsoring Facility:			Yes No
(a) Meet the general (institutional) requirements of the ACGME?			✓
(b) Have a Director of Medical Education?			✓
(c) Provide residents emergency medical training through ER rotations?			✓
(d) Measure & evaluate progress of residents?			✓
(e) Measure & evaluate program effectiveness?			✓
Approved by the Council on Podiatric Medical Education?			✓
Date of Last CPME site visit: 11/5/2012			
Signatures:			
Program Director:			
Printed Name: Babak Alavynejad (Bob Alavy), DPM, FACFAS			
Date: 5/13/15	Phone: (626) 338-1800	Email:	
Director of Medical Education:			
Printed Name: Babak Alavynejad, DPM, FACFAS			
Date: 5/13/15	Phone: (626) 338-1800	Email:	
Facility / Hospital Administrator:			
Printed Name: Gerald Wallman			
Date:	Phone: (626) 502-1970	Email: administration@doctorshospitalwc.com	



Edmund G. Brown Jr.
Governor

BPM 15APR28 AM 8:45

APPLICATION FOR APPROVAL PODIATRIC MEDICINE & SURGERY RESIDENCY PROGRAM Academic Year 2015-2016

Please complete the application and return to our office no later than May 15, 2015.

If your institution offers more than one type of podiatric residency program, please use a separate application for each program. The Board will not issue a Resident's License to any resident participating in an institution's residency program until the residency program application has been submitted and approved by the Board and the resident has met all necessary requirements. Unlicensed residents participating in programs that are not approved by BPM may subject the institution to a Citation and Fine.

Sponsoring Facility: <u>DVA Greater Los Angeles</u>		
Address: <u>11301 Wilshire Blvd 1012 Dept Surgery Los Angeles</u>		
Phone: <u>310 268 3510</u>	Email: <u>DAVID.AUNGST@VA.GOV</u>	
Residency Program Type:	<input type="checkbox"/> PMSR - Podiatric Medicine and Surgery Residency <input checked="" type="checkbox"/> PMSR / RRA - Podiatric Medicine and Surgery Residency / Reconstructive Rearfoot / Ankle	
Does the Sponsoring Facility:	Yes	No
(a) Meet the general (institutional) requirements of the ACGME?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
(b) Have a Director of Medical Education?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
(c) Provide residents emergency medical training through ER rotations?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
(d) Measure & evaluate progress of residents?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
(e) Measure & evaluate program effectiveness?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Approved by the Council on Podiatric Medical Education? <input checked="" type="checkbox"/>		
Date of Last CPME site visit:		
Signatures:		
Program Director:		
Printed Name: <u>DAVE AUNGST</u>	Phone: <u>310 268 3510</u>	Email: <u>DAVID.AUNGST@VA.GOV</u>
Date: <u>4/19/15</u>		
Director of Medical Education:		
Printed Name: <u>ARTHUR H. FRIEDLANDER</u>	Phone: <u>310 268 3196</u>	Email: <u>Arthur.Friedlander@VA.GOV</u>
Date: <u>4/13/15</u>		
Facility / Hospital Administrator:		
Printed Name: <u>Dean C Norman</u>		
Date: <u>4/23/15</u>	Phone: <u>310 268-3289</u>	Email: <u>Dean.Norman@VA.GOV</u>



BPM *LEAPR24 AM 9:20

APPLICATION FOR APPROVAL PODIATRIC MEDICINE & SURGERY RESIDENCY PROGRAM Academic Year 2015-2016

Please complete the application and return to our office no later than May 15, 2015.

If your institution offers more than one type of podiatric residency program, please use a separate application for each program. The Board will not issue a Resident's License to any resident participating in an institution's residency program until the residency program application has been submitted and approved by the Board and the resident has met all necessary requirements. Unlicensed residents participating in programs that are not approved by BPM may subject the institution to a Citation and Fine.

Sponsoring Facility: <u>VA Palo Alto Health Care System</u>			
Address: <u>3801 Miranda Ave. Palo Alto, CA 94304</u>			
Phone: <u>650 493 5000 x6492</u>		Email: <u>jack.bois@va.gov</u>	
Residency Program Type:	<input type="checkbox"/>	PMSR – Podiatric Medicine and Surgery Residency	
	<input checked="" type="checkbox"/>	PMSR / RRA – Podiatric Medicine and Surgery Residency / Reconstructive Rearfoot / Ankle	
Does the Sponsoring Facility:			Yes No
(a) Meet the general (institutional) requirements of the ACGME?			X
(b) Have a Director of Medical Education?			X
(c) Provide residents emergency medical training through ER rotations?			X
(d) Measure & evaluate progress of residents?			X
(e) Measure & evaluate program effectiveness?			X
Approved by the Council on Podiatric Medical Education?			X
Date of Last CPME site visit: <u>11/5/2010</u>			
Signatures:			
Program Director: <u>Jack L Bois, DR</u>			
Printed Name: <u>Jack L Bois, DPM</u>			
Date: <u>3/27/2015</u>	Phone: <u>650 493 5000 x6492</u>	Email: <u>jack.bois@va.gov</u>	
Director of Medical Education: <u>John Pollard</u>			
Printed Name: <u>John Pollard</u>			
Date: <u>4/8/15</u>	Phone: ext <u>6-4215</u>	Email: <u>john.pollard@va.gov</u>	
Facility / Hospital Administrator: <u>Thomas Fitzgerald</u>			
Printed Name: <u>Thomas Fitzgerald</u>			
Date: <u>4-9-15</u>	Phone: <u>650-493-5000 x 65404</u>	Email: <u>Tony.Fitzgerald@va.gov</u>	



Edmund G. Brown Jr.
Governor

BPM 15APR24 AM 8:09

APPLICATION FOR APPROVAL PODIATRIC MEDICINE & SURGERY RESIDENCY PROGRAM Academic Year 2015-2016

Please complete the application and return to our office no later than May 15, 2015.

If your institution offers more than one type of podiatric residency program, please use a separate application for each program. The Board will not issue a Resident's License to any resident participating in an institution's residency program until the residency program application has been submitted and approved by the Board and the resident has met all necessary requirements. Unlicensed residents participating in programs that are not approved by BPM may subject the institution to a Citation and Fine.

Sponsoring Facility: <u>VA Loma Linda (Jerry L Pettis)</u>			
Address: <u>11201 Benton St 1126 Loma Linda CA 92357</u>			
Phone: <u>909-801-5682</u>		Email: <u>Bryan.Mills@VA.GOV</u>	
Residency Program Type:	<input type="checkbox"/> PMSR - Podiatric Medicine and Surgery Residency		
	<input checked="" type="checkbox"/> PMSR / RRA - Podiatric Medicine and Surgery Residency / Reconstructive Rearfoot / Ankle		
Does the Sponsoring Facility:			Yes No
(a) Meet the general (institutional) requirements of the ACGME?			✓
(b) Have a Director of Medical Education?			✓
(c) Provide residents emergency medical training through ER rotations?			✓
(d) Measure & evaluate progress of residents?			✓
(e) Measure & evaluate program effectiveness?			✓
Approved by the Council on Podiatric Medical Education?			✓
Date of Last CPME site visit: <u>6/2012</u>			
Signatures: <u>[Signature]</u>			
Program Director:			
Printed Name: <u>Bryan G Mills Sr</u>			
Date: <u>4/22/2015</u>		Phone: <u>909-801-5682</u>	Email: <u>sumc</u>
Director of Medical Education: <u>John M. Byrne, D.O. [Signature]</u>			
Printed Name:			
Date: <u>4/22/15</u>		Phone: <u>909-583-6004</u>	Email: <u>JOHN.BYRNE3@VA.GOV</u>
Facility / Hospital Administrator: <u>[Signature]</u>			
Printed Name: <u>BARBARA FALLER</u>			
Date: <u>4/22/15</u>		Phone: <u>909-583-6005</u>	Email: <u>barbara.faller@VA.GOV</u>



BPM 16APR16 PM 2:05

APPLICATION FOR APPROVAL PODIATRIC MEDICINE & SURGERY RESIDENCY PROGRAM Academic Year 2015-2016

Please complete the application and return to our office no later than May 15, 2015.

If your institution offers more than one type of podiatric residency program, please use a separate application for each program. The Board will not issue a Resident's License to any resident participating in an institution's residency program until the residency program application has been submitted and approved by the Board and the resident has met all necessary requirements. Unlicensed residents participating in programs that are not approved by BPM may subject the institution to a Citation and Fine.

Sponsoring Facility: <u>DVA-San Francisco</u>		
Address: <u>4150 Clement Street, San Francisco, CA 94121</u>		
Phone: <u>415-221-4810</u>	Email: <u>Ross.Talarico@va.gov</u>	
Residency Program Type:	<input type="checkbox"/> PMSR – Podiatric Medicine and Surgery Residency	
	<input checked="" type="checkbox"/> PMSR / RRA – Podiatric Medicine and Surgery Residency / Reconstructive Rearfoot /Ankle	
Does the Sponsoring Facility:	Yes	No
(a) Meet the general (institutional) requirements of the ACGME?	<input checked="" type="checkbox"/>	
(b) Have a Director of Medical Education?	<input checked="" type="checkbox"/>	
(c) Provide residents emergency medical training through ER rotations?	<input checked="" type="checkbox"/>	
(d) Measure & evaluate progress of residents?	<input checked="" type="checkbox"/>	
(e) Measure & evaluate program effectiveness?	<input checked="" type="checkbox"/>	
Approved by the Council on Podiatric Medical Education?	<input checked="" type="checkbox"/>	
Date of Last CPME site visit: <u>April 30, 2010</u>		
Signatures:		
Program Director:	<u>[Signature]</u>	
Printed Name:	<u>Ross Talarico</u>	
Date: <u>3/30/15</u>	Phone: <u>415-221-4810</u>	Email: <u>Ross.Talarico@va.gov</u>
Director of Medical Education:	<u>[Signature]</u>	
Printed Name:	<u>Rebecca Shunk</u>	
Date: <u>4/10/15</u>	Phone: <u>415 750 2129</u>	Email: <u>Rebecca@Shunk@va.gov</u>
Facility / Hospital Administrator:	<u>[Signature]</u>	
Printed Name:	<u>DIANA NICOLL, MD, PhD, MPA</u>	
Date: <u>4/1/15</u>	Phone: <u>415 750 2047</u>	Email: <u>diana.nicoll@va.gov</u>



Application for Approval Residency Programs in California Academic Year 2015-2016

Please complete the application and return to our office no later than May 15, 2015.

If your institution offers more than one type of podiatric residency program, please use a separate application for each program. The Board will not issue a Resident's License to any resident participating in an institution's residency program until the residency program application has been submitted and approved by the Board and the resident has met all necessary requirements. Unlicensed residents participating in programs that are not approved by BPM may subject the institution to a Citation and Fine.

Sponsoring Facility: <u>Fountain Valley Regional Hospital and medical center</u>		
Address: <u>17100 Euclid St. FV CA 92708</u>		
Phone: <u>714 966 7200</u>		Email:
Residency Program Type:	<input type="checkbox"/> PMSR - Podiatric Medicine and Surgery Residency	
	<input checked="" type="checkbox"/> PMSR / RRA - Podiatric Medicine and Surgery Residency / Reconstructive Rearfoot / Ankle	
Does the Sponsoring Facility:		
(a) Meet the general (institutional) requirements of the ACGME?	Yes	No
(b) Have a Director of Medical Education?	X	
(c) Provide residents emergency medical training through ER rotations?	X	
(d) Measure & evaluate progress of residents?	X	
(e) Measure & evaluate program effectiveness?	X	
Approved by the Council on Podiatric Medical Education? X		
Date of Last CPME site visit:		
Signatures: <u>Benedict Chung</u>		
Program Director: <u>Benedict Chung, DPM</u>		
Printed Name: <u>Benedict Chung DPM</u>		
Date: <u>5/8/15</u>	Phone: <u>714 966 4637</u>	Email: <u>[REDACTED]</u>
Director of Medical Education: <u>Benedict Chung DPM</u>		
Printed Name: <u>Benedict Chung DPM</u>		
Date: <u>5/8/15</u>	Phone: <u>714 966 4637</u>	Email: <u>[REDACTED]</u>
Facility / Hospital Administrator: <u>B. Joseph Badalian</u>		
Printed Name: <u>B. Joseph Badalian</u>		
Date: <u>5/8/15</u>	Phone:	Email: <u>[REDACTED]</u>



BPM 15APP20 PM12:15

APPLICATION FOR APPROVAL PODIATRIC MEDICINE & SURGERY RESIDENCY PROGRAM Academic Year 2015-2016

Please complete the application and return to our office no later than May 15, 2015.

If your institution offers more than one type of podiatric residency program, please use a separate application for each program. The Board will not issue a Resident's License to any resident participating in an institution's residency program until the residency program application has been submitted and approved by the Board and the resident has met all necessary requirements. Unlicensed residents participating in programs that are not approved by BPM may subject the institution to a Citation and Fine.

Sponsoring Facility: Kaiser Oakland (Kaiser SF Bay Area Foot and Ankle Residency Program)			
Address: 275 th MacArthur Blvd, Oakland, CA 94611			
Phone: 510-752-6905		Email: Christy.M.King@kp.org	
Residency Program Type:	<input type="checkbox"/> PMSR – Podiatric Medicine and Surgery Residency		
	<input checked="" type="checkbox"/> PMSR / RRA – Podiatric Medicine and Surgery Residency / Reconstructive Rearfoot /Ankle		
Does the Sponsoring Facility:			Yes No
(a) Meet the general (institutional) requirements of the ACGME?			✓
(b) Have a Director of Medical Education?			✓
(c) Provide residents emergency medical training through ER rotations?			✓
(d) Measure & evaluate progress of residents?			✓
(e) Measure & evaluate program effectiveness?			✓
Approved by the Council on Podiatric Medical Education?			✓
Date of Last CPME site visit: March 2014			
Signatures:			
Program Director: <i>Christy King</i>			
Printed Name: Christy King		Email: christy.m.king@kp.org	
Date: 3/31/15	Phone: 510-752-6905	Email: org	
Director of Medical Education: <i>Stanton Siu MD</i>			
Printed Name: Stanton Siu, MD			
Date: 4/13/2015	Phone: 510-752-7556	Email: Stanton.Siu@kp.org	
Facility / Hospital Administrator: <i>Odetta C. Bolano</i>			
Printed Name: Odetta C. Bolano			
Date: Odetta C. Bolano	Phone: 510-752-2972	Email: Odetta.C.Bolano@kp.org	



BPM 15MAY 1 AM 9:29

**APPLICATION FOR APPROVAL
PODIATRIC MEDICINE & SURGERY RESIDENCY PROGRAM
Academic Year 2015-2016**

Please complete the application and return to our office no later than May 15, 2015.

If your institution offers more than one type of podiatric residency program, please use a separate application for each program. The Board will not issue a Resident's License to any resident participating in an institution's residency program until the residency program application has been submitted and approved by the Board and the resident has met all necessary requirements. Unlicensed residents participating in programs that are not approved by BPM may subject the institution to a Citation and Fine.

Sponsoring Facility: <i>Kaiser Permanente - Sacramento</i>		
Address: <i>2025 Morse Avenue, Sacramento CA 95825</i>		
Phone: <i>916 973-6961</i>	Email: <i>atlantis.a.cooper@kp.org</i>	
Residency Program Type:	PMSR - Podiatric Medicine and Surgery Residency	
	<input checked="" type="checkbox"/> PMSR / RRA - Podiatric Medicine and Surgery Residency / Reconstructive Rearfoot / Ankle	
Does the Sponsoring Facility:	Yes	No
(a) Meet the general (institutional) requirements of the ACGME?	<input checked="" type="checkbox"/>	
(b) Have a Director of Medical Education?	<input checked="" type="checkbox"/>	
(c) Provide residents emergency medical training through ER rotations?	<input checked="" type="checkbox"/>	
(d) Measure & evaluate progress of residents?	<input checked="" type="checkbox"/>	
(e) Measure & evaluate program effectiveness?	<input checked="" type="checkbox"/>	
Approved by the Council on Podiatric Medical Education?	<input checked="" type="checkbox"/>	
Date of Last CPME site visit: <i>June 2011</i>		
Signatures:		
Program Director: <i>[Signature]</i>		
Printed Name: <i>Tim Buell DPM</i>		
Date: <i>4/23/15</i>	Phone: <i>916 7845 76 4</i>	Email: <i>Tim.Buell@kp.org</i>
Director of Medical Education: <i>[Signature]</i>		
Printed Name: <i>Steven Kelly - Reif</i>		
Date: <i>4/14/15</i>	Phone: <i>916 973 6961</i>	Email: <i>STEVEN.Kelly-Reif@kp.org</i>
Facility / Hospital Administrator: <i>[Signature]</i>		
Printed Name: <i>Ron Groepper</i>		
Date: <i>4/17/15</i>	Phone: <i>916 973-6045</i>	Email: <i>Ron.W.Groepper@kp.org</i>



BPM 15 APR 7 PM 1:27

APPLICATION FOR APPROVAL PODIATRIC MEDICINE & SURGERY RESIDENCY PROGRAM Academic Year 2015-2016

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Sponsoring Facility: KAISER PERMANENTE SANTA CLARA		
Address: 110 LAWRENCE EXWY, SANTA CLARA CA 95051		
Phone: 408 851-3834	Email:	
Residency Program Type:	PMSR - Podiatric Medicine and Surgery Residency	
	<input checked="" type="checkbox"/> PMSR / RRA - Podiatric Medicine and Surgery Residency / Reconstructive Rearfoot / Ankle	
Does the Sponsoring Facility:	Yes	No
(a) Meet the general (institutional) requirements of the ACGME?	✓	
(b) Have a Director of Medical Education?	✓	
(c) Provide residents emergency medical training through ER rotations?	✓	
(d) Measure & evaluate progress of residents?	✓	
(e) Measure & evaluate program effectiveness?	✓	
Approved by the Council on Podiatric Medical Education?		
Date of Last CPME site visit: 3. 2014.		
Signatures:		
Program Director:		
Printed Name:	CRISTIAN NEAGU DPM	
Date: 3-31-2015	Phone: 408 851-1957	Email: CRISTIAN.NEAGU@kp.org
Director of Medical Education:		
Printed Name:	DANNY SAM, MD, FACP	
Date: 3-31-2015	Phone: (408) 851-2173	Email: danny.sam@kp.org
Facility / Hospital Administrator:		
Printed Name:	CHRIS BOYD	
Date: APRIL 2, 2015	Phone: 408.851.4120	Email: chris.l.boyd@kp.org



BPM 15RPR24 4/19/15

**APPLICATION FOR APPROVAL
PODIATRIC MEDICINE & SURGERY RESIDENCY PROGRAM
Academic Year 2015-2016**

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Sponsoring Facility: <u>Knisen Vallejo</u>			
Address: <u>975 Sereno Dr. Vallejo CA 94589</u>			
Phone: <u>707-651-1000</u>		Email: <u>Agavin.Dhindsa@kp.org</u>	
Residency Program Type:	<input type="checkbox"/> PMSR - Podiatric Medicine and Surgery Residency		
	<input checked="" type="checkbox"/> PMSR / RRA - Podiatric Medicine and Surgery Residency / Reconstructive Rearfoot / Ankle		
Does the Sponsoring Facility:			Yes No
(a) Meet the general (institutional) requirements of the ACGME?			<input checked="" type="checkbox"/>
(b) Have a Director of Medical Education?			<input checked="" type="checkbox"/>
(c) Provide residents emergency medical training through ER rotations?			<input checked="" type="checkbox"/>
(d) Measure & evaluate progress of residents?			<input checked="" type="checkbox"/>
(e) Measure & evaluate program effectiveness?			<input checked="" type="checkbox"/>
Approved by the Council on Podiatric Medical Education?			<input checked="" type="checkbox"/>
Date of Last CPME site visit: <u>10/28/2011</u>			
Signatures:			
Program Director: <u>[Signature]</u>			
Printed Name: <u>Gray Williams</u>			
Date: <u>4/10/15</u>	Phone: <u>707-651-3338</u>	Email: <u>gray.williams@kp.org</u>	
Director of Medical Education: <u>[Signature]</u>			
Printed Name: <u>Gray Williams</u>			
Date: <u>4/10/15</u>	Phone: <u>same</u>	Email: <u>same</u>	
Facility / Hospital Administrator: <u>[Signature]</u>			
Printed Name: <u>Corwin N. Harper</u>			
Date: <u>4/14/2015</u>	Phone: <u>707-651-5414</u>	Email: <u>Corwin.N.Harper@kp.org</u>	



BPM 15APR2015 PM 2:55

**APPLICATION FOR APPROVAL
PODIATRIC MEDICINE & SURGERY RESIDENCY PROGRAM
Academic Year 2015-2016**

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Sponsoring Facility: <u>Lakewood Regional Medical Center</u>			
Address: <u>3700 E. South St. Lakewood, Ca. 90712</u>			
Phone: <u>562-602-6811</u>		Email: <u>Jennifer.Gallo@tenethealth.com</u>	
Residency Program Type:	<input type="checkbox"/>	PMSR – Podiatric Medicine and Surgery Residency	
	<input checked="" type="checkbox"/>	PMSR / RRA – Podiatric Medicine and Surgery Residency / Reconstructive Rearfoot / Ankle	
Does the Sponsoring Facility:			
(a)	Meet the general (institutional) requirements of the ACGME?	Yes	No
(b)	Have a Director of Medical Education?	✓	
(c)	Provide residents emergency medical training through ER rotations?	✓	
(d)	Measure & evaluate progress of residents?	✓	
(e)	Measure & evaluate program effectiveness?	✓	
Approved by the Council on Podiatric Medical Education?			
Date of Last CPME site visit: <u>10/27/2011</u>			
Signatures:			
Program Director: <u>[Signature]</u>			
Printed Name: <u>Lawrence Hador, DPM</u>			
Date:	<u>4/3/2015</u>	Phone: <u>(562) 804-1381</u>	Email: <u>[Redacted]</u>
Director of Medical Education: <u>[Signature]</u>			
Printed Name: <u>Raghu Nandan, M.D.</u>			
Date:	<u>4/9/15</u>	Phone: <u>(562) 272-7630</u>	Email: <u>[Redacted]</u>
Facility / Hospital Administrator: <u>[Signature]</u>			
Printed Name: <u>Ron Galonsky, CEO</u>			
Date:	<u>4.16.15</u>	Phone: <u>(562) 602-5055</u>	Email: <u>ron.galonsky@tenethealth.com</u>



APPLICATION FOR APPROVAL PODIATRIC MEDICINE & SURGERY RESIDENCY PROGRAM Academic Year 2015-2016

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Sponsoring Facility: Long Beach Memorial Medical Center			
Address: 2801 Atlantic Ave, Long Beach, CA 90806			
Phone: 562-933-3800		Email:	
Residency Program Type:	<input type="checkbox"/> PMSR – Podiatric Medicine and Surgery Residency		
	<input checked="" type="checkbox"/> PMSR / RRA – Podiatric Medicine and Surgery Residency / Reconstructive Rearfoot /Ankle		
Does the Sponsoring Facility:			Yes No
(a) Meet the general (institutional) requirements of the ACGME?			✓
(b) Have a Director of Medical Education?			✓
(c) Provide residents emergency medical training through ER rotations?			✓
(d) Measure & evaluate progress of residents?			✓
(e) Measure & evaluate program effectiveness?			✓
Approved by the Council on Podiatric Medical Education? <input checked="" type="checkbox"/>			
Date of Last CPME site visit: 10/28/2011			
Signatures:			
Program Director: Pedram Aslman, DPM			
Printed Name: Pedram Aslman, DPM			
Date: 3/26/15		Phone: 562-933-2505	Email: [REDACTED]
Director of Medical Education:			
Printed Name: EDWARD J. Quilligan MD			
Date: 3/31/15		Phone: 562-933-3800	Email: Equilligan@memorialcare.org
Facility / Hospital Administrator:			
Printed Name: WENDY Dorchester			
Date: 4/8/15		Phone: 562-933-1900	Email: wdorchester@memorialcare.org



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APPLICATION FOR APPROVAL PODIATRIC MEDICINE & SURGERY RESIDENCY PROGRAM Academic Year 2015-2016

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Sponsoring Facility: <i>Dignity Health - St. Mary's Medical Center</i>			
Address: <i>450 Stanyan St, San Francisco, CA 94117</i>			
Phone: <i>415-750-5781</i>		Email: <i>terrie.mendelson@dignityhealth.org</i>	
Residency Program Type:	<input type="checkbox"/> PMSR - Podiatric Medicine and Surgery Residency		
	<input checked="" type="checkbox"/> PMSR / RRA - Podiatric Medicine and Surgery Residency / Reconstructive Rearfoot / Ankle		
Does the Sponsoring Facility:			Yes No
(a) Meet the general (institutional) requirements of the ACGME?			✓
(b) Have a Director of Medical Education?			✓
(c) Provide residents emergency medical training through ER rotations?			✓
(d) Measure & evaluate progress of residents?			✓
(e) Measure & evaluate program effectiveness?			✓
Approved by the Council on Podiatric Medical Education?			✓
Date of Last CPME site visit: <i>Feb 2011</i>			
Signatures:			
Program Director: <i>Colin James Traynor, DPM</i>			
Printed Name: <i>Colin James Traynor</i>			
Date: <i>3/25/2015</i>		Phone: <i>(415) 759 2014</i>	Email:
Director of Medical Education: <i>Terrie Mendelson MD</i>			
Printed Name: <i>Terrie Mendelson MD</i>			
Date: <i>4/6/2015</i>		Phone: <i>415-750-5781</i>	Email: <i>terrie.mendelson@dignityhealth.org</i>
Facility / Hospital Administrator:			
Printed Name: <i>Russ Brown, MD, VP NA</i>			
Date: <i>4/16/15</i>		Phone:	Email:



RECEIVED
Edmund G. Brown Jr.
Governor
MAR 27 2015

MEDICAL EDUCATION
SCRIPPS MERCY HOSPITAL

APPLICATION FOR APPROVAL PODIATRIC MEDICINE & SURGERY RESIDENCY PROGRAM Academic Year 2015-2016

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Sponsoring Facility: <i>SCRIPPS MERCY HOSPITAL SAN DIEGO</i>			
Address: <i>4077 FIFTH AVE, MER 35, SAN DIEGO, CA 92103</i>			
Phone: <i>(619) 260-7220</i>		Email: <i>GREEN.DONALD@SCRIPPSHEALTH.ORG</i>	
Residency Program Type:	<input type="checkbox"/> PMSR – Podiatric Medicine and Surgery Residency		
	<input checked="" type="checkbox"/> PMSR / RRA – Podiatric Medicine and Surgery Residency / Reconstructive Rearfoot /Ankle		
Does the Sponsoring Facility:			Yes No
(a) Meet the general (institutional) requirements of the ACGME?			✓
(b) Have a Director of Medical Education?			✓
(c) Provide residents emergency medical training through ER rotations?			✓
(d) Measure & evaluate progress of residents?			✓
(e) Measure & evaluate program effectiveness?			✓
Approved by the Council on Podiatric Medical Education? ✓			
Date of Last CPME site visit: <i>6/1 AND 6/2/11</i>			
Signatures:			
Program Director: <i>Donald R. Green, D.P.M.</i>			
Printed Name: <i>DONALD R. GREEN, D.P.M.</i>			
Date: <i>4/3/15</i>		Phone: <i>(619) 291-0777</i> Email: <i>GREEN.DONALD@SCRIPPSHEALTH.ORG</i>	
Director of Medical Education: <i>David J. Shaw, M.D.</i>			
Printed Name: <i>DAVID J. SHAW, M.D.</i>			
Date: <i>4/3/15</i>		Phone: <i>(619) 260-7220</i> Email: <i>SHAW.DAVID@SCRIPPSHEALTH.ORG</i>	
Facility / Hospital Administrator: <i>Tom Gammiere</i>			
Printed Name: <i>THOMAS A. GAMMIERE</i>			
Date: <i>4.10.15</i>		Phone: <i>(619) 260-7101</i> Email: <i>GAMMIERE.TOM@SCRIPPSHEALTH.ORG</i>	



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PODIATRIC MEDICINE & SURGERY RESIDENCY PROGRAM
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Sponsoring Facility: <u>White Memorial Medical Center</u>			
Address: <u>1720 East Cesar E. Chavez Los Angeles, CA.</u>			
Phone: <u>323 268-5000</u>		Email: <u>[REDACTED] 90033</u>	
Residency Program Type:	<input type="checkbox"/>	PMSR – Podiatric Medicine and Surgery Residency	
	<input checked="" type="checkbox"/>	PMSR / RRA – Podiatric Medicine and Surgery Residency / Reconstructive Rearfoot / Ankle	
Does the Sponsoring Facility:			Yes No
(a) Meet the general (institutional) requirements of the ACGME?			X
(b) Have a Director of Medical Education?			X
(c) Provide residents emergency medical training through ER rotations?			X
(d) Measure & evaluate progress of residents?			X
(e) Measure & evaluate program effectiveness?			X
Approved by the Council on Podiatric Medical Education?			X
Date of Last CPME site visit: <u>10/29/2012</u>			
Signatures:			
Program Director: <u>Stan Mathis DPM</u>			
Printed Name: <u>Stanley Mathis, DPM</u>			
Date: <u>3/26/2015</u>		Phone: <u>323 987-1362</u> Email: <u>[REDACTED]</u>	
Director of Medical Education: <u>Leroy A. Reese, M.D.</u>			
Printed Name: <u>Leroy A. Reese, M.D.</u>			
Date: <u>4/15/15</u>		Phone: <u>323 268-5000</u> Email: <u>Leroy.Reese@ah.org</u>	
Facility / Hospital Administrator: <u>White Memorial Med. Ctr</u>			
Printed Name: <u>John Raffoul</u>			
Date: <u>4/14/15</u>		Phone: <u>323 268-5000</u> Email: <u>John.Raffoul@ah.org</u>	