

LICENSING COMMITTEE
MAY 11, 2016

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

5

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 2016-2017 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 16/17 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.

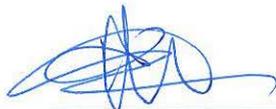
NEXT STEPS

With Committee approval, staff will forward program applications with corresponding recommendations to the full Board for consideration at the June 3, 2016 meeting.

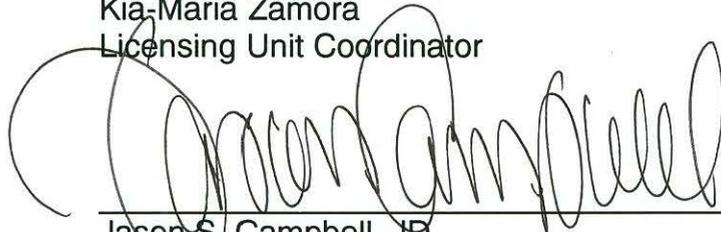
ATTACHMENTS

- 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. Department of Veterans Affairs Greater Los Angeles – Los Angeles, CA
 - 4. Department of Veterans Affairs Palo Alto – Palo Alto, CA
 - 5. Department of Veterans Affairs Jerry L Pettis – Loma Linda, CA
 - 6. Department of Veterans Affairs San Francisco – San Francisco, CA
 - 7. Fountain Valley Regional Hospital – Fountain Valley, CA
 - 8. Kaiser Permanente – Oakland and San Francisco, CA
 - 9. Kaiser Permanente – Sacramento, CA
 - 10. Kaiser Permanente – Santa Clara, CA
 - 11. Kaiser Permanente – Vallejo, CA
 - 12. Lakewood Regional Medical Center – Lakewood, CA
 - 13. Long Beach Memorial Medical Center – Long Beach, CA
 - 14. Dignity Health – St. Mary's Medical Center – San Francisco, CA
 - 15. Scripps Mercy Hospital – San Diego, CA
 - 16. Silver Lake Medical Center – Los Angeles, CA
 - 17. West Covina Medical Center (formerly Doctors Hospital of West Covina) – West Covina, 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).

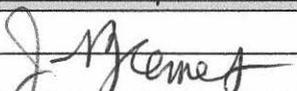
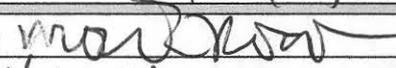
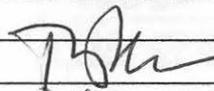


BPM #3000 4 20 12

**Application for Approval
Residency Programs in California
Academic Year 2016-2017**

Please complete the application and return to our office no later than May 15, 2016.

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: CEDARS-SINAI MEDICAL CENTER		
Address: 8700 Beverly Blvd, Los Angeles, CA 90048 A77'N: Dep't Surgery 8215 N Tower		
Phone: (310) 423-5000	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?	<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: 		
Printed Name: JEFFREY KUENES, DPM		
Date: 3/24/16	Phone: (310) 657-4080	Email: KUENESJE@CSHS.ORG
Director of Medical Education: 		
Printed Name: MARK NORTH, MD		
Date: 3/24/16	Phone: (310) 423-5761	Email: northm@csmla.org
Facility / Hospital Administrator:		
Printed Name: THOMAS PRISERAK 		
Date:	Phone: (310) 423-5711	Email:



**Application for Approval
Residency Programs in California
Academic Year 2016-2017**

Please complete the application and return to our office no later than May 15, 2016.

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: jarrod0517@gmail.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?	<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?		
Date of Last CPME site visit: 8/23/13		
Signatures: Jarrod Shapiro, DPM, FACFAS		
Program Director: JARROD SHAPIRO		
Printed Name:		
Date: 4/8/2016	Phone: 909-706-3892	Email: jarrod0517@gmail.com
Director of Medical Education: JAMES LALLY, DO		
Printed Name:		
Date: 4/27/2016	Phone: 909-464-8609	Email: _____
Facility / Hospital Administrator: Donna Dye		
Printed Name: DONNA DYE		
Date: 4/14/2016	Phone: 909 464 8609	Email: ddye@primehealthcare.com



BPM 10000 7/10/11

**Application for Approval
Residency Programs in California
Academic Year 2016-2017**

Please complete the application and return to our office no later than May 15, 2016.

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>Department of Veterans Affairs Greater Los Angeles</i>		
Address: <i>11301 Wilshire Blvd. Dept Surgery 1042 Los Angeles CA 90025</i>		
Phone: <i>310 268 3510</i>		Email: <i>DAVID.AUMBST@VA.GOV</i>
Residency Program Type:	<input type="checkbox"/> PM&R - 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>5/2014</i>	
Signatures:		
Program Director: <i>[Signature]</i>		
Printed Name: <i>DAVID S. AUMBST DPM</i>		
Date: <i>3/30/16</i>	Phone: <i>310 268 3510</i>	Email: <i>DAVID.AUMBST@VA.GOV</i>
Director of Medical Education: <i>[Signature]</i>		
Printed Name: <i>Arthur H. Friedlander, DPM</i>		
Date:	Phone:	Email:
Facility / Hospital Administrator: <i>[Signature]</i>		
Printed Name: <i>Ann R. Brown</i>		
Date: <i>4/4/16</i>	Phone:	Email:

STATE OF CALIFORNIA
**BOARD OF
 PODIATRIC
 MEDICINE**



**Application for Approval
 Residency Programs in California
 Academic Year 2016-2017**

Please complete the application and return to our office no later than May 15, 2016.

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</u>		
Address: <u>11201 BEATON ST 1126 LOMA LINDA CA 92357</u>		
Phone: <u>909-801-5692</u>		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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(b) Have a Director of Medical Education?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(c) Provide residents emergency medical training through ER rotations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(d) Measure & evaluate progress of residents?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(e) Measure & evaluate program effectiveness?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Approved by the Council on Podiatric Medical Education?		
Date of Last CPME site visit: <u>4/11/2016</u>		
Signatures: <u>[Signature]</u>		
Program Director:		
Printed Name: <u>BRIAN G MILLER DPM</u>		
Date: <u>4/26/16</u>	Phone: <u>909-801-5694</u>	Email: <u>Brian.Miller@va.gov</u>
Director of Medical Education: <u>John M Byrne, DO</u>		
Printed Name: <u>John M Byrne DO</u>		
Date: <u>4/27/2016</u>	Phone: <u>909-583-6004</u>	Email: <u>John.Bryne@va.gov</u>
Facility / Hospital Administrator: <u>[Signature]</u>		
Printed Name: <u>Barbara Fallen</u>		
Date: <u>4/20/17</u>	Phone: <u>909-583-6005</u>	Email: <u>Barbara.Fallen@va.gov</u>



BPM 12-1-10 01 140

**Application for Approval
 Residency Programs in California
 Academic Year 2016-2017**

Please complete the application and return to our office no later than May 15, 2016.

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: VA Palo Alto		
Address: 3801 Miranda Ave. Palo Alto, CA 94304		
Phone: 650 493 5000		Email: jack.bois@va.gov
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: 11/5/2010		
Signatures: Jack L Bois, DPM		
Program Director:		
Printed Name: Jack L Bois DPM		
Date: 3/31/16	Phone: 650 493 5000 x64922	Email: jack.bois@va.gov jack.bois@va.gov
Director of Medical Education: M Pollard		
Printed Name: John Pollard		
Date: 4/12/16	Phone: (650) 493-5000	Email: john.pollard@va.gov
70 Facility / Hospital Administrator: Thomas J Fitzgerald III		
Printed Name: Thomas J Fitzgerald III		
Date: 4-13-16	Phone: 650-493-5000	Email: Tony.Fitzgerald@va.gov



BPM 12345 6 7 8 9 0

**Application for Approval
 Residency Programs in California
 Academic Year 2016-2017**

Please complete the application and return to our office no later than May 15, 2016.

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: DVA San Francisco			
Address: 4150 Clement Street, San Francisco, CA 94121			
Phone: 415-221-4810, x23464		Email: Ross.Talarico@va.gov	
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: 3/10/16 – awaiting report / Previously 4/28/12 – approved			
Signatures:			
Program Director: <i>[Signature]</i>			
Printed Name: Ross Talarico, DPM			
Date: 3/29/16	Phone: 415-221-4810, x23464	Email: Ross.Talarico@va.gov	
Director of Medical Education: <i>[Signature]</i>			
Printed Name: Rebecca Shunk			
Date: 3/31/16	Phone: 415 221 4810 x 24878	Email: rebecca.shunk@va.gov	
Facility / Hospital Administrator: <i>[Signature]</i>			
Printed Name: Bonnie Graham			
Date: 4/1/16	Phone: 415-750-2041	Email: bonnie.graham@va.gov	



**Application for Approval
 Residency Programs in California
 Academic Year 2016-2017**

Please complete the application and return to our office no later than May 15, 2016.

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.

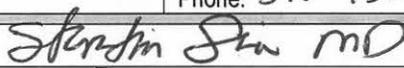
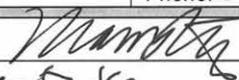
Sponsoring Facility: Fountain Valley Regional Hospital + medical Center		
Address: 17100 Euclid Street, FV, CA 92708		
Phone: 714 966 1200	Email:	
Residency Program Type:	<input type="checkbox"/> PMSR – Podiatric Medicine and Surgery Residency	
	<input checked="" type="checkbox"/> PMSR / RRA – Podiatric 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:		
Signatures:		
Program Director: <i>[Signature]</i>		
Printed Name: Benedict Ching		
Date: 3/30/16	Phone: 714 8614637	Email: byching@gmail.com
Director of Medical Education: <i>[Signature]</i>		
Printed Name: Benedict Ching		
Date: 3/30/16	Phone: 714 8614637	Email: byching@gmail.com
Facility / Hospital Administrator: <i>[Signature]</i>		
Printed Name: B. Joseph Badalian		
Date: 4/5/16	Phone: (714) 966-8011	Email: BJoseph.Badalian@Tenethealth.com



**Application for Approval
Residency Programs in California
Academic Year 2016-2017**

Please complete the application and return to our office no later than May 15, 2016.

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 & Ankle Residency Program)		
Address: 275 W. 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?	<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: March 2014		
Signatures:		
Program Director: 		
Printed Name: Christy M. King, DPM		
Date: 4/7/16	Phone: 510-752-6905	Email: christy.m.king@kp.org
Director of Medical Education: 		
Printed Name: Stanton Siu		
Date: 4/7/16	Phone: 510-752-6557	Email: Stanton.Siu@kp.org
Facility / Hospital Administrator: 		
Printed Name: Mark Fratzke		
Date: 4/12/16	Phone: 650-208-5633	Email: mark.s.fratzke@kp.org



**Application for Approval
Residency Programs in California
Academic Year 2016-2017**

Please complete the application and return to our office no later than May 15, 2016.

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</i>		
Phone: <i>916-973-6961</i>	Email: <i>Adantes, A. Casper @kp.org</i>	
Residency Program Type:	<input checked="" 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:		
Signatures: <i>Tim Buell DPM</i>		
Program Director:		
Printed Name: <i>Tim Buell, DPM, Program Director</i>		
Date: <i>4/21/16</i>	Phone: <i>916-784-5764</i>	Email: <i>tim.buell@kp.org</i>
Director of Medical Education: <i>Steven Kelly-Reif</i>		
Printed Name: <i>Steven Kelly-Reif, DME, MD</i>		
Date: <i>4/16/16</i>	Phone: <i>916-480-6465</i>	Email: <i>Steven.kellyreif@kp.org</i>
Facility / Hospital Administrator: <i>Sandy Sharon</i>		
Printed Name: <i>Sandy Sharon</i>		
Date: <i>4-16-16</i>	Phone: <i>916-6045</i>	Email: <i>sandy.sharon@kp.org</i>



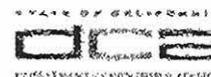
Application for Approval
Residency Programs in California
Academic Year 2016-2017

Please complete the application and return to our office no later than May 15, 2016.

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 PERMANENTE SANTA CLARA		
Address: 710 LAWRENCE EXY, DEPT 140, SANTA CLARA CA 95051		
Phone: 408 851-3834	Email: CRISTIAN.NEAGU@kp.org	
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?		
Date of Last CPME site visit:	MARCH 2014	
Signatures:		
Program Director:		
Printed Name:	CRISTIAN NEAGU BPM	
Date: 3.30.2016	Phone: 408 851-1957	Email: Cristian.Neagu@kp.org
Director of Medical Education:		
Printed Name:	Danny Sam MD	
Date: 4/6/2016	Phone: 408-851-3830	Email: dranny.sam@kp.org
Facility / Hospital Administrator:		
Printed Name:	CHRIS BOYD	
Date: APRIL 8, 2016	Phone: 408.851.4120	Email: chris.l.boyd@kp.org

STATE OF CALIFORNIA
**BOARD OF
 PODIATRIC
 MEDICINE**



**Application for Approval
 Residency Programs in California
 Academic Year 2016-2017**

Please complete the application and return to our office no later than May 15, 2016.

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>Isaiah Vallino</u>		
Address: <u>975 Sierra Drive</u> <u>Vallejo, CA 94589</u>		
Phone: <u>(707) 651-5033</u>		Email: <u>Rochele.Ford@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: <u>[Signature]</u>		
Program Director:		
Printed Name: <u>Gray Williams</u>		
Date: <u>4/27/16</u>	Phone: <u>707-434-3171</u>	Email: <u>gray.williams@kp.org</u>
Director of Medical Education: <u>[Signature]</u>		
Printed Name: <u>Gray Williams</u>		
Date: <u>4/27/16</u>	Phone: <u>as above</u>	Email:
Facility/Hospital Administrator: <u>[Signature]</u>		
Printed Name: <u>Corwin N. Harper</u>		
Date: <u>4/28/2016</u>	Phone: <u>559-288-9657</u>	Email: <u>Corwin.N.Harper@kp.org</u>



**Application for Approval
Residency Programs in California
Academic Year 2016-2017**

Please complete the application and return to our office no later than May 15, 2016.

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.

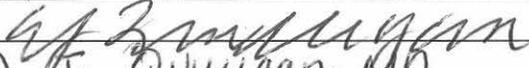
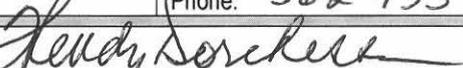
Sponsoring Facility: LAKEWOOD REGIONAL MEDICAL CENTER			
Address: 3700 E. SOUTH ST, LAKEWOOD, CA 90712			
Phone: 562-602-6751		Email: CAROL.MAMMOLITE@TENETHEALTH.COM	
Residency Program Type:	PMSR - Podiatric Medicine and Surgery Residency		
	<input checked="" type="checkbox"/> PMSR / RRA - Podiatric 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: 10-27-2011			
Signatures:			
Program Director: LAWRENCE HODOR, DPM			
Printed Name:			
Date: 04-06-16		Phone: 562-804-1381	Email: LHODOR2@VERIZON.NET
Director of Medical Education:			
Printed Name: ERIC CHEUNG			
Date: 4-6-16		Phone: 562-232-0550	Email: Emcheung@yahoo.com
Facility / Hospital Administrator:			
Printed Name: John Graham			
Date: 4/7/16		Phone: 562-602-5055	Email: John.graham@TenetHealth.com



**Application for Approval
 Residency Programs in California
 Academic Year 2016-2017**

Please complete the application and return to our office no later than May 15, 2016.

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: LONG BEACH MEMORIAL MEDICAL CENTER		
Address: 2801 Atlantic Ave, Long Beach, CA 90806		
Phone: 562-933-3800		Email: bbryant@memorialcare.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?	<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: 10-28-2011		
Signatures:		
Program Director: 		
Printed Name: Pedram Aslmand, DPM		
Date: 3/30/16	Phone: 562-426-0376	Email: Pedram48@yahoo.com
Director of Medical Education: 		
Printed Name: EDWARD W. QUILLIGAN, MD		
Date: 4-5-16	Phone: 562-933-3800	Email: equilligan@memorialcare.org
Facility / Hospital Administrator: 		
Printed Name: WENDY DORCHESTER		
Date: 4/13/2016	Phone: 562-933-1900	Email: wdorchester@memorialcare.org



**Application for Approval
Residency Programs in California
Academic Year 2016-2017**

Please complete the application and return to our office no later than May 15, 2016.

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>St Mary's Medical Center</i>		
Address: <i>450 Stanyard St San Francisco, CA 94117-1082</i>		
Phone: <i>(415) 750 5781</i>	Email: <i>Vivian.emelife@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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(b) Have a Director of Medical Education?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(c) Provide residents emergency medical training through ER rotations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(d) Measure & evaluate progress of residents?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(e) Measure & evaluate program effectiveness?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Approved by the Council on Podiatric Medical Education? <input checked="" type="checkbox"/>		
Date of Last CPME site visit: <i>3/2016</i>		
Signatures:		
Program Director: <i>[Signature]</i>		
Printed Name: <i>Colin James Traynor</i>		
Date: <i>3/29/2016</i>	Phone: <i>415 259 2014</i>	Email: <i>Colin.Traynor@gmail.com</i>
Director of Medical Education: <i>[Signature]</i>		
Printed Name: <i>Daniel Raybin, MD</i>		
Date: <i>3/29/2016</i>	Phone: <i>415 750-5781</i>	Email: <i>dragbin@chw.edu</i>
Facility / Hospital Administrator: <i>[Signature]</i>		
Printed Name: <i>Russ BRAUN, MD</i>		
Date: <i>3/29/16</i>	Phone: <i>415-750-5899</i>	Email: <i>[Signature]</i> <i>MICHAEL CARTER</i> <i>FRES/CEO</i>



APR 08 2016

MEDICAL EDUCATION
SCRIPPS MERCY HOSPITAL

**Application for Approval
Residency Programs in California
Academic Year 2016-2017**

Please complete the application and return to our office no later than May 15, 2016.

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>SCRIPPS MERCY HOSPITAL SAN DIEGO</u>		
Address: <u>4077 FIFTH AVE, MER 35, SAN DIEGO, CA 92103</u>		
Phone: <u>(619) 260-7220</u>	Email: <u>GREEN.DONALD@SCRIPPSHEALTH.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>6/1 AND 6/2/2011</u>		
Signatures:		
Program Director:		
Printed Name:	<u>DONALD R. GREEN, D.P.M.</u>	
Date: <u>4/8/16</u>	Phone: <u>(619) 291-0777</u>	Email: <u>GREEN.DONALD@SCRIPPSHEALTH.ORG</u>
Director of Medical Education:		
Printed Name:	<u>DAVID J. SHAW, M.D.</u>	
Date: <u>4/8/16</u>	Phone: <u>(619) 260-7220</u>	Email: <u>SHAW.DAVID@SCRIPPSHEALTH.ORG</u>
Facility / Hospital Administrator:		
Printed Name:	<u>THOMAS A. GAMMIERE</u>	
Date: <u>4.13.16</u>	Phone: <u>(619) 260-7101</u>	Email: <u>GAMMIERE.TDM@SCRIPPSHEALTH.ORG</u>

STATE OF CALIFORNIA
**BOARD OF
 PODIATRIC
 MEDICINE**



BPM 158911 04 2016

**Application for Approval
 Residency Programs in California
 Academic Year 2016-2017**

Please complete the application and return to our office no later than May 15, 2016.

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>Silver Lake Medical Center</i>			
Address: <i>1711 W. Temple St. Los Angeles, Ca 90027</i>			
Phone:		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?			✓ _____
Date of Last CPME site visit: <i>April, 2014</i>			
Signatures: <i>[Signature]</i>			
Program Director: <i>Alan SNYDER</i>			
Printed Name: _____			
Date: <i>4/1/16</i>	Phone: <i>323 666-5285</i>	Email: <i>ajsdpn79@gmail.com</i>	
Director of Medical Education: <i>[Signature]</i>			
Printed Name: <i>William Power</i>			
Date: <i>4/7/16</i>	Phone: <i>(310) 202 4774</i>	Email: <i>power2d@gmail.com</i>	
Facility / Hospital Administrator: <i>[Signature]</i>			
Printed Name: <i>Brent Cope</i>			
Date: <i>4</i>	Phone: <i>213 889-6132</i>	Email: <i>bcope@silverlakeinc.com</i>	



**Application for Approval
Residency Programs in California
Academic Year 2016-2017**

Please complete the application and return to our office no later than May 15, 2016.

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: West Covina Medical Center			
Address: 725 S. Orange Avenue			
Phone: (626) 338-8481		Email: administration@westcovinamc.com	
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?			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: 11/5/2012			
Signatures:			
Program Director:			
Printed Name: Babak Alavynejad (Bob Alavy), DPM, FACFAS			
Date: 4/27/16		Phone: (626) 338-1800	Email: dralavy@yahoo.com
Director of Medical Education:			
Printed Name: Babak Alavynejad (Bob Alavy), DPM, FACFAS			
Date: 4/27/16		Phone: (626) 338-1800	Email: dralavy@yahoo.com
Facility / Hospital Administrator:			
Printed Name: Gerald Wallman			
Date: 4/28/16		Phone: (626) 502-1970	Email: administrator@westcovinamc.com



**Application for Approval
Residency Programs in California
Academic Year 2016-2017**

Please complete the application and return to our office no later than May 15, 2016.

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>WHITE MEMORIAL MEDICAL CENTER</u>		
Address: <u>1720 EAST CESAR E. CHAVEZ, LOS ANGELES CA</u>		
Phone: <u>323 268-5000</u>	Email: <u>Podiatricri@yahoo.com 90033</u>	
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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(b) Have a Director of Medical Education?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(c) Provide residents emergency medical training through ER rotations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(d) Measure & evaluate progress of residents?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(e) Measure & evaluate program effectiveness?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Approved by the Council on Podiatric Medical Education?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Date of Last CPME site visit:	<u>10/29/12</u>	
Signatures:	<u>[Signature]</u>	
Program Director:	<u>STANLEY MATHIS DPM</u>	
Printed Name:	<u>STANLEY KEITH MATHIS, DPM</u>	
Date:	Phone:	Email:
<u>3/29/2016</u>	<u>323 987-1362</u>	<u>Podiatricri@yahoo.com</u>
Director of Medical Education:	<u>Leroy A. Reese, MD</u>	
Printed Name:	<u>Leroy Reese, MD</u>	
Date:	Phone:	Email:
<u>4/6/16</u>	<u>323-260-5781</u>	<u>ReeseLACah.org</u>
Facility / Hospital Administrator:	<u>[Signature]</u>	
Printed Name:	<u>JOHN RAFFOUIL</u>	
Date:	Phone:	Email:
<u>4-11-16</u>	<u>323-268-5000</u>	<u>Raffoujgcah.org</u> <u>Raffoujgcah.org</u>