STATE OF CALIFORNIA
BOARD OF
PODIATRIC
MEDICINE

STATE OF CALIFORNIA
dca
DEPARTMENT OF CONSUMER AFFAIRS

LICENSING COMMITTEE
MAY 11, 2016

SUBJECT: **APPLICATIONS FOR APPROVAL OF CALIFORNIA PODIATRIC RESIDENCY PROGRAMS FOR ACADEMIC YEAR 2016-2017**

7

ACTION: **REVIEW AND APPROVE QUALIFYING RESIDENCY PROGRAMS**

RECOMMENDATION

Review and approve qualifying California residency programs.

ISSUE

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

ATTACHMENT A

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.)

ATTACHMENT B

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).

ATTACHMENT C

STATE OF CALIFORNIA
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BPM

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 Attn: Dept Surgery 8215 N Tower		
Phone: (310) 423-5000	**Email:**	
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?	✓	
Date of Last CPME site visit: 10/30/12		
Signatures:		
Program Director:		
Printed Name: JEFFREY KLEMES, DPM		
Date: 3/24/16	Phone: (310) 657-4080	Email: KLEMESJ@cshs.org
Director of Medical Education:		
Printed Name: MARK NOAH, MD		
Date: 3/24/16	Phone: (310) 423-5761	Email: noahm@cshs.org
Facility / Hospital Administrator:		
Printed Name: THOMAS PRISELAC		
Date:	Phone: (310) 423-5711	Email:

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Sponsoring Facility: CHINO VALLEY MEDICAL CENTER			
Address: 5451 WALNUT AVE, CHINO, CA 91710			
Phone: 909-464-8600	Email: jarrod0517@gmail.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?		✓	
(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: 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 4648609	Email: ddye@primehealthcare.com	

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Sponsoring Facility: Department of Veterans Affairs Greater Los Angeles			
Address: 11301 Wilshire Blvd. Dept Surgery 10H2 Los Angeles CA 90073			
Phone: 310 268 3510	Email: DAVID.AUNGST@VA.GOV		
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?		✓	
Date of Last CPME site visit:		5/2014	
Signatures:			
Program Director:			
Printed Name: DAVID J. AUNGST DPM			
Date: 3/30/16	Phone: 310 268 3510	Email: DAVID.AUNGST@VA.GOV	
Director of Medical Education:			
Printed Name: Arthur H Friedlander, DPM			
Date:	Phone:	Email:	
Facility / Hospital Administrator:			
Printed Name: Ann R. Brown			
Date: 4/4/16	Phone:	Email:	

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Sponsoring Facility: VA LOMA LINDA		
Address: 11201 BENTON ST 1126 LOMA LINDA CA 92357		
Phone: 909-801-5692	Email:	
Residency Program Type:	PMSR – Podiatric Medicine and Surgery Residency	
	X 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: 4/11/2016		
Signatures:		
Program Director:		
Printed Name: BRIAN G MILLS DPM		
Date: 4/26/16	Phone: 909-801-5084	Email: BRIAN.MILLS@VA.GOV
Director of Medical Education: JOHN M. BYRNE, DO		
Printed Name: John M Byrne DO		
Date: 4/27/2016	Phone: 909-583-6004	Email: John.Byrne3@VA.GOV
Facility / Hospital Administrator:		
Printed Name: Barbara Fallen		
Date: 4/20/17	Phone: 909-583-6005	Email: Barbara.Fallen@va.gov

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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:		PMSR – Podiatric Medicine and Surgery Residency	
	X	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: 11/5/2010			
Signatures: Jack L Bois, DPM			
Program Director			
Printed Name: Jack L Bois DPM			
Date: 3/31/16	Phone: 650 493 5000 x64922	Email: ~~[illegible]~~ jack.bois@va.gov	
Director of Medical Education: [signature]			
Printed Name: John Pollard			
Date: 4/12/16	Phone: (650) 493-5000	Email: john.pollard@va.gov	
for Facility / Hospital Administrator: [signature]			
Printed Name: Thomas J Fitzgerald III			
Date: 4-13-16	Phone: 650-493-5000	Email: Tony.Fitzgerald@va.gov	

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Application for Approval
Residency Programs in California
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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:		PMSR – Podiatric Medicine and Surgery Residency	
	X	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: 3/10/16 – awaiting report / Previously 4/28/12 – approved			
Signatures:			
Program Director: [signature]			
Printed Name: Ross Talarico, DPM			
Date: 3/29/16	Phone: 415-221-4810, x23464	Email: Ross.Talarico@va.gov	
Director of Medical Education: Rebecca Shunk MD			
Printed Name: Rebecca Shunk			
Date: 3/30/16	Phone: 415 221 4810 x 24878	Email: rebecca.shunk@va.gov	
Facility / Hospital Administrator: Bonnie Graham			
Printed Name: Bonnie Graham			
Date: 4/1/16	Phone: 415-750-2041	Email: bonnie.graham@va.gov	

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Application for Approval
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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:		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?		✓	
Date of Last CPME site visit: March 2014			
Signatures:			
Program Director: [signature] DPM			
Printed Name: Christy M. King, DPM			
Date: 4/7/16	Phone: 510-752-6905	Email: christy.m.king@kp.org	
Director of Medical Education: Stanton Siu MD			
Printed Name: Stanton Siu			
Date: 4/7/16	Phone: 510-752-6557	Email: Stanton.Siu@KP.org	
Facility / Hospital Administrator: [signature]			
Printed Name: Mark Fratzke			
Date: 4/12/16	Phone: 650-208-5633	Email: mark.s.fratzke@kp.org	

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Sponsoring Facility: Kaiser Permanente, Sacramento		
Address: 2025 Morse Avenue, Sacramento		
Phone: 916-973-6961	**Email:** Atlantes.A.Cooper@kp.org	
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:		
Signatures: Tim Buell DPM		
Program Director:		
Printed Name: Tim Buell, DPM, Program Director		
Date: 4/21/16	Phone: 916-784-5764	Email: tim.buell@kp.org
Director of Medical Education: Steven Kelly-Reif		
Printed Name: Steven Kelly-Reif, DME, MD		
Date: 4/16/16	Phone: 916-480-6466	Email: steven.kellyreif@kp.org
Facility / Hospital Administrator: Sandy Sharon		
Printed Name: Sandy Sharon,		
Date: 4-16-16	Phone: 973 6045	Email: sandy.sharon@KP.org

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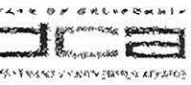
Sponsoring Facility: KAISER PERMANENTE SANTA CLARA			
Address: 710 LAWRENCE EXPY, DEPT 140, SANTA CLARA CA 95051			
Phone: 408 851-3834	**Email:** Cristian.Neagu@kp.org		
Residency Program Type:		PMSR – Podiatric Medicine and Surgery Residency	
	X	PMSR / RRA – Podiatric Medicine and Surgery Residency / 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:			
Printed Name: CRISTIAN NEAGU DPM			
Date: 3.30.2016	Phone: 408 851-1957	Email: Cristian.Neagu@kp.org	
Director of Medical Education:			
Printed Name: DannySam, MD			
Date: 4/6/2016	Phone: 408-851-3830	Email: danny.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



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Sponsoring Facility: Kaiser Vallejo			
Address: 975 Sereno Drive Vallejo, CA 94589			
Phone: (707) 651-5033	Email: Bonnelle.Ford@kp.org		
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?		✓	
Date of Last CPME site visit: 10/28/2011			
Signatures:			
Program Director:			
Printed Name: Gray Williams			
Date: 4/27/16	Phone: 707-494-3711	Email: gray.williams@kp.org	
Director of Medical Education:			
Printed Name: Gray Williams			
Date: 4/27/16	Phone: as above	Email:	
Facility / Hospital Administrator:			
Printed Name: Corwin N. Harper			
Date: 4/28/2016	Phone: 559-288-9657	Email: Corwin.N.Harper@kp.org	

ATTACHMENT C

STATE OF CALIFORNIA
BOARD OF
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MEDICINE

STATE OF CALIFORNIA
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DEPARTMENT OF CONSUMER AFFAIRS

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	
	✓ 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 Grah		
Date: 4/7/16	Phone: 562-602-5055	Email: John.grah@Tenethealth.com

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

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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:		PMSR – Podiatric Medicine and Surgery Residency	
	X	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: 10-28-2011			
Signatures:			
Program Director:			
Printed Name: Pedram Aslmand, DPM			
Date: 3/30/16	Phone: 562-426-0376	Email: Pedram98@yahoo.com	
Director of Medical Education:			
Printed Name: EDWARD J. 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	

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

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Sponsoring Facility: St Mary's Medical Center			
Address: 450 Stanyan St San Francisco, CA 94117-1082			
Phone: (415) 750 5781	**Email:** Vivian.emelife@dignityhealth.org		
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?		✓	
Date of Last CPME site visit: 3/2016			
Signatures:			
Program Director: CS			
Printed Name: Colin James Traynor			
Date: 3/29/2016	Phone: 415 759 2014	Email: Colin.Traynor@gmail.com	
Director of Medical Education: Daniel L Raybin MD			
Printed Name: Daniel Raybin, MD			
Date: 3/29/2016	Phone: 415-750-5781	Email: draybin@chw.edu	
Facility / Hospital Administrator: Russ Brown, MD, VPMA			
Printed Name: Russ Brown, MD			
Date: 3/29/16	Phone: 415-750-5899	Email:	

MICHAEL CARTER
PRES/CEO

ATTACHMENT C

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APR 08 2016
MEDICAL EDUCATION
SCRIPPS MERCY HOSPITAL

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

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

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BPM 16APR11 PM 2:50

Application for Approval
Residency Programs in California
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Sponsoring Facility: Silver Lake Medical Center			
Address: 1711 W. Temple St. Los Angeles, Ca. 90027			
Phone:	Email:		
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?		✓	
Date of Last CPME site visit: April, 2014			
Signatures:			
Program Director: Alan Snyder			
Printed Name:			
Date: 4/4/16	Phone: 323 666-5585	Email: ajsdpm79@gmail.com	
Director of Medical Education:			
Printed Name: William Power			
Date: 4/7/16	Phone: (310) 202 4774	Email: power2u@gmail.com.	
Facility / Hospital Administrator:			
Printed Name: Brent Cope			
Date: 4/	Phone: 213 889-6132	Email: bcope@silverlakemc.com.	

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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

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Sponsoring Facility: WHITE MEMORIAL MEDICAL CENTER		
Address: 1720 EAST CESAR E. CHAVEZ, LOS ANGELES CA		
Phone: 323 268-5000	Email: Podiatricri@yahoo.com 90033	
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: 10/29/12		

Signatures:		
Program Director: STANLEY MATHIS DPM		
Printed Name: STANLEY KEITH MATHIS, DPM		
Date: 3/29/2016	Phone: 323 987-1362	Email: Podiatricri@yahoo.com
Director of Medical Education: Leroy A. Reese, M.D.		
Printed Name: Leroy Reese, MD		
Date: 4/6/16	Phone: 323-260-5781	Email: ReeseLA@ah.org
Facility / Hospital Administrator:		
Printed Name: JOHN RAFFOUL		
Date: 4-11-16	Phone: 323-268-5000	Email: raffouljg@ah.org Raffoujg@ah.org