

Council on Podiatric Medical Education

Ninety-Third Annual Report, 2012

CPME Mission and Goals

The Council on Podiatric Medical Education is an autonomous, professional accrediting agency that evaluates and accredits educational institutions and programs in the specialized field of podiatric medicine. CPME is designated by the American Podiatric Medical Association to serve as the accrediting agency for podiatric medical education.

The mission of the council is to promote the quality of doctoral education, postdoctoral education, certification, and continuing education. By confirming that these programs meet established standards and requirements, the council serves to protect the public, podiatric medical students, and doctors of podiatric medicine. To achieve its mission, CPME has adopted and prioritized the following objectives:

1. Encourage, enhance, and assure the quality of the educational outcome at all levels in podiatric medicine
2. Encourage, enhance, and assure the quality of the educational process at all levels in podiatric medicine
3. Maintain compliance with the criteria for recognition established by the US Secretary of Education and the Council for Higher Education Accreditation
4. Regulate compliance with standards, requirements, and criteria established by CPME
5. Establish and maintain good lines of communication between CPME and its community of interest
6. Be responsive to innovative concepts in podiatric medical education
7. Seek out ways to improve upon the quality and methods of the CPME evaluation process
8. Review and resolve complaints received about colleges, sponsors of continuing education, residency and fellowship program sponsors, and specialty boards
9. Participate in the national discussion on issues concerning accreditation, including, but not limited to, maintaining membership in the Association of Specialized and Professional Accreditors

As the accrediting agency for the podiatric medical profession, CPME supports the following principles:

Validity and reliability. Accreditation of podiatric medical education is based on the belief that podiatric medicine is a unique profession of such complexity and benefit to the health of the population that it requires a defined educational process based on consistently applied national standards. Podiatric medical education standards should be reasonable, valid, reliable, and consistent with the standards set by other medical professions.

Shared governance. Representatives of the profession are responsible for defining current and future podiatric practice, and CPME is responsible for setting quality standards enabling educational programs to prepare students for residency and residents for practice.

Respect for institutional autonomy. The sponsoring institution or organization assumes the responsibility for design, implementation, ongoing support, and continuous evaluation of the program's effectiveness relative to its mission and goals.

Public representation. Persons not associated with the podiatric medical profession play an active role in the accreditation, approval, and recognition standard-setting and decision-making processes.

Colleges of Podiatric Medicine

The Accreditation Committee is responsible for recommending to the council candidacy of new and accreditation of existing colleges leading to the professional degree in podiatric medicine. The committee reviews evaluation reports, progress reports, and other information submitted by the institutions within its review area.

The council took the following accreditation actions at its 2012 meetings and conference calls.

April 2012 meeting

The council approved substantive modifications related to the mission statements of two colleges of podiatric medicine. The council also considered progress reports from three colleges.

The Accreditation Committee reviewed the annual report submitted by each accredited college. The committee requested for its October 2012 meeting a description of the actions taken or planned by one college to bring itself into compliance with the minimum criteria related to graduation rates, one college to bring itself into compliance with the minimum criteria related to graduation rates and American Podiatric Medical Licensing Examination (APMLE) test scores, and one college to bring itself into compliance with the minimum criteria related to APMLE test scores. The committee also requested that five colleges provide additional information or clarification of previously submitted information in the 2011-2012 annual reports.

Based on an Accreditation Committee recommendation, the council also continued the moratorium on applications for both new colleges of podiatric medicine and increased enrollment at accredited colleges.

Following its October 2011 meeting, the council informed the college community of interest of proposed changes in accreditation policy revisions to comply with new criteria established for the recognition of accrediting agencies by the U. S. Secretary of Education. Based on review of comments from the community interest, the council adopted the revisions, effective November 7, 2011. Revised policies included expanded sections related to substantive modification, teach-out

plans and agreements, disclosure, and enforcement of standards in CPME 130, *Procedures for Accrediting Colleges of Podiatric Medicine*.

In response to the request for comments on proposed modifications to CPME 130, members of the college community of interest raised several concerns and questions formally and informally specific to the substantive change revisions (pages 20-28 in CPME 130). Consequently, the council elected to reopen the comment period for those revisions only. The community of interest was informed on February 13, 2012 that comments about the proposed substantive change procedures in CPME 130 would be accepted through April 10. Based on the committee's review of all comments received earlier as well as additional comments received by April 10, the council adopted additional revisions to the substantive change section in CPME 130.

May 2012 conference call

Based on a recommendation from the Accreditation Committee, the council approved the substantive modification related to the acquisition of the Ohio College of Podiatric Medicine by Kent State University, effective July 1, 2012. The council planned to conduct a focused on-site evaluation during the fall of 2013 to monitor the continued progress of the integration of the college into Kent State University.

The council's action followed review of the report of the focused on-site evaluation team that visited the college on April 23, 2012, and the college's presentation to the Accreditation Committee during its May conference call.

October 2012 meeting

The committee and council reviewed the report of the team that conducted a comprehensive on-site evaluation in August 2012 of the Western University College of Podiatric Medicine. Based on review of the team report and a recommendation from the Accreditation Committee, the council granted initial accreditation of the college through October 2016. The council requested a progress report for the April 2013 Accreditation Committee meeting responding to the recommendations in the on-site evaluation team report. The council also considered a formal complaint against the college and elected to take no further action based on the results of the on-site evaluation, which confirmed that the college is in compliance with the requirement identified by the complainant.

The council considered the June 2012 report of the team that conducted an on-site evaluation of the New York College of Podiatric Medicine and elected to extend accreditation of the college through October 2020. The council also considered a progress report from one college and annual report follow-up information from six colleges.

Based on an Accreditation Committee recommendation, the council also continued the moratorium on applications for both new colleges of podiatric medicine and increased enrollment at accredited colleges.

December 2012 conference calls

The Accreditation Committee and the council considered progress reports from four colleges of podiatric medical education related to exceeding maximum enrollment levels established by the council. Based on the committee's recommendation, the council requested additional information from three of the four colleges (one of the three colleges was identified as being in noncompliance with requirement 6b in CPME 120, *Standards and Requirements for Accrediting Colleges of Podiatric Medicine*, related to maximum enrollment). No further information was requested from the fourth college.

CPME Continuing Education Document Revisions in Progress

In 2011, the council assigned an ad hoc advisory committee the responsibility to review the standards, requirements, and procedures pertaining to sponsors of continuing education in podiatric medicine. The results of a comprehensive survey conducted in the fall of 2011 of the council's community of interest and a review of the documents utilized by other professions guided the work of the advisory committee. The committee conducted two meetings and several conference calls in 2012. The following individuals served on the continuing education advisory committee:

Lori DeBlasi, DPM (Chair); Columbus, OH–CPME member, former Continuing Education Committee (CEC) member
Lara Beer-Caulfield; Camp Hill, PA–CEC member, continuing education sponsor representative
Roy Corbin, DPM; Bangor, ME–Federation of Podiatric Medical Boards representative
Michael Davis; Camp Hill, PA–American Society of Podiatric Executives representative
Kelly Gillroy, DPM; Glendale, AZ–continuing education sponsor representative
Vanessa Ross, Des Moines, IA–CEC member, continuing education sponsor representative
Oleg Petrov, DPM (ex-officio), Chicago–CPME vice chair, CEC chair

The process to review and revise the continuing education standards, requirements, and procedures resulted in the review of the revised documents by the council in October 2012 with drafts of revisions circulated for comment to the community of interest in November 2012. CPME requested that comments on proposed revisions to CPME 720, *Standards, Requirements, and Guidelines for Approval of Sponsors of Continuing Education in Podiatric Medicine*, as well as to CPME 730, *Procedures for Approval of Sponsors of Continuing Education in Podiatric Medicine*, be received in the council office by April 1, 2013.

Following the conclusion of the comment period, the council will consider all correspondence received from the community of interest at its April 2013 meeting. If the documents are finalized and adopted by the council, they will be implemented, effective July 1, 2013. Should the council elect to approve substantive additional document revisions based on its review of comments received, the community of interest will be afforded a second comment period with the documents considered again at the council's October 2013 meeting.

Continuing Education

The Continuing Education Committee is responsible for reviewing applications for approval of new sponsors, petitions for continuing approval, evaluation reports, progress reports, and other information submitted by the sponsors within its review area. The council approves sponsors of continuing education that demonstrate and maintain compliance with the standards and requirements identified in CPME 720. Approval is based on programmatic evaluation and periodic review by the council and the committee. The primary purpose of approval is to promote and ensure high-quality education and continuous improvement in educational programs. Approval also ensures the quality of continuing education programs to the public, the podiatric medical profession, and the state boards for examination and licensure.

As of October 2012, the council approved 58 sponsors of continuing education in podiatric medicine.

Residency Programs

The Residency Review Committee (RRC) is a collaborative effort of CPME-recognized specialty boards, the Council of Teaching Hospitals, and CPME. The committee reviews, takes actions on, and makes recommendations concerning podiatric residency programs in accordance with procedures and requirements set forth by the council. The RRC meets semi-annually to deliberate and recommend approval of residency programs.

During 2012, the council and the RRC conducted on-site evaluations of 46 new and approved residency programs. As of December 2012, the council had authorized 559 year-one residency positions, representing an increase of eight year-one positions from the number presented in the council's 2011 annual report.

The profession's postgraduate training programs are in the process of converting to the new podiatric medicine and surgery residency (PMSR) with the July 1, 2011 implementation of the council's revised approval and procedures documents. The documents and a detailed description of the process utilized in the transition to the new documents are available at CPME.org. The conversions are occurring either through the regular on-site evaluation process, or, if the program was not scheduled for a visit during either the 2011-2012 or 2012-2013 training years, by the submission and formal review of information specific to several aspects of the new requirements. At the conclusion of the council's October 2012 meeting, approximately 90 percent of the profession's postgraduate training programs had converted to the PMSR. All residency programs will be converted to the PMSR by July 1, 2013.

In September 2012, the council notified the residency community of interest of a proposed change to requirement 1.3 in CPME 320, *Standards and Requirements for Approval of Podiatric Medicine and Surgery Residencies*, regarding the amount of training provided at sites beyond daily commuting distance from the sponsoring institution and/or co-sponsor. The change was proposed following discussion related to finding ways to alleviate the expected shortage of

residency positions. The requirement as written originally in CPME 320 was considered a possible detriment to creating additional authorized positions.

During a December 2012 conference call, the council considered comments from the community of interest related to the proposed revision to requirement 1.3. Based on its review of the comments, the council eliminated the limitation that no more than one-sixth of the residency training experiences may be provided at sites located beyond daily commuting distance from the sponsoring and/or co-sponsoring institution, effective January 1, 2013. There is no longer a time limit imposed; rather “the expected daily commute to each sponsoring and affiliated training site must not have a detrimental effect upon the educational experience of the resident.”

Residency Ad Hoc Committee

Historically, the council has not been an active participant in either developing new residency programs or increasing the number of positions in CPME-approved programs. Beginning in 2008, the council understood that the forthcoming shortage of residency positions would last for a number of years. The council believed that the residency position shortage was of such significant concern to the health of the podiatric medical profession that it elected to:

- not accept applications for new colleges of podiatric medicine;
- not accept requests for authorizations to increase college enrollment;
- break from previous policy by offering increases in positions to programs with adequate clinical experiences;
- establish a help line to facilitate the development of new programs; and
- adopt a single residency model with lower minimum activity volume requirements.

In April 2012, CPME established a residency ad hoc committee, charging it with considering options available to the council (and others) related to the residency position shortage. Prior to its conference call in July 2012, the committee was provided a compilation of the council’s efforts over the last three years specific to its efforts to increase the number of residency positions at existing programs. The committee was asked to review the information with a view toward determining whether other options are available by revising the approval process, by conducting a third effort to increase positions, establishing a transitional year residency, or by any other means including those that may be more suited to other organizations such as APMA or the American Association of Colleges of Podiatric Medicine (AACPM).

Committee members:

Timothy Ford, DPM—committee chair, current CPME chair, residency program director
Emily Cook, DPM—residency program director
David Edwards, DPM—APMA Board of Trustees member
Charles Lombardi, DPM—CPME member, Residency Review Committee chair, residency program director, National Board of Podiatric Medical Examiners president
Oleg Petrov, DPM—CPME vice chair, chair of CPME Ad Hoc Committee responsible for developing residency documents implemented in 2011

Jeffrey Robbins, DPM—director of the Veterans Health Administration Headquarters
Podiatry Services
Nichol Salvo, DPM—clerkship director
Edwin Wolf, DPM—AACPM residency facilitator and residency program director
Robert Yoho, DPM—college dean and former CPME chair, AACPM vice chair

The committee forwarded a report of its deliberations to the council, which is reviewing the committee's recommendations and suggestions. The council may ask the committee to meet again. Any formal changes will be considered for adoption at the council's April 2013 meeting.

Fourth Annual Residency Evaluator Conference

The Collaborative Residency Evaluator Committee (CREC) held its fourth annual Residency Evaluator Conference in Chicago on May 18-19. There were 30 attendees at the conference, including five new evaluators. The 2012 conference was once again a success, receiving many positive written comments from conference attendees. CREC members lectured, presented PowerPoint slides, and answered questions about the new standards and requirements for residency training, including how to apply them consistently, and how to report accurately the findings in the team report.

Topics presented by CREC members and CPME staff included the interrelationships between the certifying boards and the council specific to on-site evaluation teams, the significance of collaboration among on-site evaluators, the roles played by the Residency Review Committee and the council in the residency approval process, and review and discussion of resident logging of procedures and cases in Podiatry Residency Resource.

Fellowships

A podiatric fellowship is an educational program that provides advanced knowledge, experience, and training in a specific content area within podiatric medical practice. Fellowships, by virtue of their specific content concentration, seek to add to the body of knowledge through research and other collaborative scholarly activities.

Following four years of professional education, all podiatric medical graduates complete at least three years of postdoctoral training. Podiatric fellowship education is a component in the continuum of the educational process, and such education occurs after completion of an approved residency.

During 2012, the council and RRC conducted an on-site evaluation of one approved fellowship. As of October 2012, the council had approved 11 fellowships with a total of 25 positions.

Recognized Specialty Boards

The Joint Committee on the Recognition of Specialty Boards (JCRSB) is responsible for granting new and continuing recognition to specialty boards in podiatric medicine, formulating criteria and procedures for recognition of specialty boards subject to the final approval of the council and in accordance with the broad policies for certification as adopted by the APMA House of Delegates, and exploring areas of mutual cooperation to the benefit of the recognized boards, the podiatric medical profession, and the public.

Certification processes are identified for podiatric surgery and podiatric medicine and orthopedics. The council recognizes the American Board of Podiatric Medicine and the American Board of Podiatric Surgery.

Of 40 candidates, 33 successfully completed the 2012 podiatric medicine and orthopedics certification examination and were granted diplomate status. A total of 2,422 individuals currently hold diplomate status in primary podiatric medicine and/or podiatric orthopedics.

Of 261 candidates, 193 successfully completed the 2012 podiatric surgery certification examination in foot surgery and were granted diplomate status. Of 114 candidates, 74 successfully completed the 2012 podiatric surgery certification examination in foot and ankle surgery (or ankle surgery only) and were granted diplomate status. A total of 7,088 individuals currently hold diplomate status in podiatric surgery.

CPME publication 900, *Bylaws and Operating Rules and Procedures of the Council on Podiatric Medical Education*, requires that JCRSB conduct periodic reviews and revisions of its standards, criteria, and procedures on a scheduled basis (every six–seven years). Because the most recent comprehensive review process for CPME 220 and 230 resulted in documents that were adopted in May 2005, the committee was responsible for conducting a comprehensive review at its January 2012 meeting.

JCRSB completed a comprehensive review of CPME 220, *Criteria and Guidelines for Recognition of a Specialty Board for Podiatric Medical Practice*, and CPME 230, *Procedures for Recognition of a Specialty Board for Podiatric Medical Practice* at its January 2012 meeting. The committee confirmed the recommended document revisions during a March conference call.

At its April meeting, the council adopted the revised documents. In an official notice to the community of interest dated June 20, the council sought comments on the proposed revisions to CPME 220. Based on a recommendation from JCRSB, the council made only editorial changes to CPME 230.

Following the conclusion of the comment period, the council reviewed all correspondence received from the community of interest at its October 2012 meeting. Based on that review, the council adopted the revised documents, effective January 1, 2013.

Department of Education

The Council on Podiatric Medical Education holds recognition as the accrediting body for first professional degree programs in podiatric medicine from the US Department of Education, appearing on the list of nationally recognized accrediting agencies that the US Secretary of Education identifies as reliable authorities concerning the quality of education offered by educational institutions or programs. The council has appeared on the secretary's list since the recognition process was first legislated in 1952.

The council submitted a petition for continued recognition in June 2011 to the US Secretary of Education's National Advisory Committee on Institutional Quality and Integrity (NACIQI). In April 2011, a representative of the Department of Education attended a meeting of the council's Accreditation Committee and conducted a file review at the council office. Based on review of the petition at its December 2011 meeting, the results of the file review, and appearance and testimony by current and former council chairs and the council director, NACIQI recommended to Secretary Arne Duncan that the department extend the council's recognition as the accrediting agency for colleges of podiatric medicine.

The recommendation calls for a progress report to be submitted by the council in April 2013 for consideration during NACIQI's December 2013 meeting. The progress report must document that the council has implemented several procedural issues that either could not be addressed until college site visits were conducted during the summer of 2012 or required further action by the council at its April 2012 meeting.

Council on Higher Education Accreditation

CPME holds recognition from the Council on Higher Education Accreditation (CHEA) as the specialized/professional accrediting agency for colleges of podiatric medicine, first professional degree of Doctor of Podiatric Medicine, and the pre-accreditation category of candidate status for developing colleges, schools, and programs of podiatric medicine.

Although the primary purpose of CHEA is to recognize accrediting bodies, CHEA also coordinates research and debate to improve accreditation, serves as a national advocate for voluntary self-regulation, collects and disseminates data and information about accreditation, mediates disputes between and among accrediting bodies, and coordinates and works to preserve the quality and diversity of colleges and universities.

The next CHEA recognition review of the council will begin with submission of an eligibility review application in 2014.

Association of Specialized and Professional Accreditors

The council is a charter member of the Association of Specialized and Professional Accreditors (ASPA), which was established in 1993 as an umbrella organization to represent the interests of

specialized accreditation. ASPA's mission is to provide a collaborative forum and a collective voice for the community of US agencies that assess the quality of specialized and professional higher education programs and schools. ASPA represents its members on issues of educational quality facing institutions of higher education, governments, students, and the public. ASPA also advances the knowledge, skills, good practices, and ethical commitments of accreditors, and communicates the value of accreditation as a means of enhancing educational quality.

Other Highlights of the Year

- The council continues working toward development of an online accreditation management system that would provide a central source for the management of information used by institutions, evaluators, staff, and committees. After several interviews, the council has narrowed the list to five potential vendors, with the final selection and the beginning of the implementation process set to occur in 2013.
- As a cost- and time-saving measure, the council has completed its transition to paperless meetings.
- The Nominating Committee conducted its 2012 meeting by conference call in August to consider eight potential candidates for three at-large positions on the council. The committee's slate to the council included seven of the eight applicants.
- The council finalized its 2011 Self-Study. The objectives identified in the self-study have been assigned to the respective CPME committees and staff.
- Responses to frequently asked questions about the residency approval process have been posted on the CPME website.
- The council's public question and answer sessions during the House of Delegates and APMA Annual Scientific Meeting focused on the 2011 residency approval standards, requirements, and procedures.

Meetings of the Council

CPME held its 2012 meetings on April 25-28 and on October 17-20.

At the April 2012 meeting, the council reelected Timothy C. Ford, DPM, of Louisville, KY, as chair, and Oleg Petrov, DPM, of Chicago as vice chair.

The council reelected Lori M. DeBlasi, DPM, of Columbus, OH; Charles M. Lombardi, DPM, of Bayside, NY; and Michael J. Trepal, DPM, of New York for three-year terms as at-large members.

The following individuals were members of CPME committees at the conclusion of 2012:

Accreditation Committee: Michael J. Trepal, DPM, chair; John H. Becker, PhD; Stephanie J. Belovich, PhD; Anna Czubyj, PhD; Denise Freeman, DPM; Kieran Mahan, DPM; Sheila Ortego McLaughlin, PhD; Terry Spilken, DPM; and Andrew A. Weiss.

Budget Planning Committee: Timothy C. Ford, DPM, chair; Charles M. Lombardi, DPM; Oleg Petrov, DPM; Michael J. Trepal, DPM; and Andrew A. Weiss.

Continuing Education Committee: Oleg Petrov, DPM, chair; Lara F. Beer-Caufield, DPM; Wes L. Daniel, DPM; Thomas Leecost, DPM; Coleen H. Napolitano, DPM; Vanessa R. Ross; and Ronald L. Soave, DPM.

Joint Committee on the Recognition of Specialty Boards: Gregg Young, DPM, chair; Kimberly C. Hite, RN; Charles M. Lombardi, DPM; Jeffrey M. Robbins, DPM; Michael A. Robinson, DPM; Dianne H. Rogers; and Stuart J. Wertheimer, DPM.

Residency Review Committee: Charles M. Lombardi, DPM; chair; Terence A. Alvey, DPM; Lori M. DeBlasi, DPM; Stephen Geller, DPM; Karen K. Luther, DPM; Elliot Michael, DPM; Roya Mirmiran, DPM; and Joseph Treadwell, DPM.

Nominating Committee: Timothy C. Ford, DPM, chair; Daniel J. Bareither, PhD; Brian Cornell, DPM; Nancy Parsley, DPM; Oleg Petrov, DPM; and Christian Robertozzi, DPM.

2012 Schedule of On-Site Evaluations

Spring 2012

Colleges of Podiatric Medicine

New York College of Podiatric Medicine, New York (comprehensive visit)

College of Podiatric Medicine, Western University of Health Sciences, Pomona, CA
(comprehensive visit)

Residency Programs

California

Fountain Valley Regional Hospital and Medical Center, Fountain Valley

Florida

Aventura Hospital and Medical Center, Aventura

James A. Haley Veterans Hospital, Tampa

Jackson South Community Hospital, Miami

Memorial Regional Hospital South, Hollywood
Westchester General Hospital, Miami

Illinois

Rush University Medical Center, Chicago

Indiana

Saint Mary's Medical Center, Evansville

Michigan

Henry Ford Wyandotte Hospital, Wyandotte
Oakwood Annapolis Hospital, Wayne

New Jersey

Jersey Shore University Medical Center, Neptune
Kennedy University Hospital, Stratford

New York

Beth Israel Medical Center, New York
New York Community Hospital, Brooklyn
New York Hospital Queens, Flushing

Ohio

Cleveland Clinic Foundation, Cleveland
Saint Vincent Charity Medical Center, Cleveland

Pennsylvania

Community Medical Center, Scranton
Mercy Suburban Hospital, East Norriton
Penn Presbyterian Medical Center, Philadelphia
The Reading Hospital and Medical Center, Reading

Rhode Island

Roger Williams Medical Center, Providence

Texas

Kingwood Medical Center, Kingwood
John Peter Smith Hospital, Fort Worth

Washington

Veterans Affairs Puget Sound Health Care System, Seattle

Wisconsin

Gundersen Clinic, Ltd. and Gundersen Lutheran Medical Center, Inc. Gundersen Medical
Foundation Ltd., La Crosse

Fellowship

Pennsylvania

Penn Presbyterian Medical Center, Philadelphia

Fall 2012

Residency Programs

California

Cedars Sinai Medical Center, Los Angeles

Doctors Hospital of West Covina, West Covina

Olympia Medical Center, Los Angeles

White Memorial Medical Center, Los Angeles

Illinois

Katherine Shaw Bethea Hospital, Dixon

Indiana

Saint Joseph Regional Medical Center, Mishawaka

Massachusetts

Beth Israel Deaconess Medical Center, Boston

Cambridge Health Alliance, Cambridge

Minnesota

HealthPartners Institute for Medical Education at Regions Hospital, St. Paul

Mercy Hospital, Coon Rapids

New Jersey

Department of Veterans Affairs New Jersey Health Care System, East Orange

Pennsylvania

Crozer-Chester Medical Center, Upland

Albert Einstein Medical Center, Philadelphia

Texas

Saint Joseph Medical Center, Houston

Virginia

McGuire Veterans Affairs Medical Center, Richmond

Washington

Swedish Medical Center – Cherry Hill Campus, Seattle

The time and efforts of many dedicated volunteer leaders are required for the college accreditation, and residency and fellowship approval processes. CPME members and staff extend their appreciation and gratitude to all those who reviewed self-studies, interim reports, and evaluation documents and conducted on-site visits. Special thanks are due the individuals who participated in on-site reviews of programs for initial and continuing accreditation and approval during the past year. The council could not have accomplished its work without them.

Terence A. Alvey, DPM; Evansville, IN
Joseph M. Anain, DPM; Williamsville, NY
Barbara J. Aung, DPM; Tucson, AZ
Wayne Axman, DPM; Astoria, NY
Daniel J. Bareither, PhD; North Chicago, IL
Stuart J. Bass, DPM; West Bloomfield, MI
Michael A. Battey, DPM; Johnston, RI
Sebastian Benenati, DPM; Roseville, MI
Joshua Bernard, DPM; Tampa, FL
Beth Bierer, PhD; Cleveland, OH
Myron Bodman, DPM; Fairview Park, OH
Richard T. Braver, DPM; Englewood, NJ
Russell Caprioli, DPM; Valley Stream, NY
William E. Chagares, DPM; North Chicago, IL
Sanford M. Chesler, DPM; Avondale, AZ
Keith D. Cook, DPM; New Providence, NJ
Stephen Corey, DPM; Kingstree, SC
Anna Czubytyj, PhD; Clinton Township, MI
James Dancho, DPM; Tucson, AZ
Lori DeBlasi, DPM; Marysville, OH
Randall L. Dei, DPM; Franklin, WI
Michael P. DellaCorte, DPM; Maspeth, NY
Paul DiLiddo, DPM; St. Clair Shores, MI
Amy Duckworth, DPM; Fair Oaks, CA
Timothy C. Ford, DPM; Louisville, KY
Denise Freeman, DPM; Glendale, AZ
Stephen Geller, DPM; Phoenix, AZ
Steven Goldman, DPM; Dix Hills, NY
Larry R. Goss, DPM; Philadelphia, PA
James Graham, DPM; Effingham, IL
Vincent J. Gramuglia, DPM; Bronx, NY
Joseph G. Green, DPM; East Orange, NJ
Dennis Gusman, DPM; Auburn, WA
Jonathan A. Haber, DPM; Caldwell, NJ
Jason Harrill, DPM; Mesa, AZ
Edwin Harris, DPM; Westchester, IL
Vincent J. Hetherington, DPM; Cleveland, OH
Beth Jarrett, DPM; North Chicago, IL

Steven M. Krych, DPM; Austin, TX
Jonathan Labovitz, DPM; Pomona, CA
James Lichniak, DPM; Olmsted Falls, OH
Loretta Logan, DPM; Bronx, NY
Charles M. Lombardi, DPM; Bayside, NY
Karen Luther, DPM; Gibsonia, PA
Brian MacDonald, DPM; Royal Oak, MI
Kieran T. Mahan, DPM; Medford, NJ
James Mahoney, DPM; Des Moines, IA
Amira Mantoura, DPM; Stamford, CT
John T. Marcoux, DPM; Sudbury, MA
Lauri McDaniel, DPM; Union City, CA
Larry Menacker, DPM; Holland, PA
Elliot Michael, DPM; Portland, OR
Rosemay Michel, DPM; Fayetteville, NC
Roya Mirmiran, DPM; Albuquerque, NM
Coleen H. Napolitano, DPM; Maywood, IL
John P. Nelson, DPM; Miami Shores, FL
Gina Painter, DPM; Great Falls, MT
Oleg Petrov, DPM; Chicago, IL
Kathleen Pyatak-Hugar, DPM; Louisville, KY
Paul Richter, DPM; Tampa, FL
Mary Schuh, DPM; Los Angeles, CA
Michael Sears, DPM; Oakland, NJ
Mitchell D. Shikoff, DPM; Bensalem, PA
Ronald M. Sidorsky, DPM; Denville, NJ
Ronald L. Soave, DPM; Brooklyn, NY
Marshall Solomon, DPM; Farmington, MI
Charles Southerland, DPM; Miami Shores, FL
Scott Spencer, DPM; Highland Heights, OH
Terry Spilken, DPM; Morganville, NJ
James W. Stavosky, DPM; Daly City, CA
Alyssa Stephenson, DPM; Kenosha, WI
Carl H. Stem, PhD; Overland Park, KS
Stephen F. Stern, DPM; Vienna, VA
James Thomas, DPM; Auburn, AL
Lisa Watters, DPM; Lower Burrell, PA
Andrew Weiss; Bethesda, MD

Stuart Wertheimer, DPM; Harrison Township, MI
Edwin Wolf, DPM; New York, NY
Robert M. Yoho, DPM; Des Moines, IA

Gregg Young, DPM; Salt Lake City, UT
Fred D. Youngswick, DPM; Novato, CA
Michael Zapf, DPM; Agoura Hills, CA

Respectfully submitted by the Council on Podiatric Medical Education 2012:

Timothy C. Ford, DPM; chair
Oleg Petrov, DPM; vice chair
Stephanie J. Belovich, PhD
Anna Czubytyj, PhD
Lori M. DeBlasi, DPM
Charles M. Lombardi, DPM
Kieran Mahan, DPM
Sheila Ortego McLaughlin, PhD
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