

# Council on Podiatric Medical Education

## Ninety-Fourth Annual Report, 2013

### 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 2013 meetings and conference calls.

### **April 2013 meeting**

The council considered progress reports from five colleges of podiatric medicine.

The Accreditation Committee reviewed the annual report submitted by each accredited college. The committee requested for its October 2013 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 and one college to bring itself into compliance with the minimum criteria related to American Podiatric Medical Licensing Examination (APMLE) test scores. The committee also requested that each college provide additional information or clarification of previously submitted information in the 2012–2013 annual reports or identified during review of the college websites.

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.

### **October 2013 meeting**

The council considered progress reports from three colleges.

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

Following consideration of all comments from the community of interest including the Accreditation Committee, at its October meeting, the council adopted the following policy for inclusion in CPME 130, *Procedures for Accrediting Colleges of Podiatric Medicine*:

#### Public Information on Program Outcomes

The college is responsible for maintaining current and accurate program outcomes on its website reflecting student achievement and program performance. The outcomes made public must include the three measures required by the council (graduation, APMLE passage, and residency placement rates), as well as outcomes developed by the college (e.g., residency director and graduates surveys and senior clinical examinations).

In adopting the policy, the council confirmed its intention to increase the transparency of podiatric medical school outcomes, but believed that further discussions needed to occur within the committee and council and with representatives of the American Association of Colleges of Podiatric Medicine (AACPM) before the policy is implemented. Consequently, the council authorized the Accreditation Committee chair to appoint a subcommittee comprised of several committee members, AACPM representatives, and a student to develop an implementation plan for the policy. The committee will conduct its work by conference call in time for review during the April 2014 meetings for implementation in July 2014. The subcommittee cannot revise the wording of the policy but instead has been asked to ensure consistency in its application.

The council conducted a comprehensive on-site evaluation November 11–14 of the Dr. William M. Scholl College of Podiatric Medicine at the Rosalind Franklin University of Medicine and Science. The report of the on-site evaluation will be considered during the April 2014 meeting of the Accreditation Committee and CPME.

### **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, 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 considered all correspondence received from the community of interest at its April 2013 meeting. Based on that review, the council decided to appoint a subcommittee to work further on the documents specific to the comments received. The subcommittee's June meeting included review of all comments from the community of interest. At its October 2013 meeting, the council considered additional revisions to CPME 720 proposed by the subcommittee. The subcommittee recommended no further revisions to CPME 730. The council approved (with editorial revisions) the draft documents developed by the subcommittee. The council's April 2014 meeting agenda includes consideration of all additional comments from the community of interest and adoption of the documents, effective July 1, 2014.

## **Continuing Education**

The CEC 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 2013, the council approved 56 sponsors of continuing education in podiatric medicine.

At its April 2013 meeting, the council approved a proposed revision to requirement 8.3 in CPME 720, specific to presenters or sources of possible faculty at continuing education activities in response to the Physician Payment Sunshine Act issued in February. The proposed revision was forwarded to the continuing education community of interest on May 30. Based on review of the comments received, the council adopted the revised requirement, effective August 1, 2013.

## Residency Programs

The Residency Review Committee (RRC) is a collaborative effort of CPME-recognized specialty boards, the AACPM 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.

Residency actions at the March RRC and April CPME meetings included: (please see pages 12-15 in the July 2011 version of CPME 330, *Procedures for Approval of Podiatric Medicine and Surgery Residencies* at [cpme.org](http://cpme.org) for definitions of the following categories of approval)

- Approval – 18
- Provisional Approval – 4
- Probationary Approval – 3
- Withdraw Approval – 1
- Sustain to Withdraw Approval – 0
- Progress report considered, no change to approval status, additional information requested – 58
- Progress report considered, no change to approval status, no additional information requested – 21

Residency actions at the September RRC and October CPME meetings included:

- Approval – 12
- Provisional Approval – 4
- Probationary Approval – 2
- Withdraw Approval – 0
- Sustain to Withdraw Approval – 0
- Progress report considered, no change to approval status, additional information requested – 30
- Progress report considered, no change to approval status/no additional information requested – 18

During 2013, the council and RRC conducted on-site evaluations of 48 new and approved residency programs. As of December 2013, the council had authorized 584 first-year residency positions, representing an increase of 25 year-one positions from the number presented in the council's 2012 annual report.

The profession's process to convert postgraduate training programs to the new podiatric medicine and surgery residency (PMSR) is complete, effective July 1, 2013. The conversions occurred 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.

## **Residency Ad Hoc Committee/CPME Response to Need for Additional Residency Positions**

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 meeting, the committee received 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, by establishing a transitional year residency, or by any other means, including those that may be more suited to other organizations such as APMA or AACPM.

Committee members:

Timothy Ford, DPM—committee chair, CPME chair, residency program director  
Emily Cook, DPM—residency program director  
David Edwards, DPM—APMA Board of Trustees member  
Charles Lombardi, DPM—CPME member, RRC 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 reviewed the committee's recommendations and suggestions during its October 2012 meeting and again by conference call in early 2013.

Based on that review, the council initiated its third effort to increase residency positions. Similar to the 2009 and 2010 increase efforts, the council reviewed the clinical capabilities of each

approved residency in considering whether to authorize increasing residency positions. Programs on probation or provisionally approved were not eligible for increases. The council forwarded letters in early March 2013 to directors of programs offered the increase in positions. As of December 31, sponsoring institutions had accepted 14 of the 113 positions authorized by the council. Together, the three efforts have resulted in 97 new positions. Following reminders to 41 institutions that had not yet responded to the offer, nine institutions with the potential for an additional 14 positions informed the council that the offer is being seriously considered.

In follow up to the residency ad hoc committee report, almost 700 students, residents, residency program directors, members of the APMA House of Delegates and APMA Board of Trustees, college deans, and private practitioners completed CPME's residency position shortage survey. The following items were supported by a great majority of survey respondents:

- The two-year conversion process to PMSR programs was completed in July. No additional changes should be made to the structure of residency training.
- CPME should not relax any of its requirements (e.g., resident stipend, program director compensation, and surgical procedure minimums).
- Residency sponsorship should be expanded to include podiatric medical schools.
- More information about graduate medical education reimbursement must be readily available.

Based on its review of the survey results and extensive discussions, the council elected to take the following actions during an August conference call:

- Revise CPME 320, the residency approval requirements, to include podiatric medical schools as residency sponsors, effective immediately
- Request that the council's Accreditation Committee formally consider the feasibility/desirability of reducing podiatric medical school enrollment
- Request confirmation from each college and school that all prospective students are made aware of the residency position shortage

## **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 2013, the council and RRC conducted on-site evaluations of four approved fellowships. As of October 2013, the council had approved 11 fellowships with a total of 24 positions.

## **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 (ABPM) and the American Board of Podiatric Surgery (ABPS).

Of 170 candidates, 158 successfully completed the 2013 primary podiatric medicine and orthopedics certification examination and were granted diplomate status. A total of 2,564 individuals currently hold diplomate status in primary podiatric medicine and/or podiatric orthopedics.

Of 268 candidates, 208 successfully completed the 2013 podiatric surgery certification examination in foot surgery and were granted diplomate status. Of 155 candidates, 114 successfully completed the 2013 podiatric surgery certification examination in foot and ankle surgery (or ankle surgery only) and were granted diplomate status. A total of 7,137 individuals currently hold diplomate status in podiatric surgery.

## **Department of Education**

The council 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.

In April 2012, the Secretary of Education awarded the council continued recognition as a national accrediting agency. The council was asked at that time to submit an interim report to the department in April 2013. Based on review of the council's interim report at its December 2013 meeting, the US Department of Education's National Advisory Committee on Institutional Quality and Integrity recommended to the secretary that he accept the council's progress report. CPME has received the maximum five years recognition.

## **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.

CHEA's Committee on Recognition met on November 25–26, 2013. During that meeting, the committee reviewed CPME's application for eligibility to be considered for continued CHEA recognition. CPME received recognition from CHEA for a period of ten years in 2004. Based on that review, the committee recommended to the CHEA Board of Directors that CPME be considered eligible to undertake a full recognition review. This recommendation was to be reviewed and acted upon by the CHEA Board of Directors at its meeting on January 27. The timeframe for the remainder of the recognition review process with CHEA is as follows:

- Recognition Application: June 2014
- CHEA Committee on Recognition Review for Recognition: November 2014
- CHEA Board of Directors Review for Recognition: January 2015

## **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 RRC and the council began a significant project to develop a portal on the CPME website for use by residency programs, residency evaluators, RRC and CPME members, and staff. The portal will allow online payments and secure and easy uploading of program documentation by residency programs for review during both on-site evaluation visits and committee meetings.
- A workshop for seven new ABPM and five new ABPS evaluators was conducted in Las Vegas on July 21. This small-group, focused discussion session replaced the larger residency conferences conducted in previous years. The new evaluators participated as observers in on-site evaluations during the fall.

- Development of an online residency evaluator training module is proceeding on schedule, with a projected February 2014 completion date. In conjunction with face-to-face workshops, ABPM, ABPS, and CPME will use the module to both train new evaluators and serve as a refresher for experienced evaluators.
- The Nominating Committee conducted its 2013 meeting by conference call in July to consider 10 potential candidates for three at-large positions on the council. The committee's slate to the council included nine of the 10 applicants.

## **CPME Meetings**

CPME held its 2013 meetings on April 24–27 and on October 16–19.

At the April 2013 meeting, the council elected Oleg Petrov, DPM, of Chicago as chair, and Lori DeBlasi, DPM, of Maryville, OH as vice chair.

Oleg Petrov, DPM, is a private practitioner from Chicago. Dr. Petrov's numerous council positions have included residency evaluator, RRC member, and CEC chair.

Lori DeBlasi, DPM, is the interim program director of the podiatric residency sponsored by Grant Medical Center in Columbus, OH. Dr. DeBlasi has served as residency evaluator, RRC member, and chair of the council's Continuing Education Ad Hoc Committee that recently reviewed and proposed revisions to the standards and procedures for approving continuing education sponsors.

Stephanie Belovich, PhD, was elected to her third term as an at-large member on the council. Dr. Belovich is an associate professor and division head of the Basic Sciences Department at the Kent State University College of Podiatric Medicine. She serves as a member of the Accreditation Committee.

Sheila McLaughlin, PhD, was elected to her final term as a public member on the council. She is president emeritus of the Santa Fe Community College in Santa Fe, NM. Dr. McLaughlin serves as a college on-site evaluator and member of the Accreditation Committee.

Coleen Napolitano, DPM, was elected to her first term as an at-large member of the council. Dr. Napolitano is the program director of the residency sponsored by Loyola University Medical Center in Maywood, IL. She has served as residency evaluator, member of the council's ad hoc committee that reviewed and proposed revisions to the standards and procedures for approving residencies, and CEC member. Dr. Napolitano will serve on the RRC.

Rodney Peele was elected to his first term as a CPME public member. Mr. Peele is assistant director, Regulatory Policy and Outreach, at the American Optometric Association in Alexandria, VA. Mr. Peele will serve on the CEC.

The following individuals were members of CPME committees at the conclusion of 2013:

**Accreditation Committee:** Michael Trepal, DPM, chair; John Becker, PhD; Stephanie Belovich, PhD; Anna Czubyj, PhD; Denise Freeman, DPM; Kieran Mahan, DPM; Sheila McLaughlin, PhD; and Terry Spilken, DPM.

**Budget Planning Committee:** Oleg Petrov, DPM, chair; Lori DeBlasi, DPM; Charles Lombardi, DPM; and Michael Trepal, DPM.

**Continuing Education Committee:** Lori DeBlasi, DPM, chair; Wes Daniel, DPM; Pam Landaiche; Thomas Leecost, MD; Rodney Peele; Alyssa Stephenson, DPM; and Vanessa Ross.

**Joint Committee on the Recognition of Specialty Boards:** Gregg Young, DPM, chair; Janet Dixon; Kimberly Hite, RN; Charles Lombardi, DPM; Jeffrey Robbins, DPM; Michael Robinson, DPM; and Stuart Wertheimer, DPM.

**Residency Review Committee:** Charles Lombardi, DPM, chair; Terence Alvey, DPM; Keith Cook, DPM; Stephen Geller, DPM; Elliot Michael, DPM; Rosemay Michel, DPM; Roya Mirmiran, DPM; Coleen Napolitano, DPM; and Ronald Soave, DPM.

**Nominating Committee:** Oleg Petrov, DPM, chair; Daniel J. Bareither, PhD; Brian Cornell, DPM; Lori DeBlasi, DPM; Nancy Parsley, DPM; and Christian Robertozzi, DPM.

## **2013 Schedule of On-Site Evaluations**

### **Spring 2013**

#### **Residency Programs**

##### Arizona

Tucson Medical Center and Midwestern University Arizona School of Podiatric Medicine,  
Tucson

##### District of Columbia

MedStar Washington Hospital Center

##### Florida

Palmetto General Hospital, Hialeah  
Shands Jacksonville Medical Center, Jacksonville

##### Illinois

Jesse Brown Veterans Affairs Medical Center, Chicago  
OSF Saint Anthony, Rockford

##### Indiana

Community Westview Hospital, Indianapolis

##### Missouri

Mineral Area Regional Medical Center, Farmington

##### New Jersey

Englewood Hospital and Medical Center, Englewood  
Saint Barnabas Medical Center, Livingston  
University Hospital, Newark

##### New York

Metropolitan Hospital Center and New York College of Podiatric Medicine, New York  
New York Methodist Hospital, Brooklyn  
Saint John's Episcopal Hospital, Far Rockaway

##### Ohio

Cleveland Clinic Foundation and Mercy Regional Medical Center, Lorain  
University Hospitals Regional Hospitals—Kent State University College of Podiatric  
Medicine, Richmond Heights

##### Pennsylvania

Phoenixville Hospital, Phoenixville  
Temple University Hospital, Philadelphia

Washington  
Madigan Army Medical Center, Tacoma

**Fellowships**

Ohio  
University Hospitals Regional Hospitals, Richmond Heights

Washington  
Madigan Army Medical Center, Tacoma

**Fall 2013**

**Residency Programs**

Arizona  
Carl T. Hayden Veterans Affairs Medical Center, Phoenix

California  
Chino Valley Medical Center, Chino

Colorado  
Eastern Colorado Health Care System, Denver

Florida  
Bethesda Memorial Hospital, Boynton Beach  
Westside Regional Medical Center, Plantation

Georgia  
DeKalb Medical Center, Decatur

Illinois  
Swedish Covenant Medical Center, Chicago

Iowa  
Central Iowa Health System, Des Moines

Louisiana  
East Jefferson General Hospital, Metairie

Minnesota  
Hennepin County Medical Center, Minneapolis

New Jersey  
St. Mary's Hospital, Passaic

New York

Coney Island Hospital, Brooklyn  
Good Samaritan Hospital Medical Center, West Islip  
Kingsbrook Jewish Medical Center, Brooklyn  
Lenox Hill Hospital, New York  
Lutheran Medical Center, Brooklyn  
Saint Joseph's Medical Center, Yonkers  
South Nassau Communities Hospital, Oceanside

Ohio

Department of Veterans Affairs Medical Center, Dayton  
Grant Medical Center, Columbus  
Saint Rita's Medical Center, Lima

Pennsylvania

Chestnut Hill Hospital, Philadelphia

Texas

West Houston Medical Center, Houston

Vermont

Southwestern Vermont Medical Center, Bennington

Virginia

Salem Veterans Affairs Medical Center, Salem

**Fellowship**

New York

Coney Island Hospital, Brooklyn

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 applications, self-studies, progress reports, and evaluation documents and conducted on-site visits. Special thanks are due the individuals who participated in on-site reviews of new residency programs during the past year, often volunteering for, scheduling, and conducting visits in a matter of weeks. The council could not have accomplished its work without them.

Donna Alfieri, DPM; Freehold, NJ  
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  
John Becker, PhD; North Chicago, IL  
Lara Beer-Caufield; Camp Hill, PA  
Sebastian Benenati, DPM; Roseville, MI  
Joshua Bernard, DPM; Tampa, FL  
Jack Bois, DPM; San Jose, CA  
Richard T. Braver, DPM; Englewood, NJ  
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  
Brian Cornell, DPM; Newport, RI  
Anna Czubytyj, PhD; Clinton Township, MI  
Wesley L. Daniel, DPM; Gainesville, GA  
Lori DeBlasi, DPM; Marysville, OH  
Randall L. Dei, DPM; Franklin, WI  
Michael P. DellaCorte, DPM; Maspeth, NY  
Paul DiLiddo, DPM; St. Clair Shores, MI  
Janet Dixon; Washington, DC  
Amy Duckworth, DPM; Fair Oaks, CA  
Timothy C. Ford, DPM; Louisville, KY  
Denise Freeman, DPM; Glendale, AZ  
David Garloff, EdD; Billings, MT  
Stephen Geller, DPM; Phoenix, AZ  
David George, DPM; Leonia, NJ  
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Edwin Harris, DPM; Westchester, IL  
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Christopher Japour, DPM; Northport, NY  
Beth Jarrett, DPM; North Chicago, IL  
Steven M. Krych, DPM; Austin, TX  
Jonathan Labovitz, DPM; Pomona, CA  
Thomas Leecost, MD; Richmond, VA  
James Lichniak, DPM; Olmsted Falls, OH  
Charles M. Lombardi, DPM; Bayside, NY  
Danae Lowell, DPM; Hiram, OH  
Karen Luther, DPM; Gibsonia, PA  
Brian MacDonald, DPM; Royal Oak, MI  
Kieran T. Mahan, DPM; Medford, NJ  
Amira Mantoura, DPM; Stamford, CT  
John T. Marcoux, DPM; Sudbury, MA  
Dimple Marwaha, DPM; San Ramon, CA  
Lauri McDaniel, DPM; Union City, CA  
Larry Menacker, DPM; Holland, PA  
Thomas Merrill, DPM; Miami, FL  
Andy Meyr, DPM; Philadelphia, PA  
Elliot Michael, DPM; Portland, OR  
Rosemay Michel, DPM; Fayetteville, NC  
Roya Mirmiran, DPM; Albuquerque, NM  
Gerit Mulder, DPM; Vancouver, WA  
John P. Nelson, DPM; Miami Shores, FL  
Aksone Nouvong, DPM; Pomona, CA  
Gina Painter, DPM; Great Falls, MT  
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Robert Phillips, DPM; Orlando, FL  
Paul Richter, DPM; Tampa, FL  
Jeffrey Robbins, DPM; Beachwood, OH  
Christian Robertozzi, DPM; Newton, NJ  
Vanessa Ross; Des Moines, IA  
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Michael Sears, DPM; Oakland, NJ  
Mitchell D. Shikoff, DPM; Bensalem, PA  
Ronald M. Sidorsky, DPM; Denville, NJ

Ronald L. Soave, DPM; Brooklyn, NY  
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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  
Stephen F. Stern, DPM; Vienna, VA

James Thomas, DPM; Auburn, AL  
Praveen Vohra, DPM; Plainfield, IL  
Lisa Waters, DPM; Lower Burrell, PA  
Andrew Weiss; Bethesda, MD  
Stuart Wertheimer, DPM; Harrison Township, MI  
Edwin Wolf, DPM; New York, NY  
Gregg Young, DPM; Salt Lake City, UT  
Michael Zapf, DPM; Agoura Hills, CA

Respectfully submitted by the Council on Podiatric Medical Education 2013:

Oleg Petrov, DPM; chair  
Lori DeBlasi, DPM; vice chair  
Stephanie J. Belovich, PhD  
Anna Czubytyj, PhD  
Charles M. Lombardi, DPM  
Kieran Mahan, DPM  
Sheila McLaughlin, PhD  
Coleen Napolitano, DPM  
Rodney Peele  
Ronald L. Soave, DPM  
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