



9312 Old Georgetown Road
 Bethesda, Maryland 20814-1621
 301-581-9200

PODIATRIC MEDICINE AND SURGERY RESIDENCY
APPLICATION FOR PROVISIONAL APPROVAL

This application and supporting documentation must be submitted prior to activation of the residency, at least 9–12 months before the anticipated starting date. RRC and the Council require that the program’s director is the individual responsible for submitting all materials to Council staff related to all application, on-site evaluation, and approval processes. The entire review process for a residency requesting approval may require a period of 12 months from the time an application is received in the office of the Council on Podiatric Medical Education until the Council takes an approval action.

Please submit the first two pages of the application to the Council office at CPMEstaff@cpme.org and notify the CPME of the need to submit the completed application. Once this information is received, CPME staff will contact you to provide further instructions on submitting the required documentation and payment through the CPME portal. The full submission is to include this completed form and the documentation in response to questions 9–11 pages 15–16 (supplemental materials) **in PDF format, as a single bookmarked continuous document.** Hand-written responses and hard copy documentation will not be accepted.

The **\$1,500 application fee**, made payable to the Council on Podiatric Medical Education, must be made at by check or credit card when the application is submitted. The application will not be processed until the sponsoring institution submits all required materials, including the application fee.

1. Sponsoring Institution Information	
Sponsoring institution	
Address 1	
Address 2	
City/State/Zip	
Telephone	
Fax	
Website address	
Date institution began operations	

2. Co-sponsoring Institution Information (if applicable)	
Co-sponsoring institution	
Address 1	
Address 2	
City/State/Zip	
Telephone	
Website address	
Date institution began operations	
Number of beds	

3. Program Director Information	
Name:	
Office Address 1	
Office Address 2	
City/State/Zip	
Telephone	
Fax	
Mobile Phone	
Email	
Pager (if applicable)	

4. Administration – List the names, and email addresses of persons holding the following staff positions (include professional degrees when applicable, e.g., DPM, MD, or DO)		
Title	Name	E-mail address
Chief Administrative Officer		
Designated Institutional Official		
Chief of Podiatric Staff		
Chief of Medical Staff		
Director of Graduate Medical Education		
Chief of Surgical Staff		

5. Program Information (as defined in CPME 320, July 2015)			
a.	Type of Program(s)	Length of Program(s)	
	<input type="checkbox"/> Podiatric Medicine and Surgery Residency (PMSR)	<input type="checkbox"/> 36 Months	<input type="checkbox"/> 48 Months
	<input type="checkbox"/> Podiatric Medicine and Surgery Residency with Reconstructive Rearfoot/Ankle Surgery (PMSR/RRA)	<input type="checkbox"/> 36 Months	<input type="checkbox"/> 48 Months
b.	Is the resident required to be licensed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
c.	Number of positions requested	PMSR 0/0/0/0 PMSR/RRA 0/0/0/0	
d.	Program start and end dates (<i>e.g. July 1 – June 30</i>)		
e.	Resident stipend in each year of training	\$, \$, \$, \$	

6. The following information about the volume of patient care activity should be based on the 12-month period prior to submission of the application. The number of procedures is to include those performed at all facilities utilized by the sponsoring institution (including the sponsor). For secondary institutions or facilities utilized, appropriately executed affiliation agreements must exist (and be submitted) to be included in the number of procedures column.

Participating Institution Information

Sponsoring institution	
Co-sponsor (if applicable)	
Affiliate	
Affiliate	
Affiliate	
Affiliate	
Affiliate	
Affiliate	
Affiliate	
Affiliate	
Affiliate	
Affiliate	
Affiliate	
Affiliate	
Affiliate	
Affiliate	

7. The statistics below cover the period from _____ to _____.

To determine the institution’s ability to support the number of requested residency positions, multiply the number of residents requested per year by the Minimum Activity Volume (MAV) requirement per resident. For example: If a program is requesting two residents per year (2/2/2), the reported volume of biomechanical cases over a 12-month period should be 150 (75 x 2). The Residency Review Committee, however, expects the reported volume to exceed the MAV to allow for fluctuations in the availability of cases and resident logging errors.

Case Activities	Volume
Podiatric clinic/office encounters (<i>minimum 1,000 per resident</i>)	
Podiatric surgical cases (<i>minimum 300 per resident</i>)	
Trauma cases (<i>minimum 25 per resident</i>)	
Podopediatric cases (<i>minimum 25 per resident</i>)	
Biomechanical cases (utilizing the definition in the CPME 320, July 2015) (<i>minimum 75 per resident</i>)	
Comprehensive medical histories and physical examinations (<i>minimum 50 per resident</i>)	

Category 1: Digital Surgery			
Range of CPT Codes	Description	Code Number	Number of Procedures
28108, 28124, 28126, 28153	Partial ostectomy/exostectomy	1.1	
28150	Phalangectomy	1.2	
28024, 28160, 28285, 28286	Arthroplasty (interphalangeal joint [IPJ])	1.3	
	Implant (IPJ)	1.4	
28160	Diaphysectomy	1.5	
28310, 28312	Phalangeal osteotomy	1.6	
28285, 28755	Fusion (IPJ)	1.7	
28820, 28825	Amputation	1.8	
28108, 28175	Management of osseous tumor/neoplasm	1.9	
28005, 28124	Management of bone/joint infection	1.10	
28505, 28525	Open management of digital fracture/dislocation	1.11	
	Revision/repair of surgical outcome	1.12	
28280, 28531	Other osseous digital procedure not listed above	1.13	
Total Number of Procedures (<i>minimum 80 per resident</i>)			

Category 2: First Ray Surgery – Hallux Valgus			
Range of CPT Codes	Description	Code Number	Number of Procedures
28290	Bunionectomy (partial ostectomy/Silver procedure)	2.1.1	
28292	Bunionectomy with capsulotendon balancing procedure	2.1.2	
28298-99	Bunionectomy with phalangeal osteotomy	2.1.3	
28296, 28299, 28306	Bunionectomy with distal first metatarsal osteotomy	2.1.4	
28296, 28299, 28306	Bunionectomy with first metatarsal base or shaft osteotomy	2.1.5	
28297, 28299	Bunionectomy with first metatarsocuneiform fusion	2.1.6	
28750	Metatarsophalangeal joint (MPJ) fusion	2.1.7	
28293	MPJ implant	2.1.8	
28270	MPJ arthroplasty	2.1.9	
Total Number of Procedures			

Category 2: First Ray Surgery – Hallux Limitus			
Range of CPT Codes	Description	Code Number	Number of Procedures
28289	Cheilectomy	2.2.1	
28310	Joint salvage with phalangeal osteotomy (Kessel-Bonney, enclavement)	2.2.2	
28296, 28306	Joint salvage with distal metatarsal osteotomy	2.2.3	
28296, 28306	Joint salvage with first metatarsal shaft or base osteotomy	2.2.4	
28297	Joint salvage with first metatarsocuneiform fusion	2.2.5	
28750	MPJ fusion	2.2.6	
28293	MPJ implant	2.2.7	
28292	MPJ arthroplasty	2.2.8	
Total Number of Procedures			

Category 2 First Ray Surgery – Other First Ray			
Range of CPT Codes	Description	Code Number	Number of Procedures
28294	Tendon transfer/lengthening/capsulotendon balancing procedure	2.3.1	
28306-7	Osteotomy (e.g., dorsiflexory)	2.3.2	
28615, 28740	Metatarsocuneiform fusion (other than for hallux valgus or hallux limitus)	2.3.3	
28810, 28820	Amputation	2.3.4	
28104-6,	Management of osseous tumor/neoplasm (with or without bone graft)	2.3.5	
28002-5, 28122	Management of bone/joint infection (with or without bone graft)	2.3.6	
28485, 28645	Open management of fracture or MPJ dislocation	2.3.7	
28306-7	Corticotomy/callus distraction	2.3.8	
28322	Revision/repair of surgical outcome (e.g., non-union, hallux varus)	2.3.9	
28111, 28760, 28899	Other first ray procedure not listed above	2.3.10	
Total Number of Procedures			
Total Number of Category 2 Hallux Valgus, Hallux Limitus, and Other First Ray Procedures <i>(minimum 60 per resident)</i>			

Category 3: Other Soft Tissue Foot Surgery			
Range of CPT Codes	Description	Code Number	Number of Procedures
28315	Excision of ossicle/sesamoid	3.1	
28080, 64776	Excision of neuroma	3.2	
10121, 11011-12, 28020-4, 28192-93	Removal of deep foreign body (excluding hardware removal)	3.3	
28008, 28060, 28062, 29893	Plantar fasciotomy	3.4	
28270	Lesser MPJ capsulotendon balancing	3.5	
28200-34	Tendon repair, lengthening, or transfer involving the forefoot (including digital flexor digitorum longus transfer)	3.6	
28615	Open management of dislocation (MPJ/tarsometatarsal)	3.7	
10180, 11043-44, 20000, 20005, 20103, 28001-3	Incision and drainage/wide debridement of soft tissue infection (including plantar space)	3.8	
28060-2	Plantar fasciectomy	3.9	
11400-426, 11600-646, 28039-47, 28050-54, 28092	Excision of soft tissue tumor/mass of the foot (without reconstructive surgery)	3.10	
	<i>Procedure code number no longer used</i>	3.11	
14020-21, 14040-41, 14300, 14350, 15050, 15240-41, 15738, 15740, 15750, 15756-58, 20969-73, 28280, 28286, 28313, 28340-45, 28360	Plastic surgery techniques (including skin graft, skin plasty, flaps, syndactylization, desyndactylization, and debulking procedures limited to the forefoot)	3.12	
28020-24, 28050, 64727	Microscopic nerve/vascular repair (forefoot only)	3.13	
	Other soft tissue procedures not listed above (limited to the foot)	3.14	
27615-16, 27618-19, 27632, 27634	Excision of soft-tissue tumor/mass of the ankle (without reconstructive surgery)	3.15	
28035, 28055, 64702, 64704, 64722, 64726	External neurolysis/decompression (including tarsal tunnel)	3.16	
Total Number of Procedures (minimum 45 per resident)			

Category 4: Other Osseous Foot Surgery			
Range of CPT Codes	Description	Code Number	Number of Procedures
27640-41, 28116, 28118-20, 28122, 28288	Partial ostectomy (distal to and including the talus)	4.1	
28052, 28234, 28645	Lesser MPJ arthroplasty	4.2	
28110	Bunionectomy of the fifth metatarsal without osteotomy	4.3	
28112-14	Metatarsal head resection (single or multiple)	4.4	
28899	Lesser MPJ implant	4.5	
28308-9	Central metatarsal osteotomy	4.6	
28308	Bunionectomy of the fifth metatarsal with osteotomy	4.7	
28485	Open management of lesser metatarsal fractures	4.8	
20900, 20902	Harvesting of bone graft distal to the ankle	4.9	
28805, 28810	Amputation (lesser ray, transmetatarsal amputation)	4.10	
20005, 28005	Management of bone/joint infection distal to the tarsometatarsal joints (with or without bone graft)	4.11	
28171, 28173	Management of bone tumor/neoplasm distal to the tarsometatarsal joints (with or without bone graft)	4.12	
28615	Open management of tarsometatarsal fracture/dislocation	4.13	
28308-9	Multiple osteotomy management of metatarsus adductus	4.14	
27840, 28730, 28735	Tarsometatarsal fusion	4.15	
28899	Corticotomy/callus distraction of lesser metatarsal	4.16	
28320, 28322	Revision/repair of surgical outcome in the forefoot	4.17	
28130, 28140	Other osseous procedures not listed above (distal to the tarsometatarsal joint)	4.18	
28118	Detachment/reattachment of Achilles tendon with partial ostectomy	4.19	
Total Number of Procedures <i>(minimum 40 per resident)</i>			

Category 5: Reconstructive Rearfoot and Ankle Surgery – Elective Soft Tissue			
Range of CPT Codes	Description	Code Number	Number of Procedures
14020-21, 14040-41, 14300, 14350	Plastic surgery techniques involving the midfoot, rearfoot, or ankle	5.1.1	
27690-92	Tendon transfer involving the midfoot, rearfoot, ankle, or leg	5.1.2	
27685-87, 28240	Tendon lengthening involving the midfoot, rearfoot, ankle, or leg	5.1.3	
28260-4	Soft tissue repair of complex congenital foot/ankle deformity (clubfoot, vertical talus)	5.1.4	
27698	Delayed repair of ligamentous structures	5.1.5	
27654, 27659, 27665, 27675-6, 27685-86, 27698, 28238	Ligament or tendon augmentation/supplementation/restoration	5.1.6	
27625-6	Open synovectomy of the rearfoot/ankle	5.1.7	
28035	<i>Procedure code number no longer used</i>	5.1.8	
27630	Other elective rearfoot reconstructive/ankle soft tissue surgery not listed above	5.1.9	
Total Number of Procedures			

Category 5: Reconstructive Rearfoot and Ankle Surgery – Elective Osseous

Range of CPT Codes	Description	Code Number	Number of Procedures
29891-92, 29894-95, 29897-8, 29904-7	Operative arthroscopy	5.2.1	
28118	<i>Procedure code number no longer used</i>	5.2.2	
28899	Subtalar arthroeresis	5.2.3	
27870-71, 28705, 28715, 28725, 28730, 28735, 28737, 28740, 29899, 29907	Midfoot, rearfoot, or ankle fusion	5.2.4	
27705-9, 27712, 27715, 28300, 28302, 28304-5	Midfoot, rearfoot, or tibial osteotomy	5.2.5	
28116	Coalition resection	5.2.6	
28446	Open management of talar dome lesion (with or without osteotomy)	5.2.7	
27610, 27612, 27620, 27625-26	Ankle arthrotomy with removal of loose body or other osteochondral debridement	5.2.8	
27702-3	Ankle implant	5.2.9	
27705, 27707, 27709, 27715, 28899	Corticotomy or osteotomy with callus distraction/correction of complex deformity of the midfoot, rearfoot, ankle, or tibia	5.2.10	
27700, 27720, 27722, 27724-6, 27745	Other elective rearfoot reconstructive/ankle osseous surgery not listed above	5.2.11	
Total Number of Procedures			

Category 5: Reconstructive Rearfoot and Ankle Surgery – Non–Elective Soft Tissue			
Range of CPT Codes	Description	Code Number	Number of Procedures
27650, 27652, 27658, 27664	Repair of acute tendon injury	5.3.1	
27695-96	Repair of acute ligament injury	5.3.2	
64727	Microscopic nerve/vascular repair of the midfoot, rearfoot, or ankle	5.3.3	
28043, 28045-46	Excision of soft tissue tumor/mass of the foot (with reconstructive surgery)	5.3.4	
	<i>Procedure code number no longer used</i>	5.3.5	
27846, 27848, 28555, 28585	Open repair of dislocation (proximal to tarsometatarsal joints)	5.3.6	
27600, 27892-4	Other non-elective rearfoot reconstructive/ankle soft tissue surgery not listed above	5.3.7	
27615-16, 27618-19, 27632, 27634	Excision of soft tissue tumor/mass of the ankle (with reconstructive surgery)	5.3.8	
Total Number of Procedures			

Category 5: Reconstructive Rearfoot and Ankle Surgery – Non-Elective Osseous			
Range of CPT Codes	Description	Code Number	Number of Procedures
28465, 28555	Open repair of adult midfoot fracture	5.4.1	
28415, 28420, 28445, 28465	Open repair of adult rearfoot fracture	5.4.2	
27758-9, 27766, 27769, 27784, 27792, 27814, 27822-23, 27826-29, 27832	Open repair of adult ankle fracture	5.4.3	
27758-9, 27766, 27769, 27784, 27792, 27814, 27822-23, 27826-29, 27832	Open repair of pediatric rearfoot/ankle fractures or dislocations	5.4.4	
27635, 27637-38, 27645-7, 28100-4, 28106-7	Management of bone tumor/neoplasm (with or without bone graft)	5.4.5	
20005, 27603-4, 27607, 27610	Management of bone/joint infection (with or without bone graft)	5.4.6	
27888, 28800	Amputation proximal to the tarsometatarsal joints	5.4.7	
27889, 28585	Other non-elective rearfoot reconstructive/ankle osseous surgery not listed above	5.4.8	
Total Number of Procedures			
Total Number of Category 5 Elective Soft Tissue, Elective Osseous, Non–Elective Soft Tissue, and Non-Elective Osseous Procedures <i>(minimum 50 per resident for PMSR/RRA programs only)</i>			

8. Residency Policies	
a.	Describe the composition of the committee responsible for interviewing and selecting residents.
b.	How will prospective residents be informed of the selection process and conditions of appointment established for the program?
c.	In what format will the institution make available to the prospective resident a copy of the residency curriculum (e.g., bound copy, on residency website, flash drive)?
d.	Will the applicant be charge an application fee? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what amount will be charged? To whom will the fee be paid?
e.	Describe the institution's plans for interviewing its first resident(s)
f.	When will interviews to select the institution's first resident(s) be conducted?
g.	On what date will the sponsoring institution obtain a binding commitment from the prospective resident(s)?

Supplemental Materials

The following items must be submitted on each flash drive (see page 1 of the report). **Please refer to the referenced requirements in CPME 320, *Standards and Requirements for Approval of Podiatric Medicine and Surgery Residencies*, for further information specific to each required document.**

- 9. Sponsorship and Affiliation Agreements:** Provide the following information for the sponsoring institution, including the sponsor and co-sponsor (if applicable), and each affiliated training site (e.g., hospital, surgery center, private practice office). For each institution identified below, provide copies of **accreditation documents** (e.g. Joint Commission and AAAHC) and copies of **executed affiliation agreements** between the sponsoring institution and the affiliates.

Name	City, State	Accredited By	Percentage of Training	Date Affiliation Signed/ Effective Date	Coordinator	
					Staff?	Name
		N/A		N/A	Yes	
		N/A		N/A	Yes	
		N/A		N/A	Yes	
		N/A		N/A	Yes	
		N/A		N/A	Yes	
		N/A		N/A	Yes	
		N/A		N/A	Yes	
		N/A		N/A	Yes	
		N/A		N/A	Yes	
		N/A		N/A	Yes	
		N/A		N/A	Yes	
		N/A		N/A	Yes	
		N/A		N/A	Yes	
		N/A		N/A	Yes	
		N/A		N/A	Yes	
		N/A		N/A	Yes	
		N/A		N/A	Yes	
		N/A		N/A	Yes	
		N/A		N/A	Yes	
		N/A		N/A	Yes	
		N/A		N/A	Yes	
		N/A		N/A	Yes	
		N/A		N/A	Yes	
		N/A		N/A	Yes	
		N/A		N/A	Yes	
		N/A		N/A	Yes	

10. Standard 3 – Polices Affecting the Resident	
a.	Sample copy of the <u>contract or letter of appointment</u> between the sponsoring institution(s) and the resident. (<i>requirements 3.8 and 3.9</i>)
b.	<p><u>Residency manual</u> that will be distributed at the beginning of the program to residents, faculty, and administrative staff involved in the residency. The manual must include <u>at minimum</u> the following components (<i>requirement 3.10</i>):</p> <ul style="list-style-type: none"> • The mechanism of appeal • The remediation methods established to address instances of unsatisfactory resident performance • The rules and regulations for the conduct of the resident • Rotations and competencies specific to each rotation (<i>requirements 6.1 and 6.4</i>) • Training schedule for the duration of the program. The schedule must relate to the institutions and facilities listed in response to question #5 and to the rotations listed in response to item (d) above. The schedule also must document that the time spent in the rotations in infectious disease plus internal medicine and/or family practice plus two medical subspecialties is equivalent to a minimum of three full-time months of training (<i>requirement 6.3</i>) • Schedule of didactic activities (<i>requirement 6.7</i>) • Journal review schedule (<i>requirement 6.8</i>) • Assessment documents for all rotations. Assessment documents must identify the rotation, duration, and include lines for the dates and signatures of the faculty, resident, and program director (<i>requirement 7.2</i>)
c.	<u>Certificate</u> to be awarded the resident upon completion of training. Please refer to the sample certificates on CPME’s website for additional information related to certificates. (<i>requirement 3.11</i>)

11. Standard 5 – Program Director and Faculty	
a.	Curriculum vitae of the program director and a statement providing evidence that the director possesses appropriate clinical, administrative, and teaching qualifications suitable for implementing the residency. (<i>requirement 5.2</i>)
b.	<p>List of <u>podiatric</u> medical faculty actively involved in the program with educational and professional qualifications of each. For each staff member, list only name, degree, and affiliations with certifying and professional organizations (e.g. ABPM and ABFAS). Additionally, identify which podiatric faculty are <u>affiliated with other CPME–approved residency programs</u>.</p> <p>If a faculty member is <u>not certified</u> by a board recognized by the Joint Committee on the Recognition of Specialty Boards, please describe the specialized qualifications possessed by this individual that make him/her qualified in the subject matter for which he/she is responsible. (<i>requirements 5.5 and 5.6</i>)</p>
c.	List of <u>non-podiatric</u> medical faculty actively involved in the program with educational and professional qualifications of each. For each staff member, list only name, degree (MD, DO, PhD, RN, etc.), and affiliations with certifying and professional organizations. (<i>requirement 5.6</i>)

By signing this form, the chief administrative officer(s) and the program director confirm the commitment of the institution(s) in providing podiatric residency training.

Chief administrative officer (or DIO)

Date

Chief administrative officer of co-sponsoring institution (if applicable)

Date

Program director

Date