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## Bethesda, Maryland 20814-1621

## 301-581-9200

**PODIATRIC MEDICINE AND SURGERY RESIDENCY**

***Petition to the Residency Review Committee to Graduate a Resident in 2020 Due to Disruption in Training***

This form and supporting documentation must be submitted prior to completion of the resident’s training and **no later than May 31, 2020**. RRC and the Council require that the program’s director is the individual responsible for submitting all materials to Council staff related to this petition.

Please submit the form and supporting documents to the Council office by email to [cpmestaff@cpme.org](mailto:cpmestaff@cpme.org). The information must include this completed form and the documentation in response to questions 4-7, pages 2-5 (supplemental materials) in PDF format, as a single bookmarked continuous document. Hand-written responses and hard copy documentation will not be accepted.

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| 1. **Program Information** | |
| Program Name |  |
| Address 1 |  |
| Address 2 |  |
| City/State/Zip |  |
| Telephone |  |

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| 1. **Program Information** | | | |
| **Type of Program(s)** | **Length of Program(s)** | | Number of positions |
| Podiatric Medicine and Surgery Residency (PMSR) | 36 Months | 48 Months | /// |
| Podiatric Medicine and Surgery Residency with Reconstructive Rearfoot/Ankle Surgery (PMSR/RRA) | 36 Months | 48 Months | /// |

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| 1. **Reason for Request** (*select all that apply*) | |
| Resident(s) will not complete training by June 30 (**please provide a response to question 4**) |
| Resident(s) will not meet the reduced MAV requirements prior to completion of training (**please provide a response to question 5 and provide a copy of the resident(s) MAV/Diversity Report**). |
| Resident(s) will not meet the required rotation requirement prior to completion of training (**please provide a response to question 6**). |

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| 1. **Residents Not Completing Training by June 30, 2020.** For each resident identified, please provide a copy of the resident’s contract or letter of agreement that identifies the length of training and the compensation provided the resident. **This information must be provided no later than May 31, 2020.** | | | |
| **Last Name** | **First Name** | **New Completion Date** | **Reason for Extension of Training** | |
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| 1. **Residents Completing Training Without Meeting Reduced MAV Requirements:** In addition to providing the MAV/Diversity report for residents who do not meet the reduced MAV requirements for surgical cases and procedures,identify and complete the following chart for residents who do not or are not projected to meet the MAV requirements for non-surgical cases. | | | | | | | | | |
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| **Last Name** | **First Name** | **Biomechanics** | **Comp.**  **H&Ps** | **Trauma** | **Podopeds.** | **Reason the resident has not met the MAV(s)** | **Has the resident achieved competence** | **Supporting documentation**  **(must be provided)** | **Comments** |
| **Volume**  **(63)** | **Volume**  **(42)** | **Volume**  **(42)** | **Volume**  **(21)** |
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| 1. **Residents Completing Training Without Meeting Rotation Requirements:** Identify and complete the following chart for residents who do not or will not meet the mandatory rotations requirements. | | | | | | | | |
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| **Last Name** | **First Name** | **Missing Rotation** | **Cause of Disruption of training** | **Alternate Activity** | **Topic** | **Completion Date** | **Supporting Documentation**  **(must be provided)** | **Comments** |
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| 1. **Additional Required Documentation** | |
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|  | A copy of the resident’s original three-year training schedule that clearly identifies the rotation, location, format, and date of each rotation |
|  | A copy of the revised training schedule demonstrating the changes in the residents’ training from February – June 2020 (or until the end of the residents’ training). |

By signing this form, the chief administrative officer(s) and the program director

Chief administrative officer (or DIO) Date

Program director Date

Resident Name and Signature Date

Resident Name and Signature Date

Resident Name and Signature Date

Resident Name and Signature Date

Resident Name and Signature Date

Resident Name and Signature Date