## cid:48F8347D-90B0-4A99-B79D-DE332E9CE8DD@home9312 Old Georgetown Road

## Bethesda, Maryland 20814-1621

## 301-581-9200

**PODIATRIC MEDICINE AND SURGERY RESIDENCY**

***PRE-EVALUATION REPORT***

The Council on Podiatric Medical Education and the Residency Review Committee require an institution seeking continuing approval of an established podiatric residency to submit this form along with supplemental materials regarding the educational program. This information will be reviewed by the evaluation team prior to the on-site visit.

**This form and supplemental materials provided in response to** **questions 9–12, pages 6–7 be submitted to the Council office on two flash drives in PDF format, as a single bookmarked continuous document**. **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.** Information submitted in multiple files will not be accepted and will be returned to the institution for resubmission. Hand-written responses and hard copy documentation will not be accepted.

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| 1. **Sponsoring Institution Information**
 |
| Sponsoring institution |       |
| Address 1 |       |
| Address 2 |       |
| City/State/Zip |       |
| Telephone |       |
| Website Address |       |

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| 1. **Co-Sponsoring Institution Information (if applicable)**
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| Co-sponsoring institution |       |
| Address 1 |       |
| Address 2 |       |
| City/State/Zip |       |
| Telephone |       |
| Website Address |       |

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

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| 1. **Administration – Sponsoring Institution (include professional degrees when applicable, e.g., DPM, MD, DO, etc.)**
 |
| Chief Administrative Officer |       |
| Designated Institutional Official |       |
| Chief of Podiatric Staff |       |
| Chief of Medical Staff |       |
| Director of Graduate Medical Education |       |
| Chief of Surgical Staff |       |

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| 1. **Administration – Co-sponsoring Institution (if applicable)**
 |
| Chief Administrative Officer |       |
| Designated Institutional Official |       |
| Chief of Podiatric Staff |       |
| Chief of Medical Staff |       |
| Director of Graduate Medical Education |       |
| Chief of Surgical Staff |       |

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| 1. **Program Information**
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|  | **Type of Program(s)** | **Length of Program(s)** |
| [ ]  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 |
|  | Number of Approved Positions | PMSR ///PMSR/RRA /// |
|  | Program start and end date (*e.g. July 1 – June 30*) |       |
|  | Resident Stipend | $     , $     , $     , $      |

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| 1. **Residency Policies**
 | YES | **NO** | **N/A** |
|  | The institution has identified a committee responsible for interviewing and selecting residents. If yes, describe the composition of the committee:      | [ ]  | [ ]  | [ ]  |
|  |  Prospective residents are informed in writing of the selection process and conditions of appointment established for the program.If no, please provide an explanation:       | [ ]  | [ ]  | [ ]  |
|  | The institution makes available a written copy of the residency curriculum to the prospective resident.If no, please provide an explanation:       | [ ]  | [ ]  | [ ]  |
|  | Is the applicant charged a fee?If yes, what is the amount?      To whom is the amount paid?       | [ ]  | [ ]  | [ ]  |
|  | The sponsoring institution participates in a national resident application matching service.If no, please provide an explanation:       | [ ]  | [ ]  | [ ]  |
|  | On what date was the interview conducted?       |
|  | On what date did 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). Supplemental materials must refer to the type of residency for which the institution is seeking continuing approval. **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.**

| 1. **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.
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| **Name** | **City, State** | **Accredited****By** | **Percentage****of Training** | **Date Affiliation Signed/****Effective Date** | **Coordinator** |
| **Staff?** | **Name** |
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| 1. **Standard 3 – Polices Affecting the Resident**
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|  | Signed copy of the contract or letter of appointment between the sponsoring institution(s) and each resident for each year of training. ***(requirements 3.8 and 3.9)*** |
|  | Residency manual that will be distributed at the beginning of the program to residents, faculty, and administrative staff involved in the residency. The manual must include at minimum the following components ***(requirement 3.10)***:* 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 ***(requirements 6.1 and 6.4)***
* 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 ***(requirement 6.3)***
* Schedule of didactic activities ***(requirement 6.7)***
* Journal review schedule ***(requirement 6.8)***
* 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 ***(requirement 7.2)***
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|  | Certificate 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. (requirement 3.11)** |

| 1. **Standard 5 – Program Director and Faculty**
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|  | 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. ***(requirement 5.2)*** |
|  | List of podiatric 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 affiliated with other CPME–approved residency programs.If a faculty member is not certified 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. ***(requirements 5.5 and 5.6)*** |
|  | List of non-podiatric 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. ***(requirement 5.6)*** |

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| 1. **Standard 7 – Program and Resident Assessment**
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|  | Copies of completed assessment documents for all rotations for each resident from the start of his/her training. Assessment documents must identify the rotation and duration (e.g. August 1 – August 15, 2015) and include the dates and signatures of the faculty, resident, and program director. ***(requirement 7.2)*** |
|  | Description and copy of the most recent completed annual self-assessment of the program’s resources and curriculum. ***(requirement 7.3)*** |

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| 1. **Miscellaneous Information**
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|  | Copy of the ACLS certificate for each resident ***(requirement 6.5)*** |
|  | List with each resident’s name, the resident’s year of training, residency category (if the program sponsors both a PMSR and PMSR/RRA) and e-mail address. |

***Because the institution must utilize an electronic logging system, the on-site evaluation team will review resident logs online. Council staff will download the logs for each resident’s entire residency experience to be maintained in the institution’s file in the Council office.***

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