CPME Mission and Goals

The Council on Podiatric Medical Education (CPME) 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 goals:

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 program sponsors, and specialty boards.
9. Maintain currency in matters affecting accreditation, certification, and education relative to podiatric medical education.

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.

**CPME Adopts New Residency Standards and Procedures**

At its October 2010 meeting, the Council adopted revisions to the standards and procedures for podiatric residency programs. The new documents—CPME 320, *Standards and Requirements for Approval of Podiatric Medicine and Surgery Residencies*, and 330, *Procedures for Approval of Podiatric Medicine and Surgery Residencies*—will become effective on July 1, 2011.

The adoption of the documents marked the end of a two-year revision process that solicited and responded to ongoing feedback from many in the CPME community of interest, including residency programs, student and young member organizations, professional organizations, and podiatric physicians. The process was highlighted by six open forums, which were attended by more than 300 program directors, residency faculty, and other interested parties. The council also received more than 150 written comments about the proposed document changes.

**What’s New?**

The following is a summary of the most significant changes in each document; however, the council strongly encourages members of the residency community of interest to read and review each document in its entirety.

**CPME 320**

- Creation of a single three-year category: the podiatric medicine and surgery residency (PMSR). Completion of the residency leads to the following certification pathways: the American Board of Podiatric Orthopedics and Primary Podiatric Medicine (ABPOPPM) and foot surgery of the American Board of Podiatric Surgery (ABPS).

- Residencies that can provide a sufficient volume and diversity in reconstructive rearfoot and ankle (RRA) procedures may grant an added RRA credential. Completion of a podiatric medicine and surgery residency with the added credential leads to the RRA certification pathway of ABPS.
- The PMSR may now be conducted primarily in a healthcare institution approved by the Centers for Medicare and Medicaid Services rather than being limited to institutions accredited by the Joint Commission or the American Osteopathic Association.

- The amount of time that the resident may spend at sites located beyond daily commuting distance from the sponsoring institution and/or co-sponsor has been raised from no more than one-twelfth to no more than one-sixth of the residency.

- The council confirmed its previous policy that training provided abroad may not be counted toward rotation requirements.

- Resident interviews may not occur prior to, or be in conflict with, interview dates established by the national resident application matching service with which the residency program participates.

- Applicants must pass both Part I and Part II examinations of the National Board of Podiatric Medical Examiners (NBPME) prior to beginning the residency.

- The sponsoring institution must develop a residency manual that includes all policies and mechanisms affecting the resident.

- The sponsoring institution must provide compensation to the program director that is commensurate with that provided other residency directors at the institution. If the sponsoring institution does not offer other residency programs, then the program director must be compensated equitably with other program directors in the geographic area.

- The individual rotation requirements have been incorporated into the competencies for the podiatric medicine and surgery residency.

- Sponsoring institutions are encouraged to afford the resident training above the minimum expectations identified in CPME 320 and to ensure that the competencies reflect the additional training.

- The infectious disease and internal medicine and/or family practice and medical subspecialties rotations must be scheduled for the equivalent of at least three full-time months of training.

- Patient care activity requirements have been adjusted to either reflect those volumes as required for certifying board qualification or reflect to the extent possible the expectations expressed by the community of interest.

**CPME 330**

- On-site evaluations no longer include observation of resident participation in podiatric patient treatment related to the specialty areas.
During discussions about the approval status of individual residencies, members of the Residency Review Committee (RRC) who served on the most recent residency evaluation team were required previously to recuse themselves from discussion and voting until the council had determined a final approval action. (Please note that the new residency documents renamed the committee.) For each residency visit where a member of the RRC is a member of the evaluation team, the RRC member may now provide a verbal summary of team findings and answer any questions of the committee. For each visit where a member of the RRC is not on the team, a committee member will be designated by council staff as a “liaison” to the team. The liaison communicates the team's findings and presents the team's evaluation report to the committee.

Procedures are established to enable reclassification of one or more non-added credential positions to added credential positions in provisionally-approved and/or approved residencies.

Program transfer procedures have been clarified and identify specific documentation to be submitted by the institutions for consideration by the RRC.

What’s Next?

CPME will provide education and consultation sessions to ensure that residency programs understand the revised standards and procedures. Presentations regarding the revised standards are scheduled in 2011 for the Council of Teaching Hospitals residency interview week, the New York Clinical Conference, the APMA House of Delegates, the Midwest Podiatry Conference, and the APMA Annual Meeting.

All programs will be converted by July 1, 2013 to a PMSR. The conversions will occur either through the regular on-site evaluation process, or, if the program is 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.

APPROVED PROGRAMS (PM&S-24 and/or PM&S-36)

Approved PM&S-24 and PM&S-36 programs scheduled for on-site evaluation during the 2011-2012 and 2012-2013 training years will convert to the PMSR using the normal process – each program will submit pre-evaluation materials, a visit will be conducted, and the RRC and the council will consider approval based on review of the team report.

In early December, the council mailed letters to programs not scheduled for on-site evaluation during the 2011-2012 and 2012-2013 training years with the date by which the program must submit documentation that was identified in accompanying appendices. Generally, the council requested that the program document compliance with new requirements related to medicine rotations, medical case volume, and surgical procedure volume.

The process has been divided into three phases. A third of the programs not scheduled for evaluation during the 2011-2012 and 2012-2013 on-site visit cycles have a deadline of August 1, 2011 to submit information; the second third on February 1, 2012, and the remaining third on
August 1, 2012. Programs were selected based on their next scheduled evaluation date (i.e., those scheduled for 2013-2014 were first).

Once the council receives all documentation from a program, the information will be forwarded to the RRC for review. Based on its review of all documentation, the RRC will forward an approval status recommendation to the council relative to the program’s conversion to a PMSR. All programs will be reclassified to a PMSR, with the current number of approved positions each year. As in the case with consideration of all progress reports, the council’s review may result in a request for additional information or a change in the program’s approval status.

Residents in the program at the time of conversion (either through document review and/or on-site evaluation) will have the option of meeting the requirements for and taking the PM&S certificate or meeting the requirements for and taking the PMSR certificate.

Institutions may submit, no later than June 30, 2011, a request for an earlier on-site evaluation to convert the program to a PMSR rather than participating in the document conversion process. The council will consider such requests on a case-by-case basis. If the request is approved, the council will notify the institution of the cycle (spring or fall, 2011-2012 or 2012-2013) in which the on-site evaluation will be conducted; the institution will need to submit the pre-evaluation form, supplemental documentation, and fee by a date identified by the council.

PROGRAMS ELIGIBLE FOR ON-SITE EVALUATION

In-progress applications for provisional approval had to be approved by the RRC by February 1 and on-site evaluations conducted by June 30, 2011 for the program to be approved as either a PM&S-24 or PM&S-36.

From February 1 through the end of June 2011, committee consideration of each application (in progress or new) will be for approval as a PMSR, using the new CPME 320 (dated July 2011). In general, the directors of programs will be asked to submit additional information related to certain revised and/or new requirements (as determined by the RRC) for consideration first for eligibility for on-site evaluation and then later for approval using the new CPME 320 (dated July 2011).

CPME Responds to Need for Additional Residency Positions

Similar to the council’s early 2009 effort to facilitate increases in positions in approved podiatric residency programs, the council completed the following process in December 2010:

- Council staff reviewed the clinical experience summaries (both medical and surgical) reported on Podiatry Residency Resource (PRR) by graduating residents to determine the level of clinical experiences afforded during the course of their training. This review included only approved programs; programs on probationary or provisional approval as of November 1, 2010 were not considered.
A subcommittee of the council considered the resident clinical experience data during a December 1 conference call and identified those programs having the clinical capacity to increase positions.

Each residency program identified as having the clinical capacity to increase positions was notified in December of the council’s review of the program and decision to authorize the increase. The correspondence from the council explained the rationale for the change in the council’s procedures, and requested confirmation from the chief administrative officer of the sponsoring institution of its decision to accept or decline the authorization to increase residency positions.

Letters from the Council were forwarded on December 7 to 112 directors of podiatric medical education authorizing a total of 155 new residency positions. Articles describing the process appeared in the January issues of the APMA News and in several APMA eNews/News Briefs. The council is pleased to report that the letters have again created considerable conversation about the need for additional positions and the positive steps that have been taken by the council.

A follow-up email to those programs that received the authorization was sent in late December and another email will be forwarded in February to stress the importance of accepting the increase (or at least giving it serious consideration).

Institutions for which the council did not authorize an increase in positions and which are not on probation may still request an increase in positions. The application form, CPME 345, Application for Increase in Positions, is available on the council’s website, under Residencies. Complete applications are forwarded to the Joint residency Review Committee for consideration during one of the committee’s monthly conference calls or biannual meetings.

**Colleges of Podiatric Medicine**

The Accreditation Committee is responsible for recommending to the council candidacy of new and accreditation of existing colleges, schools, and programs 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 2010 meetings.

**April 2010**

The candidate status on-site evaluation of the College of Podiatric Medicine at the Western University of Health Sciences in Pomona, California was conducted from February 8-10, 2010. At its April 2010 meeting, the council granted candidate status of the college based on review of the evaluation team report. The council’s procedures call for the accreditation process to be completed before the first student graduates from the new college, after a second site visit is conducted during the third year of operation. The council may elect to conduct subsequent on-site visits throughout the candidate status period and, in fact, scheduled a focused on-site
evaluation of the college in early 2011 to monitor the continued development of the curriculum. The college, which admitted its first students in September 2009, is seeking to become the ninth CPME-accredited college of podiatric medicine.

The committee and council reviewed progress reports from the Barry University School of Podiatric Medicine, New York College of Podiatric Medicine, Ohio College of Podiatric Medicine, and Temple University School of Podiatric Medicine.

The Accreditation Committee reviewed the Annual Summary Data Report submitted by each accredited college. The committee requested for the October 2010 meeting a description of the actions taken or planned by three colleges to bring themselves into compliance with the minimum criteria related to graduation rates and/or NBPME test scores. The council also requested additional information from six colleges related to their annual reports.

The Committee reviewed the annual report form that was used for the first time in 2010. The Committee asked that several substantive revisions be made to the form, which were discussed further by the Committee and then approved by the Council.

October 2010

The committee and council reviewed progress reports from the Barry University School of Podiatric Medicine, California School of Podiatric Medicine at Samuel Merritt College, New York College of Podiatric Medicine, and Western University College of Podiatric Medicine.

Through the 2008-2009 academic year, the council’s annual report included numerous tables summarizing data collected for the colleges of podiatric medicine and podiatric residency programs. Although the effort has been delayed, the council is pleased to be working with the American Association of Colleges of Podiatric Medicine to publish later this year the first annual college and residency statistical update.

Residency Programs

The JRRC 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 JRRC meets semiannually to deliberate and recommend approval of residency programs.

During 2010, the council and the JRRC conducted on-site evaluations of 57 new and approved residency programs. As of December 2010, the council had authorized 521 year-one residency positions, representing an increase of 25 year-one positions from the number presented in the council’s 2009 annual report.
Second Annual Residency Evaluator Conference Held in Chicago

Thirty-four evaluators learned what the words responsibility, confidentiality, standards, requirements, collaboration, review, and interview have to do with each other at the second annual evaluator training conference held in Chicago on May 21-22. Members of the Collaborative Residency Evaluator Committee (CREC) presented via lecture, discussion, PowerPoint presentations, and question and answer detailed information on the standards and requirements for residency training, how to apply them consistently when reviewing training programs, and how to accurately report the findings of the team in the online team report. CREC is a shared effort of ABPOPPM, ABPS, and the council to develop and implement procedures to select and train podiatric residency evaluators and team chairs (among other residency evaluator-related activities). The nine-member committee is composed of the senior staff and two other individuals from each of the organizations.

Twelve new evaluators recommended by ABPOPPM and/or ABPS and 22 experienced evaluators were invited in early 2010 to attend the conference. A CD loaded with the documents required for a residency evaluation visit (pre-evaluation materials, CPME publications 320 and 330, the protocol for residency evaluation teams, and checklist for reviewing affiliation agreements and contracts) was sent to the evaluators after the invitation was accepted, as was the password to access a pre-conference quiz on SurveyMonkey.

Armed with this documentation, the evaluators were then treated to the collective knowledge of the committee members, all of whom are involved either directly with residency programs as directors, attendings, or evaluators, or indirectly as staff of the organizations involved in the residency approval process.

James Lamb, CREC member and ABPS Executive Director, explained the interrelationships between the boards and the council, the consequence of board representation on the site visits, and the importance of collaboration among the on-site evaluators.

CPME Associate Director, Loretta Waldron, described the process of how the on-site evaluation team report moves from the team to the JRRC and council. She reminded the evaluators of the importance of using their analytic thinking skills, podiatric expertise, and writing abilities during the visit.

Tim Ford, DPM, director of the PM&S-36 program sponsored by Jewish Hospital and St. Mary’s Health Care in Louisville, Kentucky, chair of the JRRC, and team chair on many on-site evaluations, emphasized the responsibility of the team members to review and understand the pre-evaluation materials submitted by the institution, well before the conduct of the visit. He also reminded the attendees of the confidentiality of all documents and information obtained via interview during the evaluations.

ABPS board member and ABPS representative to the committee, Dr. Randall Dei, stressed the importance of the interview in verifying the documentation provided and obtaining new information related to the program. Dr. Dei also reminded the participants that when it comes time to put their findings to paper, consistency is key. What is reported in the individual sections
of the report should be consistent with the summary and findings of the team. Dr. Dei is the
director of a new residency program at Columbia St. Mary’s Hospital in Milwaukee, Wisconsin
and has served as team chair on many visits.

Gregg Young, DPM, CREC member, team chair on many on-site evaluations, and director of the
PM&S-36 program sponsored by Intermountain Medical Center in Murray, Utah, in
collaboration with Drs. Ford and Dei, presented an extensive review and discussion of
appropriate and inappropriate logging of procedures and cases by residents in PRR.

The other members of CREC, Kathleen Satterfield, DPM, ABPOPPM representative; Marc
Benard, DPM, ABPOPPM executive director; and Nahla Wu, CPME assistant director engaged
the evaluators in lively discussion and provided insight on how to assess each of the seven
standards.

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, most podiatric medical graduates complete at
least two 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 specialty residency.

During 2010, the Council and JRRC conducted on-site evaluations of four new and approved
fellowship programs. As of October 2010, the council had approved 12 fellowships with a total
of 25 positions.

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, Standards,
Requirements, and Guidelines for Approval of Sponsors of Continuing Education in Podiatric
Medicine. 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 2010, the council approved 60 continuing education sponsors.

**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 ABPOPPM and ABPS.

Of 23 candidates, 16 successfully completed the 2010 podiatric medicine and orthopedics certification examination and were granted diplomate status. A total of 2,410 individuals currently hold diplomate status in primary podiatric medicine and/or podiatric orthopedics.

Of 299 candidates, 208 successfully completed the 2010 podiatric surgery certification examination in foot surgery and were granted diplomate status. Of 138 candidates, 80 successfully completed the 2009 podiatric surgery certification examination in foot and ankle surgery (or ankle surgery only) and were granted diplomate status. A total of 6,683 individuals currently hold diplomate status in podiatric surgery.

**Online Advances**

The council continues its efforts to increase its utilization of technology in each area of its operations.

**Related to the council’s database:** The council’s consultant completed the project to establish an accounting functionality for the Access database, thereby eliminating the need to input data into both the Access database and the iMIS database that the council has used for a number of years. The database has become the focal point in maintaining day-to-day information regarding residency programs and sponsors of continuing education. Use of the database has expanded to facilitate production of CPME publications 300, *Approved Residencies in Podiatric Medicine*, and 700, *Approved Sponsors of Continuing Education*.

**Related to residencies:** On-site evaluation reports and annual reports have been completed online for the past four years. The council and JRRC streamlined the annual report so that it is less time intensive for program directors to complete and council staff to review. Both documents continue to play an integral role in the review of residency programs both between and during committee meetings.
CDs, flash drives, and websites that may have a limited life span are useful, but clearly temporary, methods of sharing information. The Executive Committee is considering whether to utilize either the APMA website or an outside vendor to facilitate online submission of all application, pre-evaluation, and progress report materials.

Related to continuing education: Sponsors of continuing education transitioned to digital submission of petitions online beginning with the September 2008 Continuing Education Committee meeting. Annual reports were submitted using Adobe fillable forms beginning in November 2010.

Related to colleges: The council and the Accreditation Committee now accept only digitally transmitted progress reports and self-studies and appendices. Beginning with the 2009-2010 academic year, college annual reports were submitted online.

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. The council’s next petition for continued recognition will be considered in 2011.

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 2013-2014.
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.

Meetings of the Council

The CPME held its 2010 meetings on April 21-24 and on October 13-16.

At the April 2010 meeting, Dr. Robert M. Yoho of Des Moines, Iowa was re-elected by the Council as chair, and Dr. Timothy C. Ford of Louisville, Kentucky was re-elected as vice chair.

Dr. Raymond Esper retired from the Council following distinguished service to CPME.

The council reelected Drs. Stephanie J. Belovich of Independence, Ohio for a three year term of office as an at-large member. The Council reelected Andrew Weiss of Bethesda, Maryland and Dr. Sheila Ortego of Santa Fe, New Mexico for three year terms of office as public members. The Council elected Dr. Ronald Soave of Brooklyn, New York as an at-large member.

The following individuals were members of CPME committees as of October 1, 2010:

Accreditation Committee: Dr. Carl H. Stem, chair; Dr. John H. Becker, Dr. Stephanie J. Belovich, Dr. Denise Freeman, Dr. Sheila Ortego, Dr. Terry Spilken, Dr. Michael Trepal, and Mr. Andrew A. Weiss.

Budget Planning Committee: Dr. Timothy C. Ford, chair; Dr. Carl H. Stem, Mr. Andrew A. Weiss, and Dr. Robert M. Yoho.

Continuing Education Committee: Mr. Andrew A. Weiss, chair; Ms. Lara F. Beer-Caufield, Dr. Lori DeBlasi, Dr. David H. George, Dr. Charles Lombardi, and Dr. Thomas Leecost.

Joint Committee on the Recognition of Specialty Boards: Dr. Kathleen M. Pyatak-Hugar, chair; Ms. Kimberly Hite, Dr. Charles Lombardi, Dr. Jeffrey Robbins, Dr. Michael Robinson, Ms. Dianne Rogers, and Dr. Gregg Young.

Joint Residency Review Committee: Dr. Timothy C. Ford, chair; Dr. William Chagaras, Dr. Lori DeBlasi, Dr. Randall L. Dei, Dr. Raymond P. Esper, Dr. Stephen Geller, Dr. Karen K. Luther, Dr. Elliot Michael, Dr. Oleg Petrov, and Dr. Joseph Treadwell.
Nominating Committee: Dr. Robert M. Yoho, chair; Dr. Daniel J. Bareither, Dr. Brian Carpenter, Dr. Timothy C. Ford, Dr. Thomas Melillo, and Dr. Terry Spilken.

2010 Schedule of On-site Evaluations

Spring 2010

College of Podiatric Medicine

College of Podiatric Medicine, Western University of Health Sciences, Pomona, California
(comprehensive candidate status visit)

Residency Programs

ARIZONA
Maricopa Medical Center, Phoenix (PM&S-36)
Southern Arizona Veterans Affairs Health Care System, Tucson (PM&S-36)

CALIFORNIA
Aestheticare Surgery Center and Mission Hospital Regional Medical Center, San Juan Capistrano (PM&S-36)
College Hospital Costa Mesa, Costa Mesa (PM&S-24)
Department of Veterans Affairs Medical Center, San Francisco (PM&S-36)
Jerry L. Pettis Memorial Veterans Affairs Medical Center, Loma Linda (PM&S-36)

CONNECTICUT
Bridgeport Hospital, Bridgeport (PM&S-24)
Yale New Haven Hospital–Veterans Affairs Healthcare System, New Haven (PM&S-36)

DELAWARE
Christiana Care Health Services, Wilmington (PM&S-36)

FLORIDA
Larkin Community Hospital, South Miami (PM&S-24)
Mount Sinai Medical Center, Miami Beach (PM&S-36)
South Miami Hospital, South Miami (PM&S-36)

ILLINOIS
Saint Joseph Hospital and North Chicago VA Medical Center, Chicago (PM&S-36)
Mercy Hospital and Medical Center, Chicago (PM&S-36)

LOUISIANA
Ochsner Medical Center–Kenner, Kenner (PM&S-36)
MASSACHUSETTS  
   Caritas St. Elizabeth’s Medical Center, Boston (PM&S-36)  
   MetroWest Medical Center, Framingham (PM&S-36)  

MICHIGAN  
   Detroit Medical Center, Detroit (PM&S-36)  
   Genesys Regional Medical Center, Grand Blanc (PM&S-36)  
   POH Medical Center, Pontiac (PM&S-24)  
   Providence Hospital and Medical Center, Southfield (PM&S-36)  
   St. Mary Mercy Livonia, Livonia (PM&S-36)  

NEW MEXICO  
   New Mexico Veterans Affairs Health Care Systems and Kaiser Foundation Hospital  
     (Sacramento), Albuquerque (PM&S-36)  

NEW YORK  
   Benedictine Hospital, Kingston (PM&S-36)  
   Forest Hills Hospital, Forest Hills (PM&S-36)  
   Mount Sinai Hospital of Queens, Astoria (PM&S-36)  
   Saint Barnabas Hospital, Bronx (PM&S-24 and PM&S-36)  

NEW JERSEY  
   Cooper University Hospital, Camden (PM&S-24)  

OHIO  
   The Christ Hospital, Cincinnati (PM&S-36)  
   University Hospital/University of Cincinnati College of Medicine, Cincinnati (PM&S-36)  

PENNSYLVANIA  
   Roxborough Memorial Hospital, Philadelphia (PM&S-36)  
   University of Pittsburgh Medical Center Mercy, Pittsburgh (PM&S-36)  

WASHINGTON  
   Franciscan Health System–St. Francis Hospital, Federal Way (PM&S-36)  

TEXAS  
   Scott & White Memorial Hospital, Temple (PM&S-36)  

Fellowship Programs  

MICHIGAN  
   Detroit Medical Center, Detroit, MI (Fellowship in Diabetic Feet)  

OHIO  
   University Hospitals Richmond Medical Center, Richmond Heights (Fellowship in Advanced Foot and Ankle Reconstructive Surgery)
University Hospitals Richmond Medical Center, Richmond Heights (Fellowship in Infectious Disease and Wound Care)

VERMONT
Gifford Medical Center, Randolph (Fellowship in Podiatric Sports Medicine)

Fall 2010

Residency Programs

ALABAMA
Central Alabama Veterans Health Care System, Montgomery (PM&S-24)

CALIFORNIA
Department of Veterans Affairs Palo Alto Health Care System, Palo Alto (PM&S-36)

COLORADO
Eastern Colorado Health Care System, Denver (PM&S-36)

FLORIDA
JFK Medical Center, Atlantis (PM&S-36)
Mercy Hospital and Barry University School of Podiatric Medicine, Miami (PM&S-36)
Saint Vincent's Medical Center, Jacksonville (PM&S-24)

MICHIGAN
Botsford General Hospital, Farmington Hills (PM&S-36)
Saint John Macomb–Oakland Hospital, Warren (PM&S-36)
Southeast Michigan Surgical Hospital, Warren (PM&S-36)

NEW YORK
Gouverneur Healthcare Services, New York (PM&S-24)
Montefiore Medical Center, Bronx (PM&S-36)
New York Downtown Hospital, New York (PM&S-36)
Our Lady of Lourdes Memorial Hospital, Binghamton (PM&S-36)

NORTH CAROLINA
Womack Army Medical Center and Dwight D. Eisenhower Army Medical Center, Fort Bragg (PM&S-36)

OHIO
The Ohio State University Medical Center, Columbus (PM&S-36)

 PENNSYLVANIA
Aria Health, Philadelphia (PM&S-36)
Department of Veterans Affairs Medical Center, Philadelphia (PM&S-36)
Hahnemann University Hospital, Philadelphia (PM&S-36)
Millcreek Community Hospital, Erie (PM&S-36)
The Western Pennsylvania Hospital, Pittsburgh (PM&S-36)

VIRGINIA
  Eastern Virginia Medical School, Norfolk (PM&S-24)

WASHINGTON, DC
  Howard University Hospital (PM&S-24)

WISCONSIN
  William S. Middleton Memorial Veterans Hospital, Madison (PM&S-36)
The time and efforts of many dedicated volunteer leaders are required for the accreditation and approval review processes. CPME members and staff extend their appreciation and gratitude to all those who reviewed self-studies, interim reports, and evaluation documents and conducted site visits. Special thanks are due the individuals who participated in on-site reviews of programs of all types for initial and continuing accreditation and approval during the past academic year. We could not have accomplished our work without them.

Terence A. Alvey, DPM; Evansville, IN
Joseph M. Anain, DPM; Williamsville, NY
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Richard T. Braver, DPM; Englewood, NJ
Edward Buro, DPM; Commack, NY
William E. Chagares, DPM; North Chicago, IL
Sanford M. Chesler, DPM; Avondale, AZ
Jon Contompasis, DPM; Wilmington, DE
Stephen Corey, DPM; Kingstree, SC
Gregory F. Davies, DPM; Syosset, NY
Lori DeBlasi, DPM; Marysville, OH
Randall L. Dei, DPM; Franklin, WI
Michael P. DellaCorte, DPM; Maspeth, NY
J. Marshall Devall, DPM; Temple, TX
Paul DiLiddo, DPM; St. Clair Shores, MI
Amy Duckworth, DPM; Fair Oaks, CA
Timothy C. Ford, DPM; Louisville, KY
Craig Garfolo, DPM; Stockton, CA
Stephen Geller, DPM; Phoenix, AZ
David H. George, DPM; Leonia, NJ
Steven Goldman, DPM; Dix Hills, NY
Larry R. Goss, DPM; Philadelphia, PA
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
Gilbert Hice, DPM; Gold Hill, OR
Joseph Hogan, DPM; Binghamton, NY
Beth Jarrett, DPM; North Chicago, IL
Craig Jex, DPM; Negaunee, MI
Lester J. Jones, DPM; Santa Monica, CA
Rodney Kosanovich, DPM; McKees Rocks, PA
Steven M. Krych, DPM; Austin, TX
Loretta Logan, DPM; Bronx, NY
Charles M. Lombardi, DPM; Bayside, NY
Karen Luther, DPM; Gibsonia, PA
Brian MacDonald, DPM; Royal Oak, MI
Amira Mantoura, DPM; Stamford, CT
John T. Marcoux, DPM; Sudbury, MA
Lauri McDaniel, DPM; Union City, CA
Larry Menacker, DPM; Holland, PA
Thomas J. Merrill, DPM; Miami, FL
Elliot Michael, DPM; Portland, OR
Rosemay Michel, DPM; Fayetteville, NC
Roya Mirmiran, DPM; Albuquerque, NM
Mark H. Moss, DPM; Bearland, TX
Coleen H. Napolitano, DPM; Maywood, IL
John P. Nelson, DPM; Miami Shores, FL
William Noorlag, DPM; Elmhurst, IL
David C. Novicki, DPM; Orange, CT
Gina Painter, DPM; Great Falls, MT
Oleg Petrov, DPM; Chicago, IL
Martin M. Pressman, DPM; Milford, CT
Kathleen Pyatak-Hugar, DPM; New York, NY
Paul Richter, DPM; Tampa, FL
Charles F. Ross, DPM; Pittsfield, MA
Gerard C. Saponara, DPM; East Syracuse, NY
Kathleen Satterfield, DPM; Boerne, TX
Michael Sears, DPM; Oakland, NJ
Mitchell D. Shikoff, DPM; Bensalem, PA
Ronald L. Soave, DPM; Brooklyn, NY
Marshall Solomon, DPM; Farmington, MI
Charles Southerland, DPM; Miami Shores, FL