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APPLICATION FOR INCREASE OR RECLASSIFICATION OF RESIDENCY POSITIONS

Increases in or reclassification of residency positions are considered by the Residency Review Committee (RRC) and authorized by the Council on Podiatric Medical Education (CPME or Council).

The application must be submitted prior to activation or reclassification of the residency position(s), preferably at least six months before the anticipated effective date. The effective date of granting an authorization of increased or reclassified residency positions by the RRC and Council will be no earlier than the date on which the program has both authorization of the increase and the additional resident(s) in place or reclassification of the program. A program on probationary approval may not request an increase in or reclassification of positions.

Please submit this form **via email to CPMestaff@cpme.org**. Hand-written responses and hard copy documentation will not be accepted.

An **application fee**, made payable to the Council on Podiatric Medical Education, must accompany the application. The application will not be processed until the sponsoring institution submits all required materials, including the application fee. [Residency Fees are posted on the CPME website.](#)

1. Sponsoring Institution Information

Sponsoring institution	
Address 1	
Address 2	
City/State/Zip	

2. Co-sponsoring Institution Information (if applicable)

Co-sponsoring institution	
Address 1	
Address 2	
City/State/Zip	

3. Program Information (as defined in [CPME 320, Standards and Requirements for Approval of Podiatric Medicine and Surgery Residencies](#))

☐ Reclassification

☐ Increase in positions

Category	Length in Months		Current Number of Approved Positions	Requested Number of Approved Positions
<input type="checkbox"/> PMSR	<input type="checkbox"/> 36	<input type="checkbox"/> 48	/ / /	/ / /
<input type="checkbox"/> PMSR/RRA	<input type="checkbox"/> 36	<input type="checkbox"/> 48	/ / /	/ / /

Note – Programs reclassifying from PMSR/RRA to PMSR should refer to CPME 330, page 24 for information related to required documents and the reclassification process.

Programs must wait seven months to reapply if an initial application is denied.
Has the program applied for this before?

Yes / No

If yes, what changes have occurred since the prior application?

4. Is the increase/reclassification request based on current case volume (reflected solely in the Institution's cases as logged in Podiatry Residency Resource) or is the increase request based on new resources?

☐ The increase/reclassification request is based on **current case volume** and is reflected solely in the Institution's logs

☐ The increase/reclassification request is based on **new training resources (please provide a response to questions 6-8)**

5. Podiatric and Non-Podiatric Staff.

The request is based on an increases in active podiatric staff and/or non-podiatric medical staff. **If yes, please complete the chart below. If no, proceed to question 7**

☐ Yes ☐ No

Name and Degree (DPM, MD, DO)	Certification (e.g. ABPM, ABFAS)	Type of training (i.e. podiatric surgery, podiatric medicine, other)	Category and Volume of Cases (recent 12 moths)	Anticipated increase in Volume (% of cases)

6. Training Resources: Identify any changes to current rotations (increase or decrease in the length of training). If the program has either developed new or revised existing rotations, **provide an updated copy of the training schedule for all three years of training and competencies and assessments for each new or revised rotation(s).**

Rotation	Changes	Length (weeks)	Format (block/sequential)	Location
Comments:				

7. New Training Site(s): If training is offered for the first time in another institution(s), provide the following information for each training site (e.g., hospital, surgery center, private practice office). For each institution identified below, provide **copies of executed affiliation agreements** between the sponsoring institution and the affiliates.

Name	City, State	Category and Volume of Cases
Comments:		

The statistics below must be taken directly from PRR using the ‘Clinical Log Summary Overall Program’ report and must document the most recent twelve months of training. Please only input information for a twelve-month period. Please also provide a pdf copy of the PRR report you have used to obtain the information.

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 100 (50 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.

The RRC will be reviewing the logs of current and recently graduated residents to confirm these numbers. If the request for an increase is based solely on current case volume, resident logs must demonstrate appropriate volume in all categories in order for the increase request to be approved.

**Statistics Below Cover the Following 12-month time period
to _____**

Case Category	Required Minimum Activity Volume per resident (MAV)	Clinical Log Summary Overall Program (12 months from PRR) (A)	MAVs needed for the residents requested per training year (B)	Sufficient volume A>B=Yes A<B=No
<i>Example</i>	50	89	2x50 = 100	NO
1. Digital Surgery	80			
2. First Ray Surgery	60			
3. Other Soft Tissue Foot Surgery	45			
4. Other Osseous Foot Surgery	40			
5. Reconstructive Rearfoot/Ankle Surgery	50			
Total Surgery	300			
6. Other Podiatric Procedures	100			
7. Biomechanics	50			
8. History and Physical Examination	50			
11. Lower Extremity Wound Care	50			
All Trauma	50			
Podopediatric	25			
<u>Procedure Activities</u>				
First and second assistant procedures (total)	400			

If numbers are **marginal** (do not exceed 10% of the MAV requirement) in any category, please provide an explanation as to how the institution will provide a sufficient number of cases/procedures to support the requested increase. Please indicate whether the additional cases/procedures are obtained from uncovered cases, new locations, new rotations, etc.

Category	Explanation

CPME requires that any medical documentation submitted must have patient identifiers redacted. Any material submitted to CPME that does not comply with these requirements will not be accepted by the RRC and Council and will be deleted.

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

CAO of co-sponsoring institution Date
(if applicable)

Chief administrative officer (or DIO) printed name

CAO of co-sponsoring institution printed name
(if applicable)

Program director Date

Program director printed name