

**Joint Residency Review Committee
Council on Podiatric Medical Education
9312 Old Georgetown Road
Bethesda, Maryland 20814-1621
301-581-9200**

PRE-EVALUATION REPORT

- **Two CDs or flash drives** of this form and of the documentation in response to question 26, pages 3-4 (supplemental materials) must be submitted to the Council office. Responses must be generated by computer. Hard copy documentation is no longer required.

The report will not be processed without the correct number of copies and all required supplemental materials.

1. Sponsoring institution:
2. Address:
3. City, state, zip:
4. Telephone:
5. Fax:
6. Number of beds:
7. Co-sponsoring institution:
8. Address:
9. City, state, zip:
10. Telephone:
11. Fax:
12. Number of beds:
13. Director of podiatric medical education:
14. Office address (where all correspondence will be mailed):
15. City, state, zip:
16. Telephone:

17. Fax:
18. Email:
19. Pager number:
20. Type of program as defined in CPME 320: (Check only one category. If the institution offers programs in both categories, a Pre-Evaluation Report *and all supplemental materials* must be submitted for each program.)

Podiatric Medicine and Surgery-24 (PM&S-24)

Podiatric Medicine and Surgery-36 (PM&S-36)

21. Indicate number of approved residency positions in each year of training: ____/____/____

22. Program begins (m/d/y)_____ ends (m/d/y) _____

23. Indicate the resident's stipend in each year of training: \$____/\$____/\$____

24. Does the institution sponsor approved internships or residency programs other than in podiatric medicine?

Yes No

If yes, list types of programs:

25. List the names and professional degrees of persons holding the following staff positions (if applicable).
- (a) Sponsoring institution's chief administrative officer:
 - (b) Chief of podiatric staff:
 - (c) Chief of medical staff:
 - (d) Chief of surgical staff:
 - (e) Director of medical education:

26. Supplemental materials: The following items must be submitted on each CD or flash drive (see page 1 of the report). Supplemental materials must refer to the category of the residency in Podiatric Medicine and Surgery for which it is approved. Items (a) through (m) are referenced to the applicable requirements in CPME 320.
- (a) Documentation of accreditation for each institution (e.g., hospitals, offices, nursing homes, etc.) participating in the residency program (including the sponsoring institution). (Requirement 1.2)
 - (b) Signed written agreement between the sponsoring institution and each co-sponsoring and/or affiliated institution and/or facility. (Requirements 1.1 and 1.3)
 - (c) One copy of the contract(s) or letter(s) of appointment between the sponsoring institution(s) and the resident for each year of training. Include a list with the name of each resident, the name of the program in which the resident is in, and the resident's year of training. (Requirements 3.8 and 3.9)
 - (d) The mechanism of appeal, remediation methods, and rules and regulations for the conduct of the resident. Written acknowledgement(s) from each resident confirming receipt of these policies. (Requirement 3.10)
 - (e) The certificate verifying satisfactory completion of training requirements. (Requirement 3.11)
 - (f) Curriculum vitae of the director of podiatric medical education and a statement providing evidence that the director possesses appropriate clinical, administrative, and teaching qualifications suitable for implementing the residency. (Requirement 5.2)
 - (g) List of podiatric medical faculty actively involved in the program with educational and professional qualifications of each (i.e., for each staff member, list only name, degree, and affiliations with certifying and professional organizations). (Requirements 5.5 and 5.6)
 - (h) List of non-podiatric medical faculty actively involved in the program with educational and professional qualifications of each (i.e., for each staff member, list only name, degree, and affiliations with certifying and professional organizations). (Requirements 5.5 and 5.6)
 - (i) A list of the competencies to be achieved by the resident and identification of the specific training resource(s) to be used to enable resident achievement of each competency. (Requirement 6.1)
 - (j) Each resident's formal schedule for clinical training for the duration of the program. The schedule must relate to the institutions and facilities listed in response to items (a) and (b) above and to the training resources listed in response to item (i) above.

(Requirement 6.3)

- (k) Copy of the BLS/ACLS certificate for each resident. (Requirement 6.12)
- (l) Evidence that didactic activities that complement and supplement the curriculum are available at least weekly. (Requirements 6.14 and 6.15)
- (m) Description and copies of the documentation that will assess and validate the extent to which the resident has achieved the competencies. (Requirement 7.1)
- (n) Copies of promotional materials (e.g., pamphlets, brochures, flyers, etc.).

If the institution utilizes an electronic web-based logging system (e.g., Podiatry Residency Resource), the on-site evaluation team will review the logs online. (The Council requests that the institution submit a copy of each resident's logs on the CDs or flash drives.)

- 27. By signing this form, the chief administrative officer and the director of podiatric medical education confirm the commitment of the institution in providing podiatric residency training.

Chief administrative officer

Date

Director of podiatric medical education

Date

CPME/JRRC 310
Rev: May 2009