

**NOTE TO PROGRAMS:** Resident transfers must be submitted to CPME for review by the RRC chair within 30 days of the resident's official acceptance. Guidance on Resident Transfers can be found in the [CPME 330](#) on page 25 and the [CPME Resident Transfer form](#) must be submitted.

**Available Residency Positions**

**Residency Program:**

Name:           MetroWest Medical Center            
 City:           Framingham           State & Zip:           MA 01702          

**Available Positions:**

PMSR	PMSR/RRA	Program Year (PGY)	# of Available Positions
	x	PGY-1	1

**Positions Open To:**

All Applicants  CASPR Applicants Only  
 Only graduates from the following colleges: \_\_\_\_\_  
 \_\_\_\_\_

**Contact Information:**

Contact Name: Donald Adams	Phone:	Email: dwapod@gmail.com
Alternate Contact: Anne Hill	Phone: 508-383-1555	Email: anne.hill@mwmc.com

**Application Materials Required:**

CASPR Application  Current MAVs   
 NBPME Scores  Other   
 Clinical Evaluations   
 Transcripts   
**Deadline for receipt of materials**  
January 17, 2025

**Submit Application by:**

Email To:           anne.hill@mwmc.com            Fax To #: \_\_\_\_\_  
 Postal Mail To: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Interview Schedule Plan:**           ASAP via phone/zoom for initial interview. On-site visit is required before official decision.          

**Additional Instructions/Comments:**           This position will be open until January 17th, 2025 at 5 PM.            
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