Available Positions

**Residency Program:**

Name: New York Community Hospital

City: Brooklyn  State & Zip: NY 11229

**Available Positions:**

<table>
<thead>
<tr>
<th>PMSR</th>
<th>PMSR/RRA</th>
<th>Program Year (PGY)</th>
<th># of Available Positions</th>
</tr>
</thead>
<tbody>
<tr>
<td>x</td>
<td></td>
<td>PGY-1</td>
<td>2</td>
</tr>
</tbody>
</table>

**Positions Open To:**

- ✔ All Applicants
- □ CASPR Applicants Only
- □ Only graduates from the following colleges: ______________________________________________
  ____________________________________________________________________________________

**Contact Information:**

<table>
<thead>
<tr>
<th>Contact Name:</th>
<th>Phone: 718-435-1031</th>
<th>Email: <a href="mailto:santipodiatry@gmail.com">santipodiatry@gmail.com</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Lawrence Santi</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alternate Contact:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Karen Santi</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Application Materials Required:**

- ✔ CASPR Application
- ✔ NBPME Scores
- ✔ Clinical Evaluations
- ✔ Transcripts
- □ Current MAVs
- □ Other

**Deadline for receipt of materials**

As soon as possible

**Submit Application by:**

- ✔ Email To: santipodiatry@gmail.com
- ✔ Fax To: 718-435-9617
- □ Postal Mail To: ________________________________________________________________
  _______________________________________________________________________________
  _______________________________________________________________________________

**Interview Schedule Plan:**

As soon as possible

**Additional Instructions/Comments:**

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________