

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.

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## Available Residency Positions

### Residency Program:

Name: HealthAlliance Hospital

City: Kingston State & Zip: NY 12401

### Available Positions:

| PMSR | PMSR/RRA | Program Year (PGY) | # of Available Positions |
|------|----------|--------------------|--------------------------|
|      | X        | PGY1               | 1                        |
|      |          |                    |                          |
|      |          |                    |                          |

### Positions Open To:

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

### Contact Information:

|                                  |                        |                                         |
|----------------------------------|------------------------|-----------------------------------------|
| Contact Name:<br>Daniel Rexhouse | Phone:<br>845 483 5480 | Email:<br>daniel.rexhouse@WMChealth.org |
| Alternate Contact:               | Phone:                 | Email:                                  |

### Application Materials Required:

CASPR Application ☒ Current MAVs ☐  
NBPME Scores ☐ Other ☐  
Clinical Evaluations ☐  
Transcripts ☒  
**Deadline for receipt of materials**  
June 2025

### Submit Application by:

☒ Email To: Daniel.Rexhouse@WMChealth.org ☐ Fax To #: \_\_\_\_\_

☐ Postal Mail To: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Interview Schedule Plan: \_\_\_\_\_

\_\_\_\_\_

Additional Instructions/Comments: \_\_\_\_\_

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