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: Lower Bucks Hospital State & Zip: City: PA 19007 Bristol **Available Positions: PMSR** PMSR/RRA Program Year (PGY) # of Available Positions PGY1 Χ **Positions Open To:** X All Applicants CASPR Applicants Only Only graduates from the following colleges: \_\_\_\_\_ **Contact Information:** Contact Name: Phone: Email: Steven Boc, DPM sfbocdpm1@comcast.net 215-429-7366 Alternate Contact: Phone: Email: 215-785-9623 Kplachta@primehealthcare.com Katrina Plachta **Application Materials Required: CASPR** Application Current MAVs X NBPME Scores Other **Clinical Evaluations Deadline for receipt of materials Transcripts Submit Application by:** |X| Email To: \_sfbocdpm1@comcast.net | Fax To #:\_\_\_\_\_ Postal Mail To: Interview Schedule Plan: Interviews will be held virtually. Additional Instructions/Comments: