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: Mohawk Vallley Health System New York 13502 City: State & Zip: **Available Positions: PMSR** PMSR/RRA **Program Year (PGY)** # of Available Positions Χ PGY1 one (1) **Positions Open To:** X All Applicants CASPR Applicants Only Only graduates from the following colleges: **Contact Information:** Contact Name: Phone: Email: (PD) Robert J. Scardina, DPM (617) 840-4167 rscardin@mvhealthsystem.org Alternate Contact: Phone: Email: Imcgurk@mvhealthsystem.org Lori McGurk (315) 360-3951 (PC) **Application Materials Required: CASPR** Application Current MAVs NBPME Scores Other **Deadline for receipt of materials Clinical Evaluations Transcripts** ASAP **Submit Application by:** Postal Mail To: Interview Schedule Plan: telephone interviews

Additional Instructions/Comments: Visit Program website asap

www.mvhealthsystem.org/education/podiatry-residency/