

**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: Wyckoff Heights Medical Center  
 City: Brooklyn State & Zip: New York, 11237

**Available Positions:**

PMSR	PMSR/RRA	Program Year (PGY)	# of Available Positions
X		1	4
	X	1	2

**Positions Open To:**

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

**Contact Information:**

Contact Name: Veronica Nieves	Phone: 718-963-7332	Email: vnieves@wyckoffhospital.org
Alternate Contact:	Phone:	Email:

**Application Materials Required:**

CASPR Application  Current MAVs   
 NBPME Scores  Other   
 Clinical Evaluations   
 Transcripts  **Deadline for receipt of materials**  
 \_\_\_\_\_

**Submit Application by:**

Email To: vnieves@wyckoffhospital.org  Fax To #: \_\_\_\_\_  
 Postal Mail To: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

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