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: Tower Health - Reading Hospital State & Zip: City: West Reading PA 19611 **Available Positions: PMSR** PMSR/RRA **Program Year (PGY)** # of Available Positions PGY1 X **Positions Open To:** X All Applicants CASPR Applicants Only Only graduates from the following colleges: _____ **Contact Information:** Contact Name: Phone: Email: Kevin Naugle, DPM 610-914-4065 kevin.naugle@towerhealth.org Alternate Contact: Email: Phone: Kimberly Blatt 484-628-7167 kimberly.blatt@towerhealth.org **Application Materials Required:** X X **CASPR** Application Current MAVs NBPME Scores Other **Clinical Evaluations Deadline for receipt of materials Transcripts Submit Application by:** Postal Mail To: Interviews will be held virtually Interview Schedule Plan: Additional Instructions/Comments:

NOTE TO PROGRAMS: Resident transfers must be submitted to CPME for review by the RRC chair