# DAVID R. SULLIVAN, DPM, FACFAS, FACCWS

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July 1, 1999 – June 30, 2000

Scholl College of Podiatric Medicine

Doctor of Podiatric Medicine - May 14, 1999

Bachelor of Science – Biology – May 5, 1995

Residency Director: Alan Catanzariti, DPM, FACFAS

#### PERSONAL INFORMATION

Date of Birth:	January 7, 1974
Place of Birth:	Lafayette, Indiana
Marital Status:	Married
<b>EDUCATION</b>	
Residency:	Tucson VA Medical Center
	Tucson, Arizona
	Podiatric Surgical Residency
	July 1, 2000 – June 30, 2001
	Residency Director: Brent Nixon, DPM, FACFAS
Residency:	The Western Pennsylvania Hospital
	Pittsburgh, Pennsylvania
	Primary Podiatric Medical Residency

# LICENSURE

Graduate:

Undergraduate:

2007-PresentState of Indiana<br/>Professional Licensing Agency<br/>Podiatric Medicine Board<br/>Indianapolis, Indiana<br/>State License # 07001049A<br/>CSR # 07001049B2001- 2009State of Illinois<br/>Department of Professional Regulation<br/>Springfield, Illinois<br/>State License # 016-005002

Chicago, Illinois

Indiana University

Bloomington, Indiana

LICENSURE (cont.)

1999 - 2001

Commonwealth of Pennsylvania Department of State, State Board of Podiatry Harrisburg, Pennsylvania State License # SC004565-L

## **BOARD CERTIFICATION**

- 2007 Board Certified in Foot Surgery American Board of Podiatric Surgery
- 2017 Recertified through 2027 -Diplomate, American Board of Podiatric Surgery -Fellow, American College of Foot and Ankle Surgeons
- 2007 Certified Wound Specialist American Academy of Wound Management -Diplomate, American Academy of Wound Management -Fellow, American College of Certified Wound Specialists
- 2017 Recertified through 2027

### PROFESSIONAL MEMBERSHIPS

-American College of Foot and Ankle Surgeons
-American Podiatric Medical Association
-Indiana Podiatric Medical Association
-American Association of Podiatric Practice Management
-Association for the Advancement of Wound Care
-American College of Certified Wound Specialists

#### WORK HISTORY

-May 10, 2008-present – Owner/Podiatric Physician and Surgeon Westfield Foot and Ankle, LLC – Westfield, IN -August, 2009-August, 2019- Attending Physician at Franciscan St. Elizabeth Hospital Advanced Wound Healing Center-Lafayette, IN -February 2010-December 2012- Attending Physician at St. Joseph/St. Vincent Hospital Wound Healing Center- Kokomo,IN -July 16, 2001 – May 9, 2008 – Associate/Podiatric Physician and Surgeon Southern Illinois Foot and Ankle Clinic – Carbondale, IL

Continuing Podiatric Medical Education Credits upon request References and Recommendations upon request