CURRICULUM VITAE

Name

DATE OF CV

Personal Information:

|  |  |
| --- | --- |
| **Work** | **Home** |
| Address  Address  Address | Address  Address  Address |
| Phone: | Citizenship: |
| Fax: |  |
| Work Email: | |

Education and Professional Appointments

Education:

|  |  |
| --- | --- |
| *Year* | *Degree, Field, Institution, City* |
|  |  |

Post-Graduate Training:

|  |  |
| --- | --- |
| *Year-Year* | *Training Type, Field, Mentor, Department, Institution, City* |
|  |  |

Academic Appointments:

|  |  |  |
| --- | --- | --- |
| *Year-Year* | *Appointment* | *Department, Institution, City, Country* |
|  |  |  |

Clinical Appointments:

|  |  |  |
| --- | --- | --- |
| *Year-Year* | *Appointment* | *Department, Institution, City, Country* |
|  |  |  |

Administrative Appointments:

|  |  |  |
| --- | --- | --- |
| *Year* | *Description* | *Institution, City, State, Country* |
|  |  |  |

Licensure, Certifications

Licensure:

|  |  |
| --- | --- |
| *Year* | *License number, State, Status* |
|  |  |

Board Certification or Eligibility:

|  |  |
| --- | --- |
| *Year* | *Board, State, Status* |
|  |  |

Specialty Certification:

|  |  |
| --- | --- |
| *Year* | *Specialty Certification, Status* |
|  |  |

Other Certifications or Examinations:

|  |  |
| --- | --- |
| *Year* | *Certification or Exam, Status* |
|  |  |

Honors, Awards:

|  |  |  |
| --- | --- | --- |
| *Year* | *Description* | *Awarding agency, address, city* |
|  |  |  |

Teaching

Didactic Teaching:

*Institution*

|  |  |  |  |
| --- | --- | --- | --- |
| *Year-Year* | *Course Name* | *Units/Hrs* | *Role* |
|  |  |  |  |

*Institution*

|  |  |  |  |
| --- | --- | --- | --- |
| *Year-Year* | *Course Name* | *Units/Hrs* | *Role* |
|  |  |  |  |

CME Courses Developed

*Institution*

|  |  |  |  |
| --- | --- | --- | --- |
| *Year-Year* | *Course Name* | *Units/Hrs* | *Role* |
|  |  |  |  |

Undergraduate, Graduate and Medical Student (or Other) Mentorship:

|  |  |  |  |
| --- | --- | --- | --- |
| *Year-Year* | *Trainee Name* | *Trainee Type* | *Dissertation/Thesis/Project Title* |
|  |  |  |  |

Graduate Student Thesis, Exam and Dissertation Committees:

|  |  |  |  |
| --- | --- | --- | --- |
| *Year-Year* | *Trainee Name* | *Committee Type* | *Student Department* |
|  |  |  |  |

Postgraduate Mentorship:

|  |  |  |
| --- | --- | --- |
| *Year-Year* | *Trainee Name* | *If past trainee, current position and location* |
|  |  |  |

Mentorship of Faculty:

|  |  |  |
| --- | --- | --- |
| *Year-Year* | *Mentee Name* | *Mentee Department* |
|  |  |  |

Service

Department Service:

|  |  |  |
| --- | --- | --- |
| *Year-Year* | *Position, Committee* | *Organization/Institution* |
|  |  |  |

Medical School Service:

|  |  |  |
| --- | --- | --- |
| *Year-Year* | *Position, Committee* | *Organization/Institution* |
|  |  |  |

Hospital or Medical Group Service:

|  |  |  |
| --- | --- | --- |
| *Year-Year* | *Position, Committee* | *Organization/Institution* |
|  |  |  |

University Service:

|  |  |  |
| --- | --- | --- |
| *Year-Year* | *Position, Committee* | *Organization/Institution* |
|  |  |  |

Professional Service:

|  |  |  |
| --- | --- | --- |
| *Year-Year* | *Position, Committee* | *Organization/Institution* |
|  |  |  |

Consultantships and Advisory Boards:

|  |  |  |
| --- | --- | --- |
| *Year* | *Position, Board* | *Organization/Hospital/School, Institution* |
|  |  |  |

Professional Society Memberships:

|  |  |
| --- | --- |
| *Year- Year* | *Society* |
|  |  |

Community Service:

|  |  |  |  |
| --- | --- | --- | --- |
| *Year-Year* | *Position* | *Organization/Institution, City,* | *Role or Activity* |
|  |  |  |  |

Major Leadership positions: (e.g., Dean, Chair, Institute Director, Hospital Administration, etc.)

|  |  |  |
| --- | --- | --- |
| *Year-Year* | *Position* | *Narrative listing Accomplishments- or add appendix* |
|  |  |  |

Research and Scholarship

Editorships and Editorial Boards:

|  |  |  |
| --- | --- | --- |
| *Year-Year* | *Position* | *Journal/Board Name* |
|  |  |  |

Manuscript Review:

|  |  |
| --- | --- |
| *Year-Year* | *Journal* |
|  |  |

Grant Reviews:

|  |  |  |
| --- | --- | --- |
| *Year* | *Description* | *Awarding agency, City, State, Country* |
|  |  |  |

Major Areas of Research Interest

|  |
| --- |
| *Research Areas* |
| 1. |
| 2. |

Grant Support - Current:

|  |  |
| --- | --- |
| *Grant No. (PI)* | *Dates of Award* |
| *Agency* | *Percent Effort* |
| *Title* | |
| *Description* | |
| *Role:* | |
| *Total Direct Costs* | |

|  |  |
| --- | --- |
| *Grant No. (PI)* | *Dates of Award* |
| *Agency* | *Percent Effort* |
| *Title* | |
| *Description* | |
| *Role:* | |
| *Total Direct Costs* | |

Grant Support - Past:

|  |  |
| --- | --- |
| *Grant No. (PI)* | *Dates of Award* |
| *Agency* | *Percent Effort* |
| *Title* | |
| *Description* | |
| *Role:* | |
| *Total Direct Costs* | |

|  |  |
| --- | --- |
| *Grant No. (PI)* | *Dates of Award* |
| *Agency* | *Percent Effort* |
| *Title* | |
| *Description* | |
| *Role:* | |
| *Total Direct Costs* | |

Issued and Pending Patents:

|  |
| --- |
| *Patent Holder Names. Title. Institution. File #. Reference #. US Patent and Trademark Serial No.* |
|  |

Invited Lectures, Symposia, keynote addresses

|  |  |  |
| --- | --- | --- |
| *Year* | *Type* | *Title, Location* |
|  |  |  |

Invited Grand Rounds, CME Lectures

|  |  |  |
| --- | --- | --- |
| *Year* | *Type* | *Title, Location* |
|  |  |  |

Thesis:

|  |  |  |  |
| --- | --- | --- | --- |
| *Year* | *Degree* | *Institution* | *Title* |
|  |  |  |  |

Publications:

Refereed Journal Articles:

Format: Authors, Title. *Journal.* Volume #(Suppl ##):Page-Page, Year. PMID#, PMCID#,

*Narrative describing personal contribution.*

Refereed Journal Articles in Press:

Format: Authors, Title. *Journal.* Volume #(Suppl ##):Page-Page, Year. PMID#, PMCID#,

*Narrative describing personal contribution.*

Refereed Reviews, Chapters, and Editorials:

*Format*: Authors, Title. *Publication.* Volume #(Suppl ##):Page-Page, Year. PMID#, PMCID#

Refereed On-Line Publications:

*Format*: Authors. Title. *Publication*, URL, Year. PMID#, PMCID#

Clinical Communication: (Case Reports, letters)

Authors. Title. *Journal* Volume(Suppl ##):Page-Page, Year. PMID#, PMCID#

Clinical Communication: (Published Clinical Trial communications)

Authors. Title. *Journal* Volume(Suppl ##):Page-Page, Year. PMID#, PMCID#

Non-Refereed Journal Articles, reviews, or other communications:

Format: Authors, Title. *Journal.* Volume #(Suppl ##):Page-Page, Year. PMID#, PMCID#,

*Narrative describing personal contribution.*

Books, Monographs, and Text Books:

Authors. Title. *Publication* Volume(Suppl ##):Page-Page, Year.

Letters to the Editor:

Authors. Title. *Publication* Volume(Suppl ##):Page-Page, Year. PMID#, PMCID#

Abstracts and Presentations:

*Format*: Authors, Title. *Publication.* Volume #(Suppl ##):Page-Page, Year. PMID#, PMCID#

Media and Television appearances:

*Format*: Date, Title of presentation, Venue