

UNIVERSITY CURRICULUM VITAE FORMAT (Medical/Dental Schools, GSBS, SPH)

(Times Roman font, 10 pt., Category headings: bold/CAPS, Margins: L=1.5", R=1.0", T=1", B=.5)

DATE:

NAME:

PRESENT TITLE:

HOME ADDRESS:

OFFICE ADDRESS:

TELEPHONE NUMBER/E-MAIL ADDRESS:

CITIZENSHIP:

EDUCATION:

- A. Undergraduate Graduate and Professional
University or College
City, State
Degree (Discipline) *Date Awarded*

- B. Graduate and Professional
University or College
City, State
Degree (Discipline) *Date Awarded*

POSTGRADUATE TRAINING:

- A. Internship and Residencies
Location
Discipline
Inclusive Dates

- B. Research Fellowships
Location
Discipline
Inclusive Dates

- C. Postdoctoral Appointments
Location
Discipline
Inclusive Dates

MILITARY:

ACADEMIC APPOINTMENTS:

- Department*
University (School of Medicine)
Title
Inclusive Dates (Month/Year)

HOSPITAL APPOINTMENTS: *(If applicable)*

Department

Hospital Name

Title

Inclusive Dates (Month/Year)

OTHER EMPLOYMENT OR MAJOR VISITING APPOINTMENTS: *(If applicable)*

PRIVATE PRACTICE *(If applicable):*

LICENSURE: *specialty/#/expiration*

DRUG LICENSURE:

CDS: *#/expiration*

DEA: *#/expiration*

CERTIFICATION: *specialty/#/expiration*

MEMBERSHIPS, OFFICES AND COMMITTEE ASSIGNMENTS IN PROFESSIONAL SOCIETIES:

Name of Organization

Member or other Position

Inclusive Dates

HONORS AND AWARDS:

Title

Awarded By

Date

BOARDS OF DIRECTORS/TRUSTEES POSITIONS:

SERVICE ON NATIONAL GRANT REVIEW PANELS, STUDY SECTIONS, COMMITTEES:

SERVICE ON MAJOR COMMITTEES:

A. *International (Name, Inclusive Dates)*

B. *National (Name, Inclusive Dates)*

C. *Medical School/University (Name, Inclusive Dates)*

D. *Hospital (Name, Inclusive Dates)*

E. *Department (Name, Inclusive Dates)*

F. *Editorial Boards (Journal Name, Inclusive Dates)*

G. *AdHoc Reviewer (Journal Name, Inclusive Dates)*

SERVICE ON GRADUATE SCHOOL COMMITTEES:

SERVICE ON HOSPITAL COMMITTEES:

SERVICE TO THE COMMUNITY:

SPONSORSHIP (Primary Mentorship) OF CANDIDATES FOR POSTGRADUATE DEGREE:

SPONSORSHIP (Primary Mentorship) OF POSTDOCTORAL FELLOWS:

TEACHING RESPONSIBILITIES: *(Teaching effectiveness should be addressed in nominating letter)*

A. *Lectures or Course Directorships*

School, course name, lecture title, hours

- B. Research Training (other than Primary Mentorship)
 - Post Doctoral Fellows: *name, dates (inclusive) of training*
 - Pre Doctoral Students: *name, dates (inclusive) of training*

CLINICAL RESPONSIBILITIES: (Clinical effectiveness should be addressed in nominating letter)

GRANT SUPPORT: (*Please list in either chronological order with newest or most current first OR in reverse chronological order, as desired*)

- A. Principal Investigator
 - 1. *Funding Organization, title of award, inclusive dates of funding, amount of award*
 - 2.
- B. Co-Investigator
 - 1. *Funding Organization, title of award, inclusive dates of funding, amount of award*
 - 2.
- C. Pending
 - 1. *Funding Organization, title, proposed funding date, proposed award*
 - 2.

PUBLICATIONS: (*Please list in either chronological order with newest or most current first OR in reverse chronological order, as desired; published or accepted for publication only; should be segregated into the following categories*)

- A. Refereed Original Article in Journal
 - 1. **Authors names (Last, First; Bold CV author); Title of Article; Journal Name, Volume#: first-last page, year**
 - 2.
- B. Books, Monographs and Chapters
 - 1. **Authors names (Last, First; Bold CV author); Chapter # and Title; In: Book Title (Textbook), # Edition; Editor; page numbers; Publisher, city, state; year**
 - 2.
- C. Patents Held
 - 1. *Title, U.S. Patent Number, Date of Issue, Inventors*
 - 2.
- D. Other Articles (Reviews, Editorials, etc.) In Journals; Chapters; Books; other Professional Communications
 - 1. **Authors names (Last, First; Bold CV author); Title of Article; Journal Name, Volume#: first-last page, year**
 - 2.
- E. Abstracts
 - 1. *Authors names (Last, First); Title of abstract; Presented at (Name of Meeting), year; Abstract # or Page #*
 - 2.
- F. Reports

PRESENTATIONS: (*Please list in either chronological order with newest or most current first OR in reverse chronological order, as desired*)

- A. Scientific (*Basic Science*):
- B. Professional (*Clinical*):