Revised: October 3, 2018

**UNIVERSITY CURRICULUM VITAE FORMAT(Medical/Dental Schools, SGS, 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 VISITNG 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

**PRESENTIONS:** *(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)*: