Updated: July 10, 2019

**UNIVERSITY CURRICULUM VITAE FORMAT (SN/SHP)**

(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:**

**HOME OR CELL TELEPHONE NUMBER:
E-MAIL ADDRESS:**

**CITIZENSHIP:**

**EDUCATION**: (*chronological order)*

Undergraduate

*University or College*

*City, State*

*Degree (Discipline) Date Awarded*

Graduate and Professional

*University or College*

*City, State*

*Degree (Discipline) Date Awarded*

**POST DOCTORAL or ADDITIONAL TRAINING:**

Type

*Location*

*Discipline*

*Inclusive Dates*

**EMPLOYMENT/WORK EXPERIENCE:** (*chronological order)*

*Inclusive Dates*

*Title*

*Institution*

*Location*

**MILITARY:**

**ACADEMIC APPOINTMENTS:**

*Department*

*University (School of Medicine)*

*Title*

*Inclusive Dates (Month/Year)*

**HOSPITAL APPOINTMENTS:**

*Department*

*University (School of Medicine)*

*Title*

*Inclusive Dates (Month/Year)*

**LICENSURE:** *specialty/#/inclusive dates*

**CERTIFICATION:** *specialty/#/inclusive dates*

**DRUG LICENSURE:** *(If applicable)*

CDS: *#/inclusive dates*

DEA: *#/inclusive dates*

**HONORS AND AWARDS:**

*Title*

*Awarded By*

*Date*

**MEMBERSHIPS, OFFICES AND COMMITTEE ASSIGNMENTS IN PROFESSIONAL SOCIETIES:**

*Name of Organization*

*Member or other Position*

*Inclusive Dates*

**BOARDS OF DIRECTORS/TRUSTEES POSITIONS (excluding professional societies that are above):**

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

**SERVICE ON JOURNALS/PUBLICATIONS:**

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

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

**SERVICE ON INSTITUTIONAL COMMITTEES:**

**SERVICE ON SCHOOL COMMITTEES:**

**SERVICE ON UNIVERSITY DEPARTMENT/PROGRAM: COMMITTEE: SERVICE TO THE COMMUNITY:**

**SPONSORSHIP OF STUDENTS FOR UNDERGRADUATE RESEARCH:**

*(Title; inclusive dates; names of students; your role)*

**SPONSORSHIP of MASTER’s THESIS/PROJECTS:**

*(Title; inclusive dates; names of students; your role)*

**DISSERTATION CHAIR, COMMITTEE MEMBER, REVIEWER:**

*(Title; inclusive dates; names of students; your role)*

**SPONSORSHIP OF POSTDOCTORAL FELLOWS:**

*(Inclusive dates; names of students; your role)*

**TEACHING RESPONSIBILITIES:** *(for each* *School if not primary appointment, course name, credits or hours)*

a. Curriculum Design

b. Primary Instructor

c. Co-Instructor

d. Lecturer

**CLINICAL RESPONSIBILITIES:**

**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 Grants

**OTHER SCHOLARSHIP/RESEARCH PUBLICATIONS:** *(Please list in either chronological order with newest or most current first OR in reverse chronological order, as desired (no numbers); published or accepted for publication only; should be segregated into the following categories)*

A. Refereed Original Article in Journal *(include if research or major review)*

• ***Authors names (Last, First; Bold CV author)****; Title of Article; Journal Name, Volume#: first-last page, year*

•

B. Books, Monographs and Chapters

• ***Authors names (Last, First; Bold CV author)****; Chapter # and Title;*

*In: Book Title (Textbook), # Edition; Editor; page numbers; Publisher, city, state; year*

•

C. Other Articles (Reviews, Editorials, etc.) In Journals; other Professional

Communications

• ***Authors names (Last, First; Bold CV author)****; Title of Article; Journal Name, Volume#: first-last page, year*

•

*D.* Abstracts

• *Authors names (Last, First); Title of abstract; Presented at (Name of*

*Meeting, location), year; Abstract # or Page #*

•

E. 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. Original Research

C. Professional Education

D. Community Services

E. Other

**PATENTS HELD**

1. *Title, U.S. Patent Number, Date of Issue, Inventors*

2.