# CURRICULUM VITAE

|  |  |
| --- | --- |
| NAME: | Name |
| BUSINESS ADDRESS: | Business Address  Phone:  Fax:  E-mail: |

## EDUCATION AND TRAINING

|  |  |  |  |
| --- | --- | --- | --- |
| Undergraduate |  |  |  |
| Years of Attendance | University  City, State | Degree, Year Awarded | Field |
| Graduate |  |  |  |
| Years of Attendance | University  City, State | Degree, Year Awarded | Field |
| Years of Attendance | University  City, State | Degree, Year Awarded | Field |
| Post-Graduate |  |  |  |
| Dates | Name and Location of Institution | Type of post-graduate work (Internship, Residency, Fellowship or any other training experience) | Name of Program Director and Discipline |

## APPOINTMENTS AND POSITIONS

|  |  |  |
| --- | --- | --- |
| Academic |  |  |
| Years Position Held | Title | Department, School,  Name and Location of Institution |
| Non-Academic |  |  |
| Years Position Held | Title | Name and Location of Company/Organization |

## CERTIFICATION AND LICENSURE

|  |  |  |
| --- | --- | --- |
| Specialty Certification |  |  |
| Year | Name of Certificate | Certifying Board |
| Medical or Other Professional Licensure | | |
| Type of License | Licensing Board | State |

MEMBERSHIP IN PROFESSIONAL AND SCIENTIFIC SOCIETIES

|  |  |
| --- | --- |
| Years Inclusive | Name of Society |
| Years Inclusive | Name of Society |

## HONORS

|  |  |
| --- | --- |
| Year of Award | Title of Award  Awarding Association |
| Year of Award | Title of Award  Awarding Association |

## PROFESSIONAL ACTIVITIES

**1. Teaching**

a. Courses Taught

| Years Taught | Course Number: Title | **Hours of Lecture, credits** Average Enrollment | Role in coursePrimary/Coordinator |
| --- | --- | --- | --- |
|  |  |  |  |

**b. Other Teaching** (lectures, tutorials and continuing education courses)

| Date(s) | Type of Teaching | **Title** |
| --- | --- | --- |
|  |  |  |

**c. Major Advisor for Graduate Student Essays, Theses, and Dissertations**

| Name of Student | Degree Awarded, Year | **Type of Document and Title** | **Notes** |
| --- | --- | --- | --- |
|  |  |  |  |

**d. Service on Masters or Doctoral Committees**

| **Dates Served** | **Name of Student** | **Degree Awarded** | **Title of Dissertation/Essay** |
| --- | --- | --- | --- |
|  |  |  |  |

**e. Service on Comprehensive or Qualifying Examination Committees**

| Dates Served | Student Population | Type of Exam (Qualifying/Comprehensive) |
| --- | --- | --- |
|  | The student population, i.e., 1 Ph.D. Biostatistics student, 7 Masters-level M.M.P.H. students, etc. |  |

**f. Supervision of Post-Doctoral Students, Residents, and Fellows**

| Dates Supervised | Name of Student | Position of Student |
| --- | --- | --- |
|  |  |  |

**g. Mentoring of Graduate Students in Field Placements**

| Dates | Name of Student | Degree/Program Description | Field Site |
| --- | --- | --- | --- |
|  |  |  | Agency/Organization Location |

**h. Other Teaching and Training**

| Dates | Teaching Activity | Program/Description |
| --- | --- | --- |
|  |  |  |

**2. Research and Training**

a. Grants and Contracts Received

#### Principal Investigator, Multiple Principal Investigator, or Program Project Principal Investigator

#### *\*as listed in NIH RePORT and/or on Notice of Award*

| Years Inclusive | **Grant and/or Contract Number and Title** | Source | Annual Direct Costs | % Effort |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

#### Site Principal Investigator

***\*include grants where serving as a significant Site PI (e.g., in a large clinical study, clinical trial, consortium grant or center grant) not identifiable in NIH RePORT***

| Years Inclusive | **Grant and/or Contract Number and Title**  **(PI: Name; Institution)** | Source | Annual Direct Costs | % Effort |
| --- | --- | --- | --- | --- |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

#### Co-Investigator

***\*Include institutional grants as well as inter-institutional subcontracts for which you are officially listed as Co-Investigator (e.g., key personnel designation in NIH grant)***

| Years Inclusive | **Grant and/or Contract Number and Title**  **(PI: Name; Institution)** | Source | Annual Direct Costs | % Effort |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

b. Invited Lectureships and Major Seminars Related to Your Research

| Date | Title of Presentation | Venue |
| --- | --- | --- |
|  |  |  |

**c. Other Research and Training Activities**

| Date | Position | Description of Activity |
| --- | --- | --- |
|  |  |  |

## PUBLICATIONS

**1. Refereed Articles**

|  |
| --- |
| 1. Authors (same order as publication, Last name, first and middle initials). Title of Article. *Journal Title*. Year and Date. Volume (Issue): pages. |

**2. Books and Book Chapters**

|  |
| --- |
| 1. Authors (same order as publication). Title of Chapter. *Book Title*. Place of Publication: Publisher. Year and Date. pages. |

**3. Published Proceedings**

|  |
| --- |
| 1. Authors (same order as publication). Title of Article. *Journal Title*. Year and Date. Volume (Issue): pages. |

**4. Invited Articles**

|  |
| --- |
| 1. Authors (same order as publication). Title of Article. *Journal Title*. Year and Date. Volume (Issue): pages. |

**5. Review Articles**

|  |
| --- |
| 1. Authors (same order as publication). Title of Article. *Journal Title*. Year and Date. Volume (Issue): pages. |

**6. Published Abstracts**

|  |
| --- |
| 1. Authors (same order as publication). Title of Article. *Journal Title*. Year and Date. Volume (Issue): pages. |

**7. Presentations**

|  |
| --- |
| 1. (As applicable) Authors (same order as publication). Title of Abstract or Presentation. (*Journal Title*. Year and Date. Volume (Issue): pages. OR Title of Meeting/Conference/etc., Location, Date.) |

**8. Non-Print Media (Software, electronic)**

|  |
| --- |
| 1. (As applicable) Authors (same order as publication). Title of Article. *Title of Media* [Indication of Media]. Publishing Company. Year and Date. Volume (Issue): pages or path. |

**9. Other Publications**

|  |
| --- |
| 1. Authors (same order as publication). Title of Article. *Journal Title*. Year and Date. Volume (Issue): pages. |

SERVICE

**1. Service to School and University**

| **Years** | **Committee** | **Position** |
| --- | --- | --- |
| Years served | Committee, including committee service, committee chairs, administrative appointments and assignments (indication of standing or ad hoc committee) | Position (indication of elected or appointed) |

**2. Service to Field of Scholarship**

**a. Editorial Boards, Editorships**

| Date | Position | Organization |
| --- | --- | --- |
|  |  |  |

**b. Manuscript and Other Document/Publication Review**

| Dates | Journal Title |
| --- | --- |
|  |  |

**c. Study Sections, Review Panels, and Advisory Boards**

| Date | Position | Organization and Nature of Activity |
| --- | --- | --- |
|  |  |  |

**d. Leadership in Scholarly and Professional Organizations and Honorary Societies**

| Date | Position | Organization |
| --- | --- | --- |
|  |  |  |

**3, Service for Practice and Policy-Making, including Consultantships**

**a. Governmental Organizations**

| Date | Position | Type of Service and/or Agency |
| --- | --- | --- |
|  |  |  |

**b. Non-Governmental and Community-Based Organizations**

| Date | Position | Type of Service and/or Organization |
| --- | --- | --- |
|  |  |  |

**4. Non-Professional Service**

| **Year(s)** | **Position and Organization** | **Type of Service** |
| --- | --- | --- |
|  |  |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |

**5. Clinical and Related Activities (OPTIONAL - if applicable)**

###### A. Outpatient: Patient Care

|  |  |  |
| --- | --- | --- |
| LOCATION/SERVICE | DESCRIBE ACTIVITY  (e.g. patient care, call, surgery, precepting, etc.) | TIME DEVOTED TO ACTIVITY  (e.g. number of half days/week,  number of days/year, etc.) |
|  |  |  |

Supporting descriptive information (if applicable)

|  |
| --- |
|  |

###### B. Inpatient: Patient Care

|  |  |  |
| --- | --- | --- |
| LOCATION/SERVICE | DESCRIBE ACTIVITY  (e.g. patient care, precepting, call, surgery, etc.) | TIME DEVOTED TO ACTIVITY  (e.g. number of half days/week,  number of days/year, etc.) |
|  |  |  |

Supporting descriptive information (if applicable)

|  |
| --- |
|  |

###### C. Other Patient Care

|  |  |  |
| --- | --- | --- |
| LOCATION/SERVICE | DESCRIBE ACTIVITY  (e.g. patient care, call, surgery, etc.) | TIME DEVOTED TO ACTIVITY  (e.g. number of half days/week,  number of days/year, etc.) |
|  |  |  |

Supporting descriptive information (if applicable)

|  |
| --- |
|  |