

University of Central Florida College of Medicine
CURRICULUM VITAE TEMPLATE

Date of Preparation _____

CURRICULUM VITAE

NAME:

ADDRESS:

EMAIL:

PHONE:

CURRENT POSITION:

EDUCATION:

Undergraduate:

College attended, dates (month, year), degree, date of degree

Graduate/Medical School:

College or school attended (inclusive months, years:

e.g., July, 2004-June,2008), degree, date of degree (month, year)

Internship:

Residency:

Postgraduate:

For each of above training levels: Type, location(s), dates (inclusive months, years)

UNIVERSITY APPOINTMENTS:

Chronological, from most recent to earliest—type and rank of appointment, include types of teaching activities, University name, location, dates (inclusive months, years)

HOSPITAL APPOINTMENTS:

Chronological, from most recent to earliest—name of hospital, type of appointment (active, consultant) offices held

HONORS:

Phi Beta Kappa, AOA, Sigma Xi, etc., institutional, local, regional, national and international awards

MILITARY SERVICE:

Branch, dates served, training in service, current status

BOARD CERTIFICATION:

Board name, date of certification

MEDICAL LICENSURE:

State, number, date issued, status

SOCIETY MEMBERSHIPS:

TEACHING EXPERIENCE: (Actual student contact hours and number of students in class)

PRACTICE (PROFESSIONAL) EXPERIENCE:

For those at any time in administration or in practice of medicine (not as a faculty member) list chronologically from most recent to earliest.

VISITING PROFESSORSHIPS AND INVITED LECTURES: List dates and locations

EDITORIAL APPOINTMENTS:

Journals, Books, Name of journal, publisher, dates of appointment (or date of publication if single volume)

COMMITTEES AND OFFICES HELD (include dates served):

Include departmental and institutional committees, grant advisory committees, study sections, journal review assignments, offices held in organizations, regional and national committees and offices, consultant appointments and board examiner or member appointments. Note: Criteria for different ranks include local, regional and national reputation and leadership experiences.

FELLOWS/GRADUATE STUDENTS TRAINED:

Name, degree, inclusive dates, degree awarded, if any, as a result of this training

RESEARCH AND OTHER EXTERNAL SUPPORT:

List agency from which support derived, title of project or program, dollar amount and inclusive dates. Include past and current

PUBLICATIONS (BOOKS AND BOOK CHAPTERS)

Contributions numbered in chronological sequence; authors in exact order listed; title of paper; name of publication; editors; location of publisher; date of publications; inclusive pages

PUBLICATIONS (JOURNALS)

Papers numbered in chronological sequence; authors in exact order listed; title of paper; name of journal; volume; inclusive pages, date of publication (month, day, year); note if letter

PUBLICATIONS (Innovative Interactive Educational Media and Technologies; e.g., multimedia, CAI, Internet, electronic media)

BOOK REVIEWS:

Numbered in chronological sequence

Your name; review of—name of item reviewed; author(s) or editor(s); publisher; location of publisher; name of publication in which review appeared; volume; inclusive pages; date of publication of review (month, day, year)

AD HOC REVIEWS:

Journal, date of appointment

ABSTRACTS PRESENTED AND PUBLISHED:

Authors in exact order listed; title of abstract; where presented (i.e. society or organization); abstract published in—name of publication, volume, inclusive pages, date of publication.

ABSTRACTS PUBLISHED, BUT NOT PRESENTED:

Authors in exact order listed; title; abstract published in—name of publication, volume, inclusive pages, and date of publication

OTHER PROFESSIONAL SERVICE ACTIVITIES