

**First Name Last Name, M.D., Ph.D.**

Department  
University/Institution  
Street Address  
City, State zip code  
(Area code) phone number  
email@address.com

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**Education**

Ph.D., (Field), University, City, State/Country	MM/YYYY
Thesis Title:	
Advisor:	
M.D., University, City, State/Country	MM/YYYY
B.S./B.A., Major ( <i>include Honors</i> ), University, City, State/Country	MM/YYYY

**Postdoctoral Training**

Fellowship, University/Institution, City, State	MM/YYYY–MM/YYYY
Residency, University/Institution, City, State	MM/YYYY–MM/YYYY
Internship, University/Institution, City, State	MM/YYYY–MM/YYYY
Postdoctoral Fellow/Scholar	MM/YYYY–MM/YYYY
Supervisor:	
Department, University/Institution, City, State	

**Academic Appointments**

Associate Professor	MM/YYYY–MM/YYYY
Department, University, City, State	
Tenure	MM/YYYY
Assistant Professor	MM/YYYY–MM/YYYY
Department, University, City, State	

**Other Positions and Employment**

Private Practice, Institution, City State	MM/YYYY–MM/YYYY
Rank, Service, City, State	MM/YYYY–MM/YYYY

**Major Leadership Positions**

Assistant Dean	Years
University/Institution, City, State	
Division Chief	Years
University/Institution, City, State	

**Updated:** Date

**Honors and Awards**

Name of Award (Organization)	Year
Fellow, American College of	Year

**Educational Activities****Educational Leadership, Administration and Service**

Director, Program	Years
Member, Committee	Years

**Teaching Activities in Programs and Courses**

Course Name, Role, Number of Students, Session Titles	Years
Course Name, Role, Number of Students, Session Titles	Years

**Clinical Education**

Responsibility, Location, Level of Effort	Years
Responsibility, Location, Level of Effort	Years

**Research Education**

Responsibility, Location, Level of Effort	Years
Member, Program or Committee	Years

**External Educational Activities**

Title, Conference Name, Place	Date
Title, Conference Name, Place	Date

**Education for the Public/Community Education**

Title, Place	Date
Title, Place	Date

**Educational Development: Curricula and Educational Materials**

Description, Location	Year
Description, Location	Year

**Advising and Mentoring****Students**

Name, Program, Role	Years
Current Position	

Name, Program, Role  
Current Position

Years

**Residents**

Name, Program, Role  
Current Position

Years

Name, Program, Role  
Current Position

Years

**Postdoctoral Trainees**

Name, Program, Role  
Current Position

Years

Name, Program, Role  
Current Position

Years

**Faculty**

Name, Program, Role  
Current Position

Years

Name, Program, Role  
Current Position

Years

**Investigation****Leadership Positions**

Director, Core  
University/Institution, City, State

Years

Director, Core  
University/Institution, City, State

Years

**Grants****Current**

Agency Grant Number   Principal Investigator (PI)  
Title  
Description (1 sentence)  
Total, direct & indirect costs  
Role: (% effort)

Years

**Pending**

Agency Grant Number   Principal Investigator (PI)  
Title  
Description (1 sentence)  
Total, direct & indirect costs  
Role: (% effort)

Years

**Completed**

Agency Grant Number   Principal Investigator (PI)  
Title  
Description (1 sentence)  
Total, direct & indirect costs  
Role: (% effort)

Years

**Current Unfunded Projects**

Brief description of the project	Years
Brief description of the project	Years

**Health Care Delivery****Leadership Positions**

Director, Clinic University/Institution, City, State	Years
Director, Clinic University/Institution, City, State	Years

**Certification and Licensure**

Diplomate, ABMS Board	Year
Subspecialty Certification, Subspecialty Board	Year
State Medical Licenses	Year

**Clinical Discipline**

Discipline, Specialty	Years
Discipline, Specialty	Years

**Clinical Activities**

Name and location of practice, Type of activity, Frequency	Years
Name and location of practice, Type of activity, Frequency	Years

**Clinical Innovations, Safety, and Quality Improvement Projects**

Brief description of project and outcomes, Location of project	Years
Brief description of project and outcomes, Location of project	Years

**Clinical Guidelines and Protocols**

Brief description of project and outcomes, Location of project	Years
Brief description of project and outcomes, Location of project	Years

**Population Health and Public Policy****Leadership Positions**

Director, Clinic University/Institution, City, State	Years
Director, Clinic University/Institution, City, State	Years

**Activities**

Name and location, Type of activity	Years
Name and location, Type of activity	Years

**Projects in Population Health and Public Policy**

Brief description of project and outcomes, Location of project	Years
Brief description of project and outcomes, Location of project	Years

**Scholarship****Peer-reviewed publications**

1. Authors. Title. Journal Vol: pp–pp (year).
2. Authors. Title. Journal Vol: pp–pp (year).

**Books & Chapters**

1. Authors. Title. in Book Title (Eds. ) pp–pp. Publisher (year).
2. Authors. Title. in Book Title (Eds. ) pp–pp. Publisher (year).

**Preprints and Other Interim Research Products**

1. Authors. Title. (year). Available from (doi URL).
2. Authors. Title. (year). Available from (doi URL).

**Policy Statements, White Papers, Reports**

1. Authors. Title. Agency (year).
2. Authors. Title. Agency (year).

**Non-peer-reviewed publications**

1. Authors. Title. Journal Vol: pp–pp (year).
2. Authors. Title. Journal Vol: pp–pp (year).

**Non-print / Online materials**

1. Authors. Title. Source (URL) (year).

**Patents**

Patent title, number, year  
Patent title, number, year

**Devices/Software Applications**

Description, year  
Description, year

**Invited Presentations****International**

Title of presentation, Institution or Meeting, Location	Date
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Title of presentation, Institution or Meeting, Location	Date
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**National**

Title of presentation, Institution or Meeting, Location	Date
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Title of presentation, Institution or Meeting, Location	Date
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**Regional**

Title of presentation, Institution or Meeting, Location	Date
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Title of presentation, Institution or Meeting, Location	Date
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**Local**

Title of presentation, Institution or Meeting, Location	Date
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Title of presentation, Institution or Meeting, Location	Date
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**Other Presentations, Posters & Abstracts****International**

Authors, title of presentation. Meeting Name. (Abstract reference if published)	Date
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Authors, title of presentation. Meeting Name. (Abstract reference if published)	Date
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**National**

Authors, title of presentation. Meeting Name. (Abstract reference if published)	Date
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Authors, title of presentation. Meeting Name. (Abstract reference if published)	Date
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**Regional**

Authors, title of presentation. Meeting Name. (Abstract reference if published)	Date
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Authors, title of presentation. Meeting Name. (Abstract reference if published)	Date
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**Local**

Authors, title of presentation. Meeting Name. (Abstract reference if published)	Date
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Authors, title of presentation. Meeting Name. (Abstract reference if published)	Date
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**Academic Service****Internal Administration and Service****Department**

Committee Name (Role), Organization	Years
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Committee Name (Role), Organization	Years
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**School**

Committee Name (Role), Organization	Years
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Committee Name (Role), Organization	Years
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**Health System**

Committee Name (Role), Organization	Years
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Committee Name (Role), Organization	Years
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**University**

Committee Name (Role), Organization	Years
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Committee Name (Role), Organization	Years
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**Professional Memberships and Activities**

Society Name	Years
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Member, Committee (Years)	
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Society Name	Years
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Member, Committee (Years)	
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**Editorial Responsibilities**

Journal name, role	Years
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Journal name, role	Years
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**External Professional Service****International**

Committee Name (Role), Organization	Years
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Committee Name (Role), Organization	Years
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**National**

Committee Name (Role), Organization	Years
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Committee Name (Role), Organization	Years
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**Regional**

Committee Name (Role), Organization	Years
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Committee Name (Role), Organization	Years
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**Professional Development**

Program/Course (Organization), Location	Year
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