*[Bracketed italicized text is provided for guidance — please delete from your CV and replace with your information. Delete category headings that are not applicable. Entries in each category should be in chronological order from earliest to most recent. Use TMS 11 pt font, single line spacing, and 0 pt spacing before and after.]*

**NOVA SOUTHEASTERN UNIVERSITY DR. KIRAN C. PATEL COLLEGE OF ALLOPATHIC MEDICINE CURRICULUM VITAE**

**[Name, Degree]**

[full professional mailing address]

Telephone: | Fax:

E-Mail:

**CURRENT POSITIONS**

*[list here only what you want visible at first glance; everything listed in this section will be repeated in various sections below]*

[current academic appointment / department]

[any other major leadership / administrative title/role]

**EDUCATION**

[years or year degree granted] [degree, institution, location]

**POST-DEGREE TRAINING**

[include residency, fellowship, postdoctoral training, certificate programs, or other major non-degree-granting educational programs taken; do not list all continuing education activities taken]

[for each, list:]

[years] [type of training/field, institution, location]

**MILITARY SERVICE**

[List dates and types of military service, including Reserves]

**PROFESSIONAL LICENSURE & CERTIFICATIONS**

[years] [type of license, license number, licensing state or agency]

[years] [specialty board/field, indicate if initial certification or maintenance of certification]

**FACULTY APPOINTMENTS**

[years] [rank/title, department, institution, location]

**HOSPITAL & ADMINISTRATIVE APPOINTMENTS**

[years] [role/title, department if relevant, institution/organization, location]

**PROFESSIONAL NON-ACADEMIC EMPLOYMENT HISTORY**

[years] [role/title]

**HONORS AND AWARDS**

[year] [name of honor/award, institution or organization]

**GRANTS & CONTRACTS**

**As Principal Investigator / Co-Principal Investigator**

[for each, list P.I.s and Co-P.I.s, % effort supported, mechanism/type of funding, project name/title, funding agency, dates, total costs, and terse description of project or your role if needed]

**Other Roles**

[for each, list P.I.s and Co-P.I.s, your role, % effort supported, mechanism/type of funding, project name/title, funding agency, dates, total costs, and terse description of project or your role if needed]

**PATENTS & INVENTIONS**

[inventors, invention, country, patent number, granted date]

**ACADEMIC & PROFESSIONAL ORGANIZATIONS**

*[if helpful, consider using subheadings for local/regional vs national/international]*

[years] [organization in which you are a member]

[year] [any appointed/elected role beyond membership, e.g., elected as a fellow, board of directors or officer role]

**SERVICE**

*[may use subheadings, e.g., Medical School, Department of {primary department}, University, Local/Regional, National/International]*

*[under each subheading, list as follows:]*

[years] [role, name of committee or assignment, specify if departmental, school or other organizational unit if not already clear from title and subheading]

**EDUCATIONAL CONTRIBUTIONS**

*[Subheading for type of learner- use subheadings such as undergraduate, graduate student, medical student, resident, postdoctoral fellow, junior faculty, continuing education {including local/regional presentations} — may further subdivide by Medical School, Department of {primary department}, University, Local/Regional, National/International]*

*[under each subheading, list as follows:]*

[years] [role/title {making clear if role involves teaching, curriculum design and development, mentoring/advising, learner assessment, leadership/administration}, context/educational program, terse description of what the role involves {if needed}, terse description of how much time involved {if relevant, e.g., “0.20 FTE,” “4 hours/week x 8 weeks/year”} or mentoring role {e.g., may use \* to denote primary mentee if applicable}]

**VISITING PROFESSORSHIPS & INVITED PRESENTATIONS**

[dates] [title/role, institution, location]

**Local & Regional**

[date] [title, meeting/organization/institution name, location]

**National & International**

[date] [title, meeting/organization/institution name, location]

**EXTERNAL ADVISORY / HEALTH COUNCILS & RESEARCH REVIEW COMMITTEES**

[dates] [role, organization/agency, location]

**CONSULTATIONS**

[dates] [role, agency/institution/organization, location]

**EDITORIAL ASSIGNMENTS IN PROFESSIONAL JOURNALS**

**Ad hoc Reviews for:**

[list journals]

**Editorial Assignments**

*[may use subheadings to denote Editorial Board vs Editor & Associate Editor roles if desired]*

[dates] [title/role, journal]

**PRESENTATIONS**

*\* denotes trainee / supervisee*

*[Please indicate whether presentations at conferences were accepted through a peer-review process]*

**Local and Regional**

[date] [authors, title, type of presentation {if applicable, e.g., poster, symposium}, meeting/organization name, location]

**National & International**

[date] [authors, title, type of presentation {if applicable, e.g., poster, symposium}, meeting/organization name, location]

**PUBLICATIONS**

*\* denotes trainee / supervisee*

[may include ‘Published Abstracts’ section if desired, but for most, this will be covered above under presentations at meetings]

**Peer-Reviewed Journal Articles**

[numbered list with authors, title, journal, volume, pages, year]

**Refereed Proceedings**

[numbered list with authors, title, journal, volume, pages, year]

**Books, Monographs, Chapters, & Reviews**

[numbered list with authors, title, journal or book title, volume, pages, year]

**Letters, Editorials, & Other Publications**

[numbered list with authors, title, journal/venue, volume, pages, year]

**Other Media**

[i.e., any non-print media / enduring materials including webinars]

[numbered list with authors, title, type of media, issue/volume/pages {if applicable}, publisher {if applicable}, date]