**Curriculum Vitae of FIRST NAME LAST NAME**

*Date Prepared*

**Name**

**Home Address**

**Office Address**

**Work Phone**

**Mobile phone**

**Work Email**

I. EDUCATION, APPOINTMENTS, HONORS

**A. Licenses and Certifications**

**State**

**Date**

**License number**

**Certification / Board Specialty**

**Date of Initial Certification**

**Recertification**

B. Education

|  |  |  |  |
| --- | --- | --- | --- |
| Year | Degrees (Honors) | Fields of Study  (Thesis advisor for doctoral research degrees) | Institution |

**Dates Institution Field of Study Degree**

C. Postdoctoral Training

|  |  |  |  |
| --- | --- | --- | --- |
| Month/Year(s) | Title | Specialty/Discipline  (Lab PI for postdoctoral research) | Institution |

**Dates Institution Specialty Position**

D. Academic Appointments

|  |  |  |  |
| --- | --- | --- | --- |
| Month/Year(s) | Academic Title | Department | Academic Institution |

**Dates** **Institution** **Department(s) Title**

E. Appointments at Hospitals/Affiliated Institutions

**Dates** **Institution** **Position/title** **%FTE**

F. Other Professional Positions

**Dates** **Institution** **Position/title**

|  |  |  |  |
| --- | --- | --- | --- |
| Month/Year(s) | Position Title | Department (Division, if applicable) | Institution |

**G. Professional development activities and other subspecialist training**

**Dates** **Institution/Society** **Description**

H. Honors and Awards

**Date Name of Award Awarding Organization and Description**

II. LEADERSHIP AND ADMINISTRATION

Major Leadership Positions in Professional Organizations and Societies

*Institutional and Affiliated Institutions*

**Dates** **Institution** **Position/title**

*Regional*

**Dates** **Institution** **Position/title**

*National*

**Dates** **Institution** **Position/title**

*International*

**Dates** **Institution** **Position/title**

Committee Service

*Institutional and Affiliated Institutions*

|  |  |  |
| --- | --- | --- |
| Year(s) of Membership | Name of Committee | Institution/Organization |
|  | Dates of Role(s) | Title of Role(s) |

**Dates Committee Role Institution**

*Regional*

**Dates Committee Role Institution/Society**

|  |  |  |
| --- | --- | --- |
| Year(s) of Membership | Name of Committee | Institution/Organization |
|  | Dates of Role(s) | Title of Role(s) |

*National*

**Dates Committee Role Institution/Society**

|  |  |  |
| --- | --- | --- |
| Year(s) of Membership | Name of Committee | Institution/Organization |
|  | Dates of Role(s) | Title of Role(s) |

*International*

**Dates Committee Role Institution/Society**

|  |  |  |
| --- | --- | --- |
| Year(s) | Position Title | Institution (note if specific department) |

Membership in Professional Societies

**Dates Society Role**

Editorial Activities

|  |
| --- |
| Journals for which you serve as a reviewer |

Reviewer

|  |
| --- |
| **Dates Journal/Book/Organization Role** |

|  |  |  |
| --- | --- | --- |
| Year(s) of Membership | Society Name |  |
|  | Dates of Role(s) | Title of Role(s) |

Reviewer Activities

|  |
| --- |
| Journals for which you serve as a reviewer |

Reviewer

|  |
| --- |
| **Dates Journal/Book/Organization Estimated # reviews/year** |

**III. RESEARCH ACTIVITIES**

Funding Information

*Current*

Dates

Project title/ref #

Sponsor

Principle investigator

Role

% Effort

Annual direct costs

Optional description

|  |  |
| --- | --- |
| Year(s) | Grant title |
|  | Grant type and number |
|  | Role of Project |
|  | Description of the major goals |

*Submitted*

|  |  |
| --- | --- |
| Year(s) | Grant title |
|  | Grant type and number |
|  | Role of Project (if PI or site PI, total direct costs) |
|  | Description of the major goals |

Dates

Project

Principle investigator

Role

% Effort

Sponsor

Annual direct costs

***Past Projects***

|  |  |
| --- | --- |
| Year(s) | Grant title |
|  | Grant type and number |
|  | Role of Project (if PI or site PI, total direct costs) |
|  | Description of the major goals |

Dates

Project

Principle investigator

Role

% Effort

Sponsor

Annual direct costs

**Training Grants and Mentored Trainee Grants**

|  |  |
| --- | --- |
| Year(s) | Grant title |
|  | Grant type and number |
|  | Role of Project (if PI or site PI, total direct costs) |
|  | Description of the major goals |

Dates

Project

Principle investigator

Role

% Effort

Sponsor

Annual direct costs

*Unfunded Current Projects*

Dates

Project

Role

Description

|  |  |
| --- | --- |
| Year(s) funded | Role on Project/Title of Project |
|  | One sentence description of the purpose of the project |

Grant Review Activities

**Date Grant title Funding body**

**Patents**

**Date Title Role Description**

**IV. EDUCATIONAL ACTIVITIES**

Teaching related to Formal Institutional Courses

Didactic teaching *(lectures, seminars, tutorials)*

**Dates Title Target Audience Duration/Frequency**

Continuing education and professional education*(not including invited speaker presentations)*

**Date Title Institution/ Organization Target Audience Estimated hrs/yr**

Clinical teaching *(bedside/”PACS” side teaching/procedures/clinical rounds)*

**Dates Learner group and description Estimated hours/year**

Educational Administration *(Course Director)*

**Dates Course title Role/Description/Participants**

Community education or patient outreach *(medical journalism and media presentations such as television and radio appearances that educate the public about medicine, health or biomedical sciences)*

Laboratory and Other Research Supervisory and Training Responsibilities

**Dates Institution Learner group and description Estimated hours/year**

Mentoring Activities

*Undergraduate, Medical and Post-graduate Students, Residents, Fellows and Faculty*

*Date*

*Name*

*Mentee level*

*Mentoring type*

*Outcome(s)*

|  |  |
| --- | --- |
| Year(s) | Names and degrees/ Current position |
|  | Describe the type of supervision and the specific accomplishments of your trainee that occurred as a direct result of your supervision (maximum one sentence) |

**Invited Lectures**

*Institutional and Affiliated Institutions*

**Date Topic/title Organization Location**

Regional

|  |  |
| --- | --- |
| Year(s) | Title of presentation or name of course/ Type of presentation/role(s) (note if presentation the result of a selected abstract) |
|  | Location (Sponsor, if any) |

**Date Topic/title Organization Location**

National

|  |  |
| --- | --- |
| Year(s) | Title of presentation or name of course/ Type of presentation/role(s) (note if presentation the result of a selected abstract) |
|  | Location (Sponsor, if any) |

**Date Topic/title Organization Location**

International

|  |  |
| --- | --- |
| Year(s) | Title of presentation or name of course/ Type of presentation/role(s) (note if presentation the result of a selected abstract) |
|  | Location (Sponsor, if any) |

**Date Topic/title Organization Location**

**Session Moderator / Panelist**

**Date Topic/title Organization Location**

**V. CLINICAL ACTIVITIES**

|  |  |
| --- | --- |
| Year | Type of License or Certification |

Practice Activities

|  |
| --- |
| List all clinical activities, both those at Harvard and its affiliates and those outside Harvard, and for each indicate: |

Add brief description of your clinical practice here

|  |  |  |  |
| --- | --- | --- | --- |
| Year(s) | Type of activity | Name and location of practice | Level of activity |

Interdisciplinary conferences

**Date Title Organization Role**

Clinical Innovations

**Date Title Organization Description and impact**

|  |  |
| --- | --- |
| Innovation (date, if applicable | Describe the influence or potential influence of the innovation on education or teaching including how the material is used locally (at HMS), regionally, nationally or internationally; if developed as a member of a teach, describe your contribution (1-2 sentences) |

**Patient Education and Service to the Community including Advocacy Activities**

*Activities*

|  |
| --- |
| May include a brief, one-sentence description of each role, id needed (optional) |

|  |  |
| --- | --- |
| Year(s) | Organization or institution/ Role (Sponsor, if any) |
|  | One sentence description (optional) |

**Date Title Organization Description**

|  |  |  |  |
| --- | --- | --- | --- |
| Year | Title | Type of contribution (Sponsor, if any) | Citation, if any |

*Patient Education Publications*

1.

2.

*Recognition by the public*

|  |  |  |
| --- | --- | --- |
| Year(s) | Name of award/ recognition | Organization conferring recognition |

1.

2.

**VI. WRITTEN SCHOLARSHIP**

Peer-Reviewed Original Articles

(\* = trainee / supervisee, # = first author, ^ = last author)

|  |
| --- |
| Group peer reviewed publication in three categories under the following headings:   * Research investigations * Other peer-reviewed publications (e.g., case reports, proceedings of meetings which are full-length manuscripts) * Research publications without named authorship |

1.

2.

3.

|  |
| --- |
|  |

**Reviews, Monographs And Invited Editorials**

|  |
| --- |
| 1.  2.  3.  **Clinical Guidelines**  1.  2.  3. |

**Letters To The Editor**

1.

2.

3.

|  |
| --- |
|  |

**Books and Chapters**

1.

2.

3.

**Creation of Enduring Educational Materials**

Dates

Format

Learners

Distribution

Description

Peer reviewed?

Use metrics

Social media, medical journalism, medial appearances and coverage

**Date Organization Description and impact**

Abstracts, Posters and Exhibits Presented At Professional Meetings

|  |
| --- |
| List abstracts published and exhibits presented at meeting during the last 3 years which have not already been published as full-length manuscripts. May also list all abstracts or exhibits, regardless of date or publication as full-length manuscript, which received special recognition at a meeting (e.g., juried poster presentation, meeting commendation). |

(# = peer reviewed, \* = trainee / supervisee, ^ = oral presentation @ = exhibit)

1.

2.

3.

|  |
| --- |
|  |

PERSONAL STATEMENT

(optional)

|  |
| --- |
| The narrative should describe your major contributions and achievements and should be clear to those outside your field. Readers should understand your career trajectory and impact. Your need not reiterate your history of training, but the chronology of your accomplishments should be clear. You should make clear the extent of your reputation and the key achievements for which you are known. If your accomplishments bridge difference arenas (e.g., research and clinical care), you may wish to clarify any connections that are not readily apparent.  The narrative should be written in the first person and should be concise. In general, length should be commensurate with rank. Most narratives for Assistant Professor candidates should ≤ page; no narrative should exceed two pages.  Please include:   * Your contributions in your Area of Excellence (Investigation, Teaching and Educational Leadership, or Clinical Expertise and Innovation). You may want to include a description of work in progress that may otherwise not be reflected in your CV. * Your contributions in teaching (if not already described under your Area of Excellence). * Your contributions in any Significant Supporting Activities (Investigation, Clinical Expertise, Special Merit in Education, Administration & Institutional Service, Education of Patients and Service to the Community). |

|  |
| --- |
|  |