# Guide to Completing the Weill Cornell Medical College Curriculum vitae Form

[For Faculty ]

**SIGNATURE:** The CV must be signed where shown at the top of the first page. A wet signature is the most appropriate and acceptable. A good, clean, legible image of a wet signature is acceptable. A *bona fide* electronic signature is acceptable. A font used to look like a signature is not acceptable.

**VERSION DATE:** Use the date on which the information in your CV is current.

1. GENERAL INFORMATION

This section contains required and optional information. The responses should be straightforward. Please complete it accurately.

Required Information

Name: Provide your full name: First, Middle, Last, and suffixes.

Office address, telephone and fax numbers: This information is helpful, as it may be used to send you important information. Please provide accurate and complete information: street, building, suite, room number, etc.; include zip code (or country code).

Home address, home telephone, cell phone, beeper, and Email address: Please provide this information accurately and completely. If there is an apartment number or floor associated with your address, please show it. Provide a stable, permanent email address if possible.

**Citizenship:** Provide the country of primary citizenship. If it is not the USA, choose either “immigrant visa” (green card) or “non-immigrant visa”. If you are a visa holder, your appointment is contingent upon maintaining valid visa status. Provide the type of non-immigrant visa, e.g., H1B, J1, F1, B1 etc. If your visa is pending, state the anticipated type as “visa pending” or “visa application in process”.

**Optional Information:** The following information is optional but helpful to the Office of Faculty Affairs and the College.

**Birth date:** use MM/DD/YYYY or November 1, 1965

**Birth place:** Show City, State, and Country

**Marital status:** e.g., Single, Married, Civil Union, Divorced, etc.

**Race/Ethnicity:** Should you choose to provide Race/Ethnicity: Black; Asian; Native American; Caucasian; Pacific Islander; Latino, Other, More than One

1. EDUCATIONAL BACKGROUND
	1. Academic Degrees

**Degree: from academic institutions – Colleges, Schools, Universities – conferring academic degrees.** Enter the **name(s)** of each **academic degree**, (Bachelor degrees and above only). Abbreviated degree names, such as B.A., M.D., Ph.D., M.B.B.S., are acceptable but if your degree is unusual or its abbreviation is ambiguous, please provide the full degree name.

Medical degrees vary throughout the world. Some medical schools confer the Bachelor of Medicine degree to physicians (BM), others confer Bachelor of Medicine and Bachelor of Surgery (MBBS) degrees, etc. If you hold a BM, MBBS, or a medical degree other than MD, record the degree you hold. The OFA uses the FAIMER database to verify the degrees offered by Medical Schools throughout the world ([www.faimer.org](http://www.faimer.org)). Under certain conditions, when your medical degree is not MD, you may ask New York State to have your degree conferred to the MD degree. For more information, contact the New York State Department of Education (518-474-3817, ext. 400).

* 1. Postdoctoral Training: (including residency/fellowships). Show here internships, residencies, fellowships and postdoctoral training received after your doctorate. Please list your postdoctoral training positions in chronological order, include full titles, and the name and location (city, state, country) of the institution where training took place. Please list when the training began and when it ended, e.g., July 1, 2000 – June 30, 2001.
	2. Continuing Medical Education Courses / Certificates: show here CME courses and the like, and certificates earned.
	3. Other Educational Experiences: other educational experiences you would like to show.

In all of the tables you create for items B1-B4, provide all the information requested:

**Institution name and location:** Please enter accurately and completely the full name, and location – city, state, country – of each relevant institution Avoid abbreviations. State the name of the Medical School, for example, Harvard Medical School (not Harvard University). Please use the current name of the institution.

**Dates attended:** Please show the date range during which you attended the institution, from beginning to end. At a minimum, list the beginning and ending years, for example 1990 to 1994. Showing month and year is preferred.

**Year awarded:** Please show the year your degree (or certificate, other) was awarded.

C. LICENSURE, BOARD CERTIFICATION, MALPRACTICE

This section – Licensure, Board Certification, Malpractice – is pertinent to physicians and other practicing health care professionals. If you are a researcher or early-career physician for whom the information does not apply, simply note N/A or Not-applicable for each item, and leave the format of the section intact.

* 1. **Licensure**

(Every physician appointed to a Hospital staff, except interns, and aliens in the US via non-immigrant visas, must have a New York State license or a temporary certificate in lieu of the license.)

The statement above appears in the CV form to ensure that those being recommended for appointment to the NewYork-Presbyterian Hospital staff (“Hospital staff” above) recognize the licensure requirement for their hospital privileges.

**Provide Licensing State; License Number; Date of issue; Date of last registration**

**If no license:**

* + - 1. Do you have a temporary certificate? YES or NO
			2. Have you passed the examination for foreign medical school graduates? YES or NO

**DEA number: (optional)**

**NPI number: (optional)**

* 1. **Board Certification: Full Name of Board; Certificate #; Dates (MM/DD/YY)**

List the full name of the Certifying Board. Please do not abbreviate or conjoin board names. Show each certification and the conferring Board separately. List the certificate number and the dates the certification is valid (issued/reissued-end date). Please use a full date: Month, Day, and Year.

* 1. **Malpractice insurance**

**Do you have Malpractice Insurance?** YES or NO; or N/A if it is not relevant.

**Name of Provider:** Give the provider’s name. Avoid abbreviations.

**Premiums paid by: *(choose one)*: self; group (name); institution (name)**

Show who pays your malpractice premiums. Choose one of the three options and state the payor’s name (you may delete the other choices for clarity).

1. PROFESSIONAL POSITIONS AND EMPLOYMENT

1. **Academic positions (teaching and research)**

**Title Institution name and location Dates held**

List teaching and research positions held at academic institutions: Colleges, Universities, Research Institutes, etc. Appropriate for this section are faculty appointments, e.g., Assistant Professor of Medicine, and other academic appointments, such as Research Scientist. Please do not include hospital or administrative appointments here. These may be entered later. Please include your full title; the institution’s FULL name and location (city, state, country); and the inclusive dates you held the position, e.g., July 1, 1999 – June 30, 2005.

* 1. **Hospital positions (e.g., attending physician)**

**Title Institution name and location Dates held**

List hospital positions, such as attending positions - assistant attending, associate attending, or attending physician - or other comparable hospital positions (e.g. consultant, specialist, professional associate, independent health care professional, nurse practitioner, physician assistant, etc.). Please do not list administrative positions here, such as Director, Vice-President, etc. Please include the full title(s); the full institution’s name and location (city, state, country); and the inclusive dates you held the position, e.g., July 1, 2000 – June 30, 2004.

* 1. **Other Employment**

**Title Institution name and location Dates held**

List any other employment for which you were compensated, full-time or part-time. Please show here positions that are not postdoctoral training; not academic appointments; not hospital appointments. Here you may list administrative employment, other non-academic employment, or consulting positions.

1. EMPLOYMENT STATUS

Because a Weill Cornell Medical College (“Medical College”) academic appointment type is dependent upon employment status, in particular for faculty members who come to the Medical College through affiliate hospitals, it is important for us to ask about employment status.

Provide the name of your current employer. If you are currently unemployed, state so. It is permissible to list Weill Cornell as your employer in cases where employment by the Medical College is anticipated, but list Weill Cornell in those cases as “upon approval” or “expected”. Avoid using the name of your mentor or faculty member at the Medical College with whom you may be working. Please do not use abbreviations.

Choose an employment status using the alphabetical letters or simply typing in the status based on the choices (or use another description if one available does not fit). You may delete the remaining, inapplicable choices for clarity.

**Name of Current Employer(s):**

For example: Weill Cornell Medical College; New York Hospital Queens; etc.

**Employment Status *(choose one):***

* + 1. Full-time salaried by Cornell
		2. Full-time salaried at Cornell-affiliated hospital
		3. Part-time salaried at Cornell
		4. Part-time salaried at Cornell-affiliated hospital – show percentage of full time effort, e.g., 50%
		5. Voluntary (self-employed or member of a P.C.)
		6. Other salaried
		7. Other non-salaried
1. INSTITUTIONAL/HOSPITAL AFFILIATION

For those in clinical practice who have attending or other professional designations at New York-Presbyterian Hospital and/or at other hospitals, show here your hospital affiliations. For non-clinical individuals, show here your institutional affiliation(s) other than Weill Cornell Medical College. The Institutional/Hospital Affiliation information is important relative to your academic appointment as it may have an impact on the type of appointment you are eligible for. If you have no Hospital or other institutional affiliations, denote this with Not Applicable or N/A.

* 1. **Primary Hospital Affiliation**

For example: NewYork-Presbyterian Hospital

* 1. **Other Hospital Affiliations**

For example: Memorial Hospital, Memorial Sloan-Kettering Cancer Center; Hospital for Special Surgery; etc.

* 1. **Other Institutional Affiliations**

For Example: National Institutes of Health; Public Health Research Institute, etc.

1. PERCENT EFFORT AND INSTITUTIONAL RESPONSIBILITIES

Provide the percentage of your time devoted to these four areas of professional activity. Complete the table(s) and respond to the questions regarding Medical College students/researchers. Determine your percent effort as the percent of your total effort (work week) devoted to each of the areas. If you are new to Weill Cornell, use two tables: one for your current situation and one for your anticipated effort at the Medical College. If you are part-time at Weill Cornell (Adjunct, Visiting, Courtesy), base the percentage on your overall effort.

INSTITUTIONAL RESPONSIBILITIES – Past, Current, Anticipated

This section is highly important for upper level appointments and promotions. Please take the time to carefully work on your responses to this section. It will show the breadth and depth of your academic activities.

The four categories – Teaching, Research, Clinical Care, Administration – are areas of service upon which the criteria for academic appointments and promotions are based. Here is where you can demonstrate how you meet the criteria for appointment or promotion.

If you have no entry for one or more of these activities, please note it by Not Applicable or N/A.

* 1. **Teaching: (specific teaching functions, courses taught, dates)**

All faculty members are evaluated for teaching. This section is the report on teaching activities.For Educational Leadership candidates (full time Scholar Pathway) use the Educator’s Portfolio template.

List here the types of teaching you have done, and are currently doing. Break out your teaching into four categories: didactic; mentoring; clinical teaching; administrative leadership in teaching. This may include classes you teach or have taught in classroom settings, didactic lectures, or instruction in team teaching settings. Show your role in multidisciplinary courses or in course development; show your role as mentor or supervisor to medical students, graduate students, fellows and postdoctoral associates. Be sure to include dates of participation in each teaching entry you create; use inclusive dates with a start and end date. Please make sure to include the institution where duty is performed.

* 1. **Clinical care: (duties, dates)**

Show by specific activities, inclusive dates, and institution. Expand upon the nature of the clinic and your role(s) in the clinic. Provide information about your area of expertise in the clinical setting and where you provide clinical care, how often, for how many patients, etc.

* 1. **Research: (duties, dates)**

Provide a description of your research interests, activities, and career trajectory with dates. Include IRB protocols (both active and inactive) under this subsection. Research support should be provided in the next section, not here.

* 1. **Administrative duties: (duties, dates)**

Include committees, dates, and the locations (i.e. institution) for your administrative duties. The duties listed in this section should be institutional, and not administrative duties related to professional societies, or other extramural activities, which are best listed under Section I, Extramural Professional Responsibilities.

1. RESEARCH SUPPORT

Please clearly show past, current, and pending research in separate lists.

**Summarize** past research support: award, dates, and role

**List the following** for current extramural and intramural research funding:

Source, project title, $ amount, and duration of support (dates, formatted MM/YY to MM/YY)

Name of Principal Investigator

Individual's role in project, including percent (%) effort

[*Note: current total grant percent effort should not total more than 98%*]

**Annotated grants**: **Candidates are encouraged to annotate multi-investigator grants to clarify their role on the project (PI, Site PI, Project leader, Core director, etc.)**

I. EXTRAMURAL PROFESSIONAL RESPONSIBILITIES

(e.g., Journal reviewer, NIH study section, Invited Lectures, etc.)

This is a broadly defined category that is very useful in demonstrating academic and service engagement outside the site of primary activity. Populated with a variety of academic activities such as journal reviewer, member of grant review boards and study sections, invited lectures, consultancy, volunteer work, community service, etc., it helps establish reputation

J. PROFESSIONAL MEMBERSHIPS (medical and scientific societies)

**Member/officer Name of Organization Dates held**

For individuals in the early stages of their career there may be relatively few or no entries here. However, for mid-career and senior faculty members, this section is a key place to demonstrate the extent to which you participate in extramural activities as they relate either to service or leadership roles in your particular professional community. Distinguish the different types of involvement with societies and other professional groups, e.g., as a Member or Officer, which would point to leadership roles.

K. HONORS AND AWARDS

**Name of award** **Date awarded**

This is another key section for demonstrating one’s reputation locally, regionally, nationally and internationally, among peers, students, patients, colleagues, and others. Examples include teaching awards, research awards, best-paper awards, book awards, membership in honor societies, etc. One could also include here entries in *Who’s Who*, *Best Of* listings, etc.

L. BIBLIOGRAPHY

**SCHOLAR ACTIVITIES: Discovery, Integration, Application/Engagement, Education**

*Selected publications may be annotated. Consider doing this for co-first authorship, co-senior authorship, and for publications in which you played an important role (leadership of a site, or methodology, etc.) that may not be apparent from the author order.*

1. **Peer-Reviewed Scholarship in print or other media:** *Entries should follow standard scientific journal format, listing authors, year of publication, journal and article titles, volume-issue, and inclusive pagination. Please note your name in bold within all citations. If possible, provide a URL to each of your published works as found in a publicly available digital database such as PubMed or My Bibliography, maintained by the US National Library of Medicine.*

Research Investigations / Original Papers

Reviews

Other peer-reviewed scholarship

Scholarship without named authorship

1. **Non-Peer-Reviewed Scholarship in Print or Other Media:**

Proceedings of meetings or other non-peer reviewed scholarship

Reviews, chapters, monographs and editorials

Books/textbooks for the medical or scientific community: Editor, co-Editor, Contributor

Case reports (limit to 10, note total count if more than 10)

Letters to the Editor

1. **Professional** educational materials or reports, in print or other media:

|  |  |  |
| --- | --- | --- |
| *Type* | *Citation (if available)* | *Target Audience* |
|  |  |  |
|  |  |  |
|  |  |  |

1. **Clinical Guidelines and Reports:**

|  |  |  |
| --- | --- | --- |
| *Type* | *Citation (if available)* | *Target Audience* |
|  |  |  |
|  |  |  |
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1. **Thesis**: provide full citation for doctoral thesis
2. **Abstracts, Presentations (Posters, Oral not invited) and Exhibits Presented at Professional Meetings**

*(List abstracts published and exhibits presented at meetings during the last 3 years, which have not been published already as full-length manuscripts. You may also list* ***here*** *abstracts or exhibits, regardless of date of publication as a full-length manuscript, which received special recognition at a meeting (e.g., juried poster presentation, meeting commendation). Limit to 10; note total count if more than 10)*

##

## **Weill Cornell Medical College Curriculum Vitae FORM**

(**REQUIRED FORMAT FOR FACULTY ACADEMIC STAFF)**

**Reminder:**

* **Do not delete any sections. Indicate N/A if something is not applicable to you.**
* **Do not change the format of the CV.**
* **Do not write in bold or capital letters.**
* **Date Format: Use Month/Day/Year (ex. 12/25/2008 or Dec 25, 2008) and consistently use the same format all throughout.**
* **Avoid date gaps.**
* **Report the activities in chronological order (from oldest to most recent) all throughout the CV.**

|  |  |
| --- | --- |
| Signature (required): |  |
| Version date: |  |

1. **GENERAL INFORMATION**

**Required Information:**

|  |  |
| --- | --- |
| Name: First, Middle, Last |  |
| Office address: |  |
| Office telephone: |  |
| Office fax: |  |
| Home address:  |  |
| Home telephone: |  |
| Cell phone: |  |
| Beeper: |  |
| Work Email:Personal Email: |  |
| Citizenship: |  |
| If not a U.S. Citizen, do you have: | Immigrant visa (green card)?Non-immigrant Visa?Type: |

Optional Information (not required but helpful):

|  |  |
| --- | --- |
| Birth date: |  |
| Birth place: |  |
| Marital status: |  |
| Race/Ethnicity: |  |

1. **EDUCATIONAL BACKGROUND**
2. Academic Degree(s): B.A. and higher; institution name and location; dates attended; date of award. *.* Report one activity per row – add rows as needed.
3.

|  |  |  |  |
| --- | --- | --- | --- |
| Degree(abbreviation) | Institution Name and Location | Dates attended**Use Month/Day/Year format**  | Year Awarded |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. Post-doctoral training (include residency/fellowships): In chronological order beginning with post-doctoral training positions; include full titles, ranks and inclusive dates held. *.* Report one activity per row – add rows as needed.

|  |  |  |
| --- | --- | --- |
| Title | Institution name and location | Dates held**Use Month/Day/Year format** |
|  |  |  |
|  |  |  |

1. Continuing Medical Education Courses/Certificates
2. \* List only the 10 most recent or more relevant to your career. *.* Report one activity per row – add rows as needed.

|  |  |  |
| --- | --- | --- |
| Certificate or Course  | Institution Name and Location | Dates attended**Use Month/Day/Year format** |
|  |  |  |
|  |  |  |

1. Other Educational Experiences *.* Report one activity per row – add rows as needed.

|  |  |  |
| --- | --- | --- |
| Description | Institution Name and Location | Dates attended**Use Month/Day/Year format** |
|  |  |  |
|  |  |  |
|  |  |  |

1. **LICENSURE, BOARD CERTIFICATION, MALPRACTICE**
2. Licensure: Every physician appointed to the Hospital staff, except interns, and aliens in the US via non-immigrant visas, must have a New York State license or a temporary certificate in lieu of the license.

|  |  |  |  |
| --- | --- | --- | --- |
| a. State | Number | Date of issue**Use Month/Day/Year format** | Date of last registration |
|  |  |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
| b. If no license:1. 1. Do you have a temporary certificate?
 | Yes/No/NA |
| 1. Have you passed the examination for foreign medical school graduates?
 | Yes/No/NA |

|  |  |
| --- | --- |
| c. DEA number (optional): |  |
| d. NPI number (optional): |  |

1. Board Certification:

|  |  |  |
| --- | --- | --- |
| Full Name of Board | Certificate # | Dates of Certification (mm/dd/yyyy) – Start and End Dates |
|  |  |  |
|  |  |  |
|  |  |  |

1. Malpractice Insurance:

|  |  |
| --- | --- |
| Do you have Malpractice Insurance? | Yes / No / Anticipated / N/A |
| Name of Provider: |
| Premiums paid by (choose one):SelfGroup (name):Institution (name): |

1. **PROFESSIONAL POSITIONS AND EMPLOYMENT**
2. Faculty Academic Appointments:

|  |  |  |
| --- | --- | --- |
| Title | Institution name and location | Dates held**Use Month/Day/Year format** |
|  |  |  |
|  |  |  |
|  |  |  |

1. Hospital positions (e.g., attending physician):

|  |  |  |
| --- | --- | --- |
| Title | Institution name and location | Dates held**Use Month/Day/Year format** |
|  |  |  |
|  |  |  |
|  |  |  |

1. Other Employment [Industry; private practice, excluding administrative positions]:

|  |  |  |
| --- | --- | --- |
| Title | Institution name and location | Dates held**Use Month/Day/Year format** |
|  |  |  |
|  |  |  |

1. **EMPLOYMENT STATUS (current or anticipated)**

|  |
| --- |
| Name of Employer(s):  |
| Employment Status (choose one, delete the others):Full-time salaried by Weill CornellFull-time salaried by Cornell-affiliated hospitalPart-time salaried by CornellPart-time salaried by Cornell-affiliated hospital (show percentage of full time effort, e.g., 50%)Voluntary (self-employed or member of a P.C.)Other salariedOther non-salariedSessional Weill Cornell |

1. **INSTITUTIONAL/HOSPITAL AFFILIATION**

|  |  |
| --- | --- |
| 1. Primary Hospital Affiliation: |  |
| 2. Other Hospital Affiliations: |  |
| 3. Other Institutional Affiliations: |  |

1. **PERCENT EFFORT AND INSTITUTIONAL RESPONSIBILITIES**

|  |  |  |
| --- | --- | --- |
| CURRENT % EFFORT | (%) | Does the activity involve WCM students/researchers? (Yes/No) |
| TEACHING |  |  |
| CLINICAL |  |  |
| ADMINISTRATIVE |  |  |
| RESEARCH |  |  |
| **TOTAL** | **100%** |  |

FOR NEW MEDICAL COLLEGE FACULTY: IT IS VERY HELPFUL TO HAVE THIS TABLE REPEATED, SO THAT THE COMMITTEE OF REVIEW CAN SEE THE EXPECTED RESPONSIBILITIES AND EFFORT AT WEILL CORNELL MEDICINE (WCM)

|  |  |  |
| --- | --- | --- |
| WCM ANTICIPATED % EFFORT | (%) | Does the activity involve WCM students/researchers? (Yes/No) |
| TEACHING |  |  |
| CLINICAL |  |  |
| ADMINISTRATIVE |  |  |
| RESEARCH |  |  |
| **TOTAL** | **100%** |  |

**INSTITUTIONAL RESPONSIBILITIES**

Teaching (e.g., specific teaching functions, courses taught, dates): For guidance refer to

1. Teaching Metrics table ([http://weill.cornell.edu/handbook/ Appointment](http://weill.cornell.edu/handbook/%20Appointment) and Promotion of Faculty, page 2.84). You may report your teaching activities in the 4 areas of teaching shown below. Report one activity per row – add rows as needed. If you have taught the same course, mentored the same student, or served on a leadership role during several years, please report the inclusive dates (do not report every year separately)

|  |  |
| --- | --- |
| **Didactic teaching**: (e.g., lectures, continuing medical education courses, grand rounds, professional development programs, seminars, tutorials) | Dates |
|  |  |
|  |  |
| **Mentorship**: (e.g., mentor for medical student, graduate student, resident, clinical or postdoctoral research fellow or junior faculty projects; service as graduate student thesis advisor or committee member) | Dates |
|  |  |
|  |  |
| **Clinical teaching**: (e.g., teaching in the clinic or hospital including bedside teaching, teaching in the operating room, preceptor in clinic) | Dates |
|  |  |
|  |  |
|  |  |
| **Administrative teaching leadership role**: (e.g., residency or fellowship director, course or seminar director or co-director) | Dates |
|  |  |
|  |  |

1. Clinical care (duties, dates): To document your clinical activities, use the table below. You may include development of clinical programs here or under subsection G-4 below if you had an administrative role. Do not include administrative positions (chair, section head, director). They should be reported below in Section G-4. Do not include ClinicalGuidelines and Reports. They should be reported below in Section L. Report one activity per row – add rows as needed.

|  |  |
| --- | --- |
| Clinical Practice Activities: Contributions and achievements.  | Dates |
|  |  |
|  |  |
|  |  |

1. Research (duties, dates): Describe your research interests, activities, and career trajectory using dates, in the table below. *Do not include research support/funding reported below in Section H.* Report one activity per row – add rows as needed.

|  |  |
| --- | --- |
| Research Activity / Key Contributions | Dates |
|  |  |
|  |  |

|  |  |
| --- | --- |
| Technology and Other Scientific Innovations – Awards*Award/Patent/Innovation/Device* | Dates |
|  |  |
|  |  |

1. Major Administrative Activities (duties, dates): Describe administrative activities in the table below. Administrative include directorships, deanships, chair, division chief etc. Additionally, report in this section service in internal institutional committees (hospital and academic committees). Report one activity per row – add rows as needed.

|  |  |
| --- | --- |
| Administrative Activity | Date |
|  |  |
|  |  |

1. **RESEARCH SUPPORT**

**Past Research Support**: (Summarize). Report one activity per row – add rows as needed.

|  |
| --- |
| 1. |
| 2. |
| 3.  |

For **Current extramural and intramural research funding**, provide the following for each award:

1. Source, amount, and duration of support (dates)
2. Name of Principal Investigator
3. Individual's role in project, including percentage (%) effort

**Candidates are encouraged to annotate multi-investigator grants to clarify their role on the project (PI, Site PI, Project leader, Core director, etc.)**

**Current Research Support**: (duplicate table as needed)

|  |  |
| --- | --- |
| Source |  |
| Project Title |  |
| $ Amount |  |
| Duration (MM/YY) |  |
| Principal Investigator |  |
| Your Role in Project |  |
| % Effort |  |

**Projects Submitted for Funding**: (duplicate table as needed)

|  |  |
| --- | --- |
| Source |  |
| Project Title |  |
| $ Amount |  |
| Duration (MM/YY) |  |
| Principal Investigator |  |
| Your Role in Project |  |
| % Effort |  |

**Unfunded Current Projects:** (duplicate table as needed)

|  |  |
| --- | --- |
| Project Title |  |
| Duration (MM/YY) |  |
| Principal Investigator |  |
| Your Role in Project |  |
| % Effort |  |

1. **EXTRAMURAL PROFESSIONAL RESPONSIBILITIES**

i.e. - Journal Reviewer, Editorial Boards, Grant Reviewing, Study Sections, Invited Presentations, Consultancies, Community Service, Voluntary Work. Report one activity per row – add rows as needed.

|  |  |
| --- | --- |
| Activity / Responsibility  | Dates |
|  |  |
|  |  |
|  |  |

1. **PROFESSIONAL MEMBERSHIPS**

Include medical and scientific societies. Report one activity per row – add rows as needed.

|  |  |  |
| --- | --- | --- |
| Member/Officer/Fellow/Role | Organization | Dates |
|  |  |  |
|  |  |  |
|  |  |  |

1. **HONORS AND AWARDS**

[not already noted above]**.** Report one activity per row – add rows as needed.

|  |  |
| --- | --- |
| Name of award | Date awarded |
|  |  |
|  |  |
|  |  |

1. **SCHOLAR ACTIVITIES: Discovery, Integration, Application/Engagement, Education**

*Selected publications may be annotated. Consider doing this for co-first authorship, co-senior authorship, and for publications in which you played an important role (leadership of a site, or methodology, etc.) that may not be apparent from the author order.*

1. **Peer-Reviewed Scholarship in print or other media:** *Entries should follow standard scientific journal format, listing authors, year of publication, journal and article titles, volume-issue, and inclusive pagination. Please note your name in bold within all citations. If possible, provide a URL to each of your published works as found in a publicly available digital database such as PubMed or My Bibliography, maintained by the US National Library of Medicine.*

Research Investigations / Original Papers

Reviews

Other peer-reviewed scholarship

Scholarship without named authorship

1. **Non-Peer-Reviewed Scholarship in Print or Other Media:**

Proceedings of meetings or other non-peer reviewed scholarship

Reviews, chapters, monographs and editorials

Books/textbooks for the medical or scientific community: Editor, co-Editor, Contributor

Case reports (limit to 10, note total count if more than 10)

Letters to the Editor

1. **Professional** educational materials or reports, in print or other media:

|  |  |  |
| --- | --- | --- |
| *Type* | *Citation (if available)* | *Target Audience* |
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1. **Clinical Guidelines and Reports:**

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| *Type* | *Citation (if available)* | *Target Audience* |
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1. **Thesis**: provide full citation for doctoral thesis
2. **Abstracts, Presentations (Posters, Oral not invited) and Exhibits Presented at Professional Meetings**

*(List abstracts published and exhibits presented at meetings during the last 3 years, which have not been published already as full-length manuscripts. You may also list* ***here*** *abstracts or exhibits, regardless of date of publication as a full-length manuscript, which received special recognition at a meeting (e.g., juried poster presentation, meeting commendation). Limit to 10; note total count if more than 10)*