**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** |
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B. Education

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Dates** | **Institution** | **Field of Study** | **Degree** |
|  |  |  |  |
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C. Postdoctoral Training

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Dates** | **Institution** | **Specialty** | **Position** |
|  |  |  |  |
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D. Academic Appointments

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Dates** | **Institution** | **Department(s)** | **Title** |
|  |  |  |  |
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E. Appointments at Hospitals/Affiliated Institutions

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| --- | --- | --- | --- |
| **Dates** | **Institution** | **Position/title** | **%FTE** |
|  |  |  |  |
|  |  |  |  |
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F. Other Professional Positions

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

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

|  |  |  |
| --- | --- | --- |
| **Dates** | **Institution/Society** | **Description** |
|  |  |  |
|  |  |  |
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H. Honors and Awards

|  |  |  |
| --- | --- | --- |
| **Date** | **Name of Award** | **Awarding Organization and Description** |
|  |  |  |
|  |  |  |
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II. LEADERSHIP AND ADMINISTRATION

Major Leadership Positions in Professional Organizations and Societies

*Institutional and Affiliated Institutions*

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| --- | --- | --- |
| **Dates** | **Institution** | **Position/title** |
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*Regional*

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| --- | --- | --- |
| **Dates** | **Institution** | **Position/title** |
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*National*

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| --- | --- | --- |
| **Dates** | **Institution** | **Position/title** |
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*International*

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| --- | --- | --- |
| **Dates** | **Institution** | **Position/title** |
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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** |
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*Regional*

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

*National*

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

*International*

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| --- | --- | --- | --- |
| **Dates** | **Committee** | **Role** | **Institution/Society** |
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|  |  |  |
| --- | --- | --- |
| 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

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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| --- | --- | --- |
| **Dates** | **Journal/Book/Organization** | **Estimated # reviews/year** |
|  |  |  |
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**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** |
|  |  |  |  |
|  |  |  |  |
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**IV. EDUCATIONAL ACTIVITIES**

Teaching related to Formal Institutional Courses

Didactic teaching *(lectures, seminars, tutorials)*

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| --- | --- | --- | --- |
| **Dates** | **Title** | **Target Audience** | **Duration/Frequency** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Title** | **Institution/****Organization** | **Target Audience** | **Estimated** **hours/year** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

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

|  |  |  |
| --- | --- | --- |
| **Dates** | **Learner group and description** |  **Estimated hours/year** |
|  |  |  |
|  |  |  |
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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** |
|  |  |  |  |
|  |  |  |  |
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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** |
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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** |
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National

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| --- | --- |
| 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** |
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International

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| --- | --- |
| 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** |
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**Session Moderator / Panelist**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Topic/title** | **Organization** | **Location** |
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**V. CLINICAL ACTIVITIES**

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| --- | --- |
| 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

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| --- | --- | --- | --- |
| **Date** | **Title** | **Organization** | **Role** |
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Clinical Innovations

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| --- | --- | --- | --- |
| **Date** | **Title** | **Organization** | **Description and impact** |
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|  |  |
| --- | --- |
| 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** |
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| --- | --- | --- | --- |
| 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** |
|  |  |  |
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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).
 |

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