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

Academic Rank, Department

Director, Center for Whatever

Your medical school or university

Professional Street Address
City, State zip code
(Area code) phone number
email@address.com

**Education & Training** *[Note: in reverse chronological order, year & dates on either left or right]*

Fellowship, Your University, City, State Years
Residency, Your University, City, State Years
M.D., Your University, City, State Years
B.S. in Discipline (magna cum laude), Your University, City, State Years

# Academic, Administrative & Clinical Appointments [*Note: in reverse chronological order]*

Associate Professor Year - Present
Department of
Name of University
City, State

Director, Center for Whatever Years

Name of Medical School or University

City, State

Assistant Professor Years
Department of
Name of University
City, State

**Professional Education & Experience**

*[Note: List non-academic employment and experience in reverse chronological order*

*Include leadership or professional development activities]*

**Military Service** *[optional]*

**Certification and Licensure** Years

*Diplomate, Your ABMS Board
Subspecialty Certification, Your Subspecialty Board
State Medical License (active and inactive, without numbers)*

**Honors and Awards**

*[Receipt of competitive scholarships, fellowships, and assistantships; names of scholastic honors, and teaching or research awards. Note: you may also list selective fellowship programs, those to which you were accepted as a competitive, as opposed to first-come, first-serve, application process.]* Years

**Research or Clinical Interests**

*Insert 3-4 numbered interests*

**Grants and Contracts**

*Current*

*Pending*

*Past*

*Submitted not funded*

 *Funding agency*

 *Title of grant*

 *PI*

 *Total cost*

 *Dates*

 *Role on project*

*Separate contracts from grants*

**Patents and Technology Transfer**

*[Include and patent pending or patent applications, with dates of filing. List any technologies licensed to industry or others (military, etc.) with dates of licensure or filing]* Date

**Professional Memberships**

*[List these in groupings by professional organization, may note leadership positions and other positions held though typically in later section]* Years

**Editorial Positions, Boards, & Peer-Review Services**

Include relevant dates

*Study sections*

*Journal refereed*

*Editorial Boards*

*Program Memberships*

 *Cancer center etc*

*Board Memberships*

**Clinical Activities & Quality Improvement Initiatives**

*[List clinical responsibilities and other clinical activities that include number of weeks, and percentage/time effort, clinics & procedures can be listed in days or half days]*

*Clinical Service*

 *Inpatient Service*

 *Outpatient Service*

 *Procedures*

 *Other*

*Quality Improvement Initiatives*

**Teaching**

*[Identify your teaching activities here or write “See attached Teaching Portfolio.”]*

*National/International*

*Institutional*

*Medical Student teaching*

*Departmental Conferences and Resident teaching*

*Divisional Conferences and Fellow teaching*

*College of Medicine Conferences and Teaching*

*Other Teaching and Lecturing Activities*

*Formal Mentorship [only list those with a significant time investment that are outside of “normal” teaching duties, list project mentored and result. Include mentee name, institution, mentee level/ rank, role, project mentored, next position/accomplishment]*

 *Residents*

 *Post Doctoral Fellows*

 *Students*

 *Other Formal Mentorship activities*

[May want to *Categorize educational activities as follows: Educational Administration (Director, Dean, etc.),*

*Training Program Committees, Course and Curriculum Development, Courses Directed, Didactic Sessions, Clinical Teaching, Laboratory Teaching, Small Group Teaching, Graduate Student Committees*

*[Note: Reflect the years you undertake each activity]*

**Committee, Organizational & Volunteer Services**

*[List in chronological order, noting leadership positions held. Include university and non-university activities]* Years

*National*

*Institutional*

*Volunteer (Community)*

*Professional Organizations (Major affiliations)*

 *Chronological service separated by organization*

*[note if redundant info]*

**Consulting Positions & Pharmaceutical Advisory Boards**

*Include dates, location, work performed, organizer/employer*

**Visiting Professorships, Seminars, and Extramural Invited Presentations**

*Include dates, type, venue*

**CME Courses Organized and Directed**

*Mention if redundant info*

**Interviews, Internet appearances, Panel Discussions, Media Events**

**Creative Works, Social Media or Internet Projects not included elsewhere**

*[List CDs, interviews, simulations, films, websites, webinars, case vignettes you authored and are in use, and any other creative work products. Indicate your role in the creation of the product – creator, author, co-author, webmaster, etc.]*

**Hobbies and Other activities** *[optional but EZ likes this!]*

**Bibliography**

* *List your publications in chronological order for easy updating*
* *Number these and highlight your name in bold*
* *Follow this order with appropriate subheadings- peer-reviewed, non-peer-reviewed publications, Books Chapters in Books, Abstracts*
* *Note in parenthesis articles submitted, accepted for publication, or in press, reviews, editorials, conference proceedings, simultaneous publicationsdevelopment and/or publication*
* *OK to include sections for educational materials, published major curricular offerings or innovative educational programs, non-print materials*

*Peer Reviewed publications*

*Non Peer-Reviewed Publications*

*Books*

*Chapters in Books*

*Abstracts (keep chronological list and add info on type of presentation, type of meeting, etc)*

 *If published give reference*

 *“presented in poster form (oral presentation) at ???, City, State, Date or year”*

 *[List these in chronological order, may want to use an asterisk or other explained notation to demarcate invited talks and meetings that you helped to organize.]*

*Alternatively, you may want to separate abstracts by*

 *Oral Presentations**[Note: this section is for presentations given where you are an author]*

 *National/International Meetings Date*

 *Local/Regional Meetings Date*

 *Peer-reviewed Presentations (including Workshops) Date*

*Poster Presentations*

 *National/International Meetings Date*

 *Local/Regional Meetings**Date*

 *[Note: if you are not listed as first author on publications for which your mentored student is listed, note that role with an asterisk or other indicator]*

*[Publications notations needed for promotion]*

*Accepted: A publication is defined as accepted if it has been finally accepted for publication by an editorial board or similar entity empowered to authorize publication, and will appear in print in the future.*

*In press: A publication is defined as in press if it has been accepted for publication and has been copy-edited, or otherwise made ready for publication at a date certain.*

*Submitted: Submitted refers to a manuscript that has been submitted to a publisher for publication review.*

*Graduate students, post-docs, residents, fellows and interns listed as authors should be identified using the key.*

Senior/principal author(s) = Underline.

Self = bold

Fellow = f

Graduate Student = g

Other = &

Post-Doctoral Associate/Fellow = p

Resident = r

*Order of publications in the P&T packet*

a. **Books, Sole Author** (Title, Publisher, Place of Publication, Date, Inclusive Pages)

b. **Books, Co-authored** (Co-author(s), Title, Publisher, Place of Publication, Date, Inclusive Pages)

c. **Books, Edited** (Editor, Co-editor(s), Title, Publisher, Place of Publication, Date, Inclusive Pages)

d. **Books, Contributor of Chapter(s)** (Author, Co-author(s), Title of Book and Chapter, Publisher, Place of Publication, Date, Inclusive Pages)

e. **Monographs** (Author, Co-author(s), Title, Series of Volume, if applicable, Publisher, Place of Publication, Date, Inclusive Pages)

f. **Refereed Publications** (Author, Co-author(s), Title, Name of Journal or Publication, Volume, Date, Inclusive Pages)

g. **Non-refereed Publications** (Author, Co-author(s), Title, Name of Journal, Bulletin, Circular, or other Publication, Volume, Date, Inclusive Pages)

h. **Bibliographies/Catalogs** (Author, Co-author(s), Title, Publisher, Place of Publication, Date, Inclusive Pages)

i. **Abstracts** (Author, Co-author(s), Title, Name of Journal or Publication, Volume, Date, Inclusive Pages)

j. **Reviews** (Author, Co-author(s), Title and Author of Work Reviewed, Where Review was Published, Date, Inclusive Pages)

k. **Miscellaneous** (Author, Co-author(s), Title, Source of Publication, Date, Inclusive Pages)