#

Curriculum Vitae

# [Title] [Given Name] [Family Name]

# [Professional Title]

***This template is a tool for NOSM faculty members to assist them in developing and maintaining their Curriculum Vitae. Please keep in mind that this is a comprehensive template to be used as a guideline only. Please do not feel obligated to complete every section of this template. Please complete the sections that apply to you.***

Note: Record level details are denoted only once for each section. If there are multiple subsections, please use the same format.

# A. DATE PREPARED: [Year Month Day]

# B. BIOGRAPHICAL INFORMATION

Primary Office [Institution]
 [Street Address]
 [City], [Province], [County]
 [Postal Code]
Telephone [Telephone Number]
Cellphone [Cell Phone Number]
Fax [Fax Number]
Email [Email Address]

## 1. EDUCATION

### Degrees

[Presented in reverse chronological order]

[Start – End Dates] [Degree], [Subject/Discipline], [Department], [Institution/Organization], [City], [Province/State], [Country]. Supervisor(s): [Supervisor(s)]

### Postgraduate, Research and Specialty Training

[Presented in reverse chronological order]

[Start – End Dates] [Title/Position], [Subject/Discipline], [Department/Program], [Institution/Organization], [City], [Province/State], [Country]. Supervisor(s): [Supervisor(s)]

### Qualifications, Certifications and Licenses

[Presented in reverse chronological order]

[Start – End Dates] [Title], [Specialty], [Institution/Organization], [City], [Province/State], [Country]. [License/ Membership Number]

## 2. EMPLOYMENT

### Current Appointments

[Presented in reverse chronological order]

[Start – End Dates] [Title/Position], [Division], [Department,] [Faculty/ School], [Institution/Organization], [City], [Province], [Country].

 *Description.*

### Previous Appointments

#### Clinical

[Presented in reverse chronological order]

[Start – End Dates] [Title/Position], [Division], [Department,] [Faculty/ School], [Institution/Organization], [City], [Province], [Country].

 *Description.*

#### Consulting

#### Hospital

#### Research

#### University

#### University - Cross-Appointment

#### University - Rank History

#### Work Interruptions

#### [Other Position Type]

## 4. PROFESSIONAL AFFILIATIONS AND ACTIVITIES

### Professional Associations

[Presented in reverse chronological order]

[Start – End Dates] **[Role]**, [Association Name], [Membership Number]

### Administrative Activities

#### International

[Institution/Organization name]

[Presented in reverse chronological order]

[Start – End Dates] **[Role]**, [Committee Name], [Faculty], [University Department], [Division], [Primary Audience], [City], [Province], [Canada].

 *Description.*

#### National

#### Provincial / Regional

#### Local / NOSM

### Peer Review Activities

#### Associate or Section Editing

[Presented in reverse chronological order]

[Role]

[Start – End Dates] [Institution/ Organization], [Journal/Section], Number of Reviews: [Number of Reviews]

#### Editorial Boards

#### Grant Reviews

#### Manuscript Reviews

#### Presentation Reviews

#### [Other Activity Type]

### Other Research and Professional Activities

#### Research Project

[Presented in reverse chronological order]

[Start – End Dates] **[Role]**. [Title]. [Institution/ Organization], [City], [Province], [Country]. Supervisor(s): [Supervisor(s) Name]. Collaborators: [Collaborators Name]

 [*Description*].

#### [Other Activity Type]

# C. RESEARCH FUNDING

## 1. GRANTS, CONTRACTS AND CLINICAL TRIALS

### Peer-Reviewed Grants

#### Funded

[Presented in reverse chronological order]

[Start – End Dates] **[Role]**. [Name of Grant]. [Funding Source]. [Funding Program Name]. [Grant/Account Number]. Principal Investigator: [Last Name, First Name(s)]. Collaborators: [Name(s)]. [Amount] [Currency]. [Funding Type]
*Description*.

#### Awarded but Declined

[Presented in reverse chronological order]

[Start – End Dates] **[Role]**. [Name of Grant]. [Funding Source]. [Funding Program Name]. [Grant/Account Number]. Principal Investigator: [Last Name, First Name(s)]. Collaborators: [Name(s)]. [Amount] [Currency]. [Funding Type]
*Description*.

### Non-Peer-Reviewed Grants

#### Funded

[Presented in reverse chronological order]

#### Awarded but Declined

[Presented in reverse chronological order]

## 2. SALARY SUPPORT AND OTHER FUNDING

### Personal Salary Support

[Presented in reverse chronological order]

[Start – End Dates] [Funding Title]. [Funding Source]. [Amount] [Currency]. [City], [Province], [Country].

### Trainee Salary Support

### Other Funding

# D. PUBLICATIONS

## 1. MOST SIGNIFICANT PUBLICATIONS

[Presented in reverse chronological order]

1. [Author(s) – ***CV holder’s name bolded***]. [Title of article]. [Journal name]. [Rest of citation]. [Status – *only if in press*]. Impact Factor [Impact Factor], (Trainee Publication, [Trainee Details] – *only if it is a trainee publication*). **[Role]**.

*Most significant publication details*.

## 2. PEER-REVIEWED PUBLICATIONS

### Journal Articles

[Presented in reverse chronological order]

1. [Author(s) – ***CV holder’s name bolded***]. [Title of article]. [Journal name]. [Rest of citation]. [Status – *only if in press*]. Impact Factor [Impact Factor], (Trainee Publication, [Trainee Details] – *only if it is a trainee publication*). **[Role]**.

### Case Reports

### Abstracts

### Books

### Books Edited

### Book Chapters

### Manuals

### Editorials

### Commentaries

### Letters to Editor

### Monographs

### Multimedia

### Other Publications

## 3. NON-PEER-REVIEWED PUBLICATIONS

[Same as Peer-Reviewed Publications]

### Journal Articles

### Case Reports

### Abstracts

### Books

### Books Edited

### Book Chapters

### Manuals

### Editorials

### Commentaries

### Letters to Editor

### Monographs

### Multimedia

### Other Publications

## 4. SUBMITTED PUBLICATIONS

[Same as Peer-Reviewed Publications]

### Journal Articles

### Case Reports

### Abstracts

### Books

### Books Edited

### Book Chapters

### Manuals

### Editorials

### Commentaries

### Letters to Editor

### Monographs

### Multimedia

### Other Publications

## 5. OTHER COMMUNICATIONS

# E. PATENTS AND COPYRIGHTS

[Presented in reverse chronological order]

[Date] [Title], [Patent/Copyright Type], [Brief Description] [Status], [Patent/Copyright #], [Country], [Joint Holder Names]

# F. PRESENTATIONS AND SPECIAL LECTURES

## 1. INTERNATIONAL

### Abstracts and Other Papers

[Presented in reverse chronological order]

[Date] **[Role]**. [Title]. [Organizer]. [City], [Province], [Country]. Presenter(s): Name(s). [Rest of Citation]. (Trainee Presentation – *only if it is a trainee presentation*)

### Invited Lectures and Presentations

### Media Appearances

### Other Presentations

## 2. NATIONAL

### Abstracts and Other Papers

### Invited Lectures and Presentations

### Media Appearances

### Other Presentations

## 3. Provincial/ Regional

### Abstracts and Other Papers

### Invited Lectures and Presentations

### Media Appearances

### Other Presentations

## 4. LOCAL / NOSM

### Abstracts and Other Papers

### Invited Lectures and Presentations

### Media Appearances

### Other Presentations

# G. TEACHING AND DESIGN

*Please see the Teaching and Educational Report for full details.*

[Introduction to Teaching and Education Report]

## 1. INNOVATIONS AND DEVELOPMENT IN TEACHING AND EDUCATION

 [Presented in reverse chronological order]

[Start – End Dates] [Title], [Primary Audience], [University Department], [Division], [Institution/ Organization]
*[Description].
[Impact].*

# H. RESEARCH SUPERVISION

## 1. MULTILEVEL EDUCATION

[Presented in reverse chronological order]

[Start – End Dates] **[Role]**, [Name of Student], Student's Current Position: [Student's Current Position], Student's Current Institution: [Student's Current Institution] . [Year/ Stage], *[Research Project Title].* Awards: [Student’s Awards Attained]. Collaborators: [Collaborators]. Completed [Year Completed].

## GRADUATE EDUCATION

## UNDERGRADUATE MD

## POSTGRADUATE MD

## CONTINUING EDUCATION

## FACULTY DEVELOPMENT

## PATIENT AND PUBLIC EDUCATION

# I. CREATIVE PROFESSIONAL ACTIVITIES

## 1. PROFESSIONAL INNOVATION AND CREATIVE EXCELLENCE

[Presented in reverse chronological order]

[Start – End Dates] [Title],
[Description]
[Impact]

## 2. CONTRIBUTIONS TO THE DEVELOPMENT OF PROFESSIONAL PRACTICES

## 3. EXEMPLARY PROFESSIONAL PRACTICE

# J. HONOURS AND AWARDS (iNCLUDING tEACHING)

### Distinctions and Research Awards

#### International

Received

[Presented in reverse chronological order]

[Start – End Dates] **[Name of Award]**, [Role], [Institution/Organization], [City], [Province/ State], [Country]. ([Award Type], Specialty: [Specialty])

 *Description. Total Amount: [Total Amount] [Currency]*

Nominated

[Presented in reverse chronological order]

[Start – End Dates] **[Name of Award]**, [Role], [Institution/ Organization], [City], [Province/ State], [Country]. ([Award Type], Specialty: [Specialty])

 *Description. Total Amount: [Total Amount] [Currency]*

#### National

Received

Nominated

#### Provincial / Regional

Received

Nominated

#### Local / NOSM

Received

Nominated

### Teaching Awards

#### International

Received

[Presented in reverse chronological order]

[Start – End Dates] **[Name of Award]**, [Role], [Division], [University Department], [Faculty], [Institution/Organization], [City], [Province/ State], [Country]. (Primary Audience, Year/Stage, Specialty: [Specialty])

 *Description. Total Amount: [Total Amount] [Currency]*

Nominated

[Presented in reverse chronological order]

[Start – End Dates] **[Name of Award]**, [Role], [Division], [University Department], [Faculty], [Institution/ Organization], [City], [Province/ State], [Country]. (Primary Audience, Year/Stage, Specialty: [Specialty])

 *Description. Total Amount: [Total Amount] [Currency]*

#### National

Received

Nominated

#### Provincial / Regional

Received

Nominated

#### Local / NOSM

Received

Nominated

### Student/Trainee Awards

#### International

Received

[Presented in reverse chronological order]

[Start – End Dates] **[Name of Award]**, [Role], Awardee Name: [Student Name]. [Institution/ Organization], [City], [Province/ State], [Country]. [Specialty]

 *Description. Total Amount: [Total Amount] [Currency]*

Nominated

[Presented in reverse chronological order]

[Start – End Dates] **[Name of Award]**, [Role], [Institution/ Organization], [City], [Province/ State], [Country]. [Award Type], [Specialty]

 *Description. Total Amount: [Total Amount] [Currency]*

#### National

Received

Nominated

#### Provincial / Regional

Received

Nominated

#### Local / NOSM

Received

Nominated