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

Department  
University/Institution

Applicant’s Street Address  
City, State Zip Code   
(Area code) Phone Number  
 (BEST) email@address.com

***All Items should be listed in reverse chronological order; Arial Font***

***(please make sure all items are listed in the order listed below.)***

*Helpful tips to speed up the process:*

1. *You can use CTRL+SHIFT+C to copy formatting only and CTRL+SHIFT+V to paste the formatting only (The computer will remember the last paste formatting used, until you copy a new one);* <https://cybertext.wordpress.com/2009/01/21/word-run-format-painter-with-the-keyboard/>
2. *If you prefer to copy text from your existing CV into this template, you can change the settings in Word to paste text only. From the Home tab, look just below “File” and click the Paste down arrow > Set Default Paste. Change “Pasting Between Documents” to Keep Text Only.*
3. *Using the Tabs feature helps align the years. Note the Ruler bar at the top of the page on the 5.5” Mark, the tiny right angle is what can be used to set the year alignments. Once set, hitting the tab button automatically pushes the year where you want it.* <http://www.techrepublic.com/blog/microsoft-office/tutorial-how-to-create-and-correctly-employ-word-tabs/>
4. *If using Google Docs:* <https://youtu.be/qQoPjRdsraQ>

**Education**

Ph.D., (Field), University, City, State/Country mm/yy to mm/yy  
Thesis Title:   
Advisor:

M.D., University, City, State/Country mm/yy to mm/yy

B.S./B.A., Major (include Honors), University, City, State/Country mm/yy to mm/yy

**Postdoctoral Training**

Fellowship, University/Institution, City, State/Country mm/yy to mm/yy

Residency, University/Institution, City, State/Country mm/yy to mm/yy

Internship, University/Institution, City, State/Country mm/yy to mm/yy

Postdoctoral Fellow/Scholar mm/yy to mm/yy  
Supervisor  
Department, University/Institution, City, State/Country

**Licensure**

State, License number, exp. mm/dd/yy

**Board Certification/Eligibility**

National Board of Medical Examiners mm/dd/yy

American Board of (Area), Specialty, number mm/dd/yy

Recertified (Date), exp. mm/dd/yy

**Academic and Leadership Appointments**

***(including professorial, clinical, and university/medical administrative appointments.***

***Specify if the academic appointment is professional-track, tenure-track or tenured.)***

Associate Professor mm/yy to mm/yy  
Department, University, City, State

Director of Division/Clinic mm/yy to mm/yy

Department, University, City, State

Assistant Professor mm/yy to mm/yy  
Department, University, City, State

**Other Employment**

***(e.g., employment in government, military, industry, consultantships, private/group practice, other)***

Rank, U.S. Military Branch, Station, City, State mm/yy to mm/yy

Consultant/Board Member, Company/Institution, City, State mm/yy to mm/yy

Private Practice, Facility/Institution, City, State mm/yy to mm/yy

**Honors and Awards**

***(Include context such as # of learners, regional/state/national scope of organization, who nominates for award, competitiveness of award (how many awards given, pool of applicants/nominees).)***

Name of Award, Organization, Significance mm/yy

Fellow, American College of XX, Significance mm/yy

**Professional Memberships and Service**

***(Designation of the professional organization between local, regional/state, national, or international is based on the geographic scope of the organization and the geographic proximity of the organization relative to UT (or wherever the faculty member was appointed at the time of the activity).*** ***Regional refers to the region of the US (i.e., Southwest US))***

**Local**

Society Name ***(define any abbreviations)*** mm/yy to mm/yy Member, Committee (Years)

Leadership Role, Committee (Years)

**Regional/State**

***Regional refers to the region of the US (i.e., Southwest US))***

Society Name ***(define any abbreviations)*** mm/yy to mm/yy Member, Committee (Years)

Leadership Role, Committee (Years)

**National**

Society Name ***(define any abbreviations)*** mm/yy to mm/yy Member, Committee (Years)

Leadership Role, Committee (Years)

**International**

Society Name ***(define any abbreviations)*** mm/yy to mm/yy Member, Committee (Years)

Leadership Role, Committee (Years)

**Educational Activities**

**Educational Administration and Leadership**

Member, Committee mm/yy to mm/yy

Director, Program mm/yy to mm/yy

**Classroom Teaching Activities**

Course Name, Role, Number of Students, Subject(s) mm/yy to mm/yy

**Clinical Teaching and Supervision**

Responsibility, Location, Level of Effort mm/yy to mm/yy

**Workshops and Seminars**

***(workshops, seminars, symposia for scientific audiences are listed***

***below under presentations )***

Role, Responsibility, Learner level, Location, Level of Effort,

Course title, any other explanatory notes mm/yy to mm/yy

**Development of Curricula and Educational Materials**

Description: include learner level/audience for context (clarify if the audience

is institutional, local, regional/state, national)

***Regional refers to the region of the US (i.e., Southwest US))***

mm/yy to mm/yy

**Mentoring**

***(A Mentor “fosters personal and professional growth by imparting wisdom, sharing experiences, and delivering expert insight. Encourages holistic long-term mentee success.” n.b., simply listing learners to whom you have been exposed or writing routine letters of recommendation does not constitute mentoring. Include brief summary of the mentoring relationship and what product(s) came out of the relationship. Reference: Santiesteban L, Young E, Tiarks GC, Boemi MG, Patel RK, Bauckman KA, Fine L, Padilla ME, Rajput V. Defining Advising, Coaching, and Mentoring for Student Development in Medical Education. Cureus. 2022 Jul 27;14(7):e27356. doi: 10.7759/cureus.27356. PMID: 36043012; PMCID: PMC9411822.)***

**Students**

Name, Program mm/yy to mm/yy

Current Position

Nature of Mentoring Relationship

(Example: research mentor for their scholarly project – [Name of Project or Product]

**Residents and Fellows**

Name, Program mm/yy to mm/yy

Current Position

Nature of Mentoring Relationship

(Example: Directly supervised clinical training and advised and advocated for resident in successful fellowship match in [Fellowship program] at [Name of Institution].

**Postdoctoral Trainees**

Name, Program mm/yy to mm/yy

Current Position

Nature of Mentoring Relationship

(Example: research mentor for their scholarly project – [Name of Project or Product]

**Faculty**

Name, Program mm/yy to mm/yy

Current Position

Nature of Mentoring Relationship

(Example: research mentor for their scholarly project – [Name of Project or Product]

**Advising**

***(An Advisor “addresses questions by providing direct answers or potential solutions based on institutional and national guidelines. Supports students with competing program-specific tasks.” n.b., simply listing learners to whom you have been exposed or writing routine letters of recommendation does not constitute advising. Include brief summary of the advising***

***relationship and what product(s) came out of the relationship. Reference: Santiesteban L, Young E, Tiarks GC, Boemi MG, Patel RK, Bauckman KA, Fine L, Padilla ME, Rajput V. Defining Advising, Coaching, and Mentoring for Student Development in Medical Education. Cureus. 2022 Jul 27;14(7):e27356. doi: 10.7759/cureus.27356. PMID: 36043012; PMCID: PMC9411822.))***

**Students**

Name, Program mm/yy to mm/yy

Current Position

Nature of Advising Relationship

**Residents and Fellows**

Name, Program mm/yy to mm/yy

Current Position

Nature of Advising Relationship

**Postdoctoral Trainees**

Name, Program mm/yy to mm/yy

Current Position

Nature of Advising Relationship

**Faculty**

Name, Program mm/yy to mm/yy

Current Position

Nature of Advising Relationship

**Grants**

***(For each of the sub-headings 1 – 5 designated below, list projects by funding status and include the following data for each project. Please note: Do not list role as Co-PI. This is not a recognized role. We ask that you confirm if your role is Co-I or Multiple PI):***

Funding Status (Current, Under Review, or Completed)

Sponsor Name

Name and Affiliation of Principal Investigator

Role of the Candidate (PI, Multiple PI, co-I, site PI, or Key Personnel)

PI: full responsibility & authority for the project

Multiple PI: equal responsibility & authority as lead PI

co-I: make significant contributions

site PI: Lead investigator at one site of a multi-site study

Key Personnel: contribute in a substantive measurable way

Project Title

Project/Funding Period

Funding Amount

If Project Under Review, Indicate Current Status

**1. Sponsored Research Funding, Candidate PI, Multiple PI, or co-I**

**2. Sponsored Research Funding, Candidate in Key Personnel Role**

**3. Gifts, Other External Research Awards, and Contracts**

**4. Internal Research Funding, Candidate PI, Multiple PI, or co-I**

**5. Internal Research Funding, Candidate in Key Personnel Role**

**Other Active Research Activities and Clinical and Quality Improvement Projects**

Brief description of the project mm/yy to mm/yy

**Technology Development**

**Patents**

Patent title, number, date

**Devices/Software Applications**

Description

**Publications**

***(Numbered list in reverse chronological order: newest to oldest. Inclusion of PMID or doi is recommended.)***

***(If an author is a mentee, indicate by \*)***

**Peer-reviewed publications**

Complete citation in PubMed format or similar format:

Peer-Reviewed Original Research Articles

Invited Review Articles

Editorials

Letters to the Editor

Other Articles

**Books & Chapters**

Complete citation in PubMed or similar format

**Non-peer-reviewed publications**

Complete citation in PubMed or similar format

Invited Review Articles

Editorials

Letters to the Editor

Other Articles

**Non-print/Online Materials**

All authors, title, publication or update date, type of medium, source statement (e.g., URL)

**Editorial Responsibilities**

**Reviewer**

Journal name, role mm/yy to mm/yy

**Editorial Board Membership**

Journal name, role mm/yy to mm/yy

**Editorship(s)**

Journal name, role

**Invited Presentations**

* ***These are invitations, specific to you, where you are invited to speak at e.g., conferences, symposia, seminars, grand rounds;***
* ***Designation of the presentation between local, regional/state, national, or international is based on the geographic scope of the institution/organization that hosted/arranged the activity or event and the geographic proximity of the organization relative to UT (or wherever the faculty member was appointed at the time of the activity), not on the geographic scope of the affiliations of the audience or attendees; Regional refers to the region of the US (i.e., Southwest US));***
* ***Abstract presentations are included in Oral and Poster Presentations category below and are not considered invited presentations.***

**International**

title of presentation, meeting, location \*indicate if virtual mm/yy

**National**

title of presentation, meeting, location \*indicate if virtual mm/yy

**Regional/State**

title of presentation, meeting, location \*indicate if virtual mm/yy

**Local**

title of presentation, meeting, location \*indicate if virtual mm/yy

**Organization of Conferences/Symposia**

***(Include chairing session) Examples include: Member, Program Committee; Member, Arrangement Committee; Moderator, Scientific Session; Poster Walk with the Professor; Chair, Scientific Panel Session***

Title of Conference/Symposia, Role, Responsibility, Location, Level of Effort,

any other explanatory notes mm/yy to mm/yy

**Oral Abstract and Poster Presentations**

* ***Designation of the presentation between local, regional/state, national, or international is based on the geographic scope of the institution/organization that hosted/arranged the activity or event and the geographic proximity of the organization relative to UT (or wherever the faculty member was appointed at the time of the activity), not on the geographic scope of the affiliations of the audience or attendees; Regional refers to the region of the US (i.e., Southwest US))***

***(Indicate presenting author as presenter; if an author is a mentee, indicate by \*)***

**International**

All authors, title of presentation, meeting, location mm/yy

(Abstract reference if published)

**National**

All authors, title of presentation, meeting, location mm/yy

(Abstract reference if published)

**Regional/State**

All authors, title of presentation, meeting, location mm/yy

(Abstract reference if published)

**Local**

All authors, title of presentation, meeting, location mm/yy

(Abstract reference if published)

**Visiting Professorships**

Professor mm/yy to mm/yy

Department, University, City, State

**Academic and Hospital Service**

**University**

Organization (e.g. Committee name), role/responsibility mm/yy to mm/yy

**Dell Medical School (and other UT Austin Schools and Colleges)**

Organization (e.g. Committee name), role/responsibility mm/yy to mm/yy

**Department / Hospital**

Organization (e.g. Committee name), role/responsibility mm/yy to mm/yy

**Government Service**

Organization, role/responsibility mm/yy to mm/yy

**Community Service**

(These are community organizations outside of professional organization/service)

Organization, role/responsibility mm/yy to mm/yy