**CV CONTENT**

1. A white rectangular object with black text

   AI-generated content may be incorrect.**CONTACT INFORMATION-**

|  |
| --- |
| Your Name, Degree(s)  [Rank], with tenure [if applicable], [specify] Title Series  Department of XXX  Division of XXX  University of Kentucky College of Medicine  UK HealthCare [if applicable] |

**Office Address #** Street, Bldg/Room

City, State, Zip Code

**Email** email address

**Telephone** Area Code-xxx-xxxx

**Fax** Area Code-xxx-xxxx

1. **LICENSURE and CERTIFICATION**

**Professional Licensure**

**Name of State Medical Board(s)** [each one listed separately]

mm/yyyy-mm/yyyy #xxxxx [certificate number]

**Drug Enforcement Agency Controlled Substance Registration**

mm/yyyy-mm/yyyy #xxxxxxxxxxx [certificate number]

**Authorized User of Radioactive Materials** [if applicable]

mm/yyyy-mm/yyyy Name of Institution/License Holder

**Board Certification**

**American Board of XXX [specify]**

mm/yyyy-mm/yyyy Diplomate, Specialty [specify]

mm/yyyy-mm/yyyy Diplomate, Subspecialty [specify]

**Research Certification**

**University of Kentucky Collaborative Institutional Training Initiative**

mm/yyyy-mm/yyyy Completion Certificate

1. **EDUCATION**

**Post-Graduate** [newest at top, oldest at bottom]

**XXX Medical Center or University Department/Center**

City, State

mm/yyyy-mm/yyyy [Specify type of] Internship

**XXX Medical Center or University Department/Center**

City, State

mm/yyyy-mm/yyyy [Specify type of] Residency [if in progress, expected completion]

**XXX Medical Center or University Department/Center**

City, State

mm/yyyy-mm/yyyy [Specify type of] Fellowship [if in progress, expected completion]

**Professional/Graduate** [newest at top, oldest at bottom]

**XXX Medical School or Graduate School**

City, State

mm/yyyy-mm/yyyy Degree, Major, Honors [if in progress, expected date of degree]

**Undergraduate** [newest at top, oldest at bottom]

**XXX College or University**

City, State

mm/yyyy-mm/yyyy Degree, Major, Honors

1. **CONTINUING EDUCATION (**newest at top, oldest at bottom)
   1. **Include LEAN, ELAM, Harvard Macy Scholars, other formal development programs here that don’t result in a degree, but do offer a certificate or similar**

**[Specify] Sponsoring Organization/Society/University**

City, State

mm/yyyy-mm/yyyy [Specify program/type of training]

mm/yyyy-mm/yyyy [Specify program/type of training]

1. **NON-ACADEMIC PROFESSIONAL EXPERIENCES** (newest at top, oldest at bottom)
   1. **Include formal appointments/roles outside of academia and/or outside of the expectations for the appointments listed in the next section and that do not belong under SERVICE or ADMINISTRATION**

**XXX Organization #1**

City, State

mm/yyyy-mm/yyyyPosition/Title, full-time or part-time

mm/yyyy-mm/yyyyPosition/Title, full-time or part-time

**XXX Organization #2**

City, State

mm/yyyy-mm/yyyyPosition/Title, full-time or part-time

mm/yyyy-mm/yyyyPosition/Title, , full-time or part-time

1. **APPOINTMENTS**
   1. **ACADEMIC**

**Faculty** [newest at top, oldest at bottom]

**XXX University/College #1**

City, State

mm/yyyy-mm/yyyy Professor of Xxx, Xxx Title Series, tenure-track, full-time

**XXX University/College #2**

City, State

mm/yyyy-mm/yyyy Associate Professor of Xxx, Xxx Title Series, non-tenure-track, academic, part-time

mm/yyyy-mm/yyyy Assistant Professor of Xxx, Xxx Title Series, tenure-track, full-time

##### **XXX University/College #3**

City, State

mm/yyyy-mm/yyyy Role/Position, non-tenure-track, non-academic, part-time

**Visiting Professorships** [newest at top, oldest at bottom]

**XXX University/Medical Center #1**

City, State

mm/yyyy **Type of Lectureship**: “Title of Talk”

**XXX University/Medical Center #2**

City, State

mm/yyyy **Type of Lectureship**: “Title of Talk”

mm/yyyyConference: “Title of Talk”

mm/yyyyConference: “Title of Talk”

* 1. **HOSPITAL and/or CLINICAL**

**XXX Medical Center or University #1**

Department/Center

City, State

mm/yyyy-mm/yyyyPosition/Title, full-time or part-time

**XXX Medical Center or University #2**

Department/Center

City, State

mm/yyyy-mm/yyyyPosition/Title, full-time or part-time

1. **INSTRUCTION (newest at top, oldest at bottom for all sections)**
   1. **LEADERSHIP ROLES in EDUCATION (include PD/APD, course director and other educational administrative roles here)**

**XXX Organization/Society/Company**

City, State

mm/yyyy-mm/yyyy Course/Program/Lectures #1

mm/yyyy-mm/yyyy Course/Program/Lectures #2

* 1. **FORMAL INSTRUCTION/CURRICULUM DEVELOPMENT-** list course #, hrs, years, distinguish course directorship and guest lectures separately

**XXX University/Medical Center #1**

City, State

mm/yyyy-mm/yyyy Course/Program/Lectures #1 [including Course #, type of students]

mm/yyyy-mm/yyyy Course/Program/Lectures #2 [including Course #, type of students]

**XXX University/Medical Center #2**

City, State

mm/yyyy-mm/yyyy Course/Program/Lectures #1 [including Course #, type of students]

* 1. **MENTORING/ADVISING -** distinguish learner level (e.g., High School, Undergraduate, Graduate [Master’s and PhD], Pharmacy, Nursing, Dental, Medical student, resident), # trainees, how often, year(s), role (e.g., hosted rotation, thesis/dissertation committee member or chair)

**Student Advising**

**XXX University/Medical Center #1**

City, State

mm/yyyy-mm/yyyy Role/Student’s Name/Type/Year/Department/Hrs [specify activities] #1

mm/yyyy-mm/yyyy Role/Student’s Name/Type/Year/Department/Hrs [specify activities] #2

**XXX University/Medical Center #2**

City, State

mm/yyyy-mm/yyyy Role/Student’s Name/Type/Year/Department [specify activities] #1

mm/yyyy-mm/yyyy Role/Student’s Name/Type/Year/Department [specify activities] #2

**Directed Student Learning**

**XXX University/Medical Center**

City, State

mm/yyyy-mm/yyyy Role/Student’s Name/Type/Year/Department/Credit Hrs [specify project]

**Thesis & Dissertation**

**XXX University/Medical Center**

City, State

mm/yyyy-mm/yyyy Role/Student’s Name/Type/Year/Department/Program/Credit Hrs [specify topic]

**Invited External/Arm’s Length Referee for Academic Appointment, Promotion or Tenure** [do not name candidate]



**XXX University/Medical Center #1**

City, State

mm/yyyy Recommendation for Promotion to Rank of XXX [specify rank]

mm/yyyy Recommendation for Appointment at Rank of XXX [specify rank]

**XXX University/Medical Center #2**

City, State

mm/yyyy Recommendation for Tenure at Rank of XXX [specify rank]

mm/yyyy Recommendation for Promotion to Rank of XXX [specify rank]

1. **RESEARCH & SCHOLARLY ACTIVITY-** can be separated into sections (e.g., “Medical”, “Computer Science”) **(**newest at top, oldest at bottom)
   1. **PUBLICATIONS**- peer-reviewed, preprint, review, chapter/ book, and abstract (note “in preparation” for planned but not submitted, accepted or published work) listed in separate sections

**Peer-Reviewed Original Research in Professional, Scientific or Educational Journals**

1. Author(s) [bold your name]. Title. Journal. Year; Volume: Pages.

EX: Wilcox RV, **Bones DR**.Shifting roles and synthetic women in Star Trek: the next generation. Stud Pop Culture. 1991; 13: 53-65; E-pub 1990 Jan 5.

**Non-Peer-Reviewed Articles, Editorials, Reviews in Professional, Scientific or Educational Journals**

1. Author(s) [bold your name]. Title. Journal. Year; Volume: Pages.

EX: Wilcox RV, **Bones DR**.Shifting roles and synthetic women in Star Trek: the next generation. Stud Pop Culture. 1991;13:53-65;E-pub 1990 Jan 5.

**Books, Book Chapters, Monographs**

1. Author(s) [bold your name]. *Title of Book*, #ed (if not 1st edition). City, State: Publisher; Year.

EX: Okuda M, **Okuda D**. *Star Trek Chronology: The History of the Future*. New York: Pocket Books; 1993.

2. Author(s) [bold your name]. Title of Chapter. In: Name of Editor(s), eds. *Title of* *Book*, #ed (if not 1st edition). City, State: Publisher; Year: Pages.

EX: **James NE**. Two sides of paradise: the Eden myth according to Kirk and Spock. In: Palumbo D, ed. *Spectrum of the Fantastic*, 3rd ed. Westport, CT: Greenwood; 1988: 219- 223.

**Letters, Book Reviews, Lay Press**

1. Author(s) [bold your name]. Title. Journal/Newspaper. Date; Volume: Pages.

EX: **Di Rado A**. Trekking through college: classes explore modern society using the world of Star trek. Los Angeles Times. March 15, 1995: A3.

**Electronic Media**

1. Authors [bold your name]. Title. Name of Website. Year; Volume: Pages.URL.

EX: Lynch T. DSN trials and tribble-ations review. Psi Phi: Bradley's Science Fiction Club Website. 1996. http://www.bradley.edu/campusorg/psiphi/DS9/ep/503r.htm.

EX: McCoy LH, **Bones DR**. Respiratory changes in Vulcans during pon farr. *J Extr Med* [serial online]. 1999;47:237-247. http://infotrac.galegroup.com/itweb/nysl\_li\_liu.

**Lay Press**

Can list when relates to field of expertise

* 1. **PROJECTS**- sponsored projects, non-sponsored projects, and grant & contract activities listed separately. Subdivide into active, prior, and submitted (indicate role on project, include scores/outcomes on submitted work if known)

**Sponsored Projects**

***Active (***newest at top, oldest at bottom)

**Project Title:** Name of Project #1

**Project Number:** Assigned #, e.g., IRB

**Principal Investigator(s):** Name and Degree

**Role in Project:** Role/Function (e.g., Co-Investigator, Key Personnel)

**Effort:** xx %

**Institution/University:** Where Part or All of Work Performed

**Source of Funding:** Name of Sponsor (Intramural or Extramural?)

**Duration of Project:** mm/yyyy-mm/yyyy

**Total Award:** $XXX [or Pending]

**Grant Number:** Account #

**Project Title:** Name of Project #2

**Project Number:** Assigned #, e.g., IRB

**Principal Investigator(s):** Name and Degree

**Role in Project:** Role/Function (e.g., Co-Investigator, Key Personnel)

**Effort:** xx %

**Institution/University:** Where Part or All of Work Performed

**Source of Funding:** Name of Sponsor (Intramural or Extramural?)

**Duration of Project:** mm/yyyy-mm/yyyy

**Total Award:** $XXX [or Pending]

**Grant Number:** Account #

***Inactive***

**Project Title:** Name of Project #1

**Project Number:** Assigned #, e.g., IRB

**Principal Investigator(s):** Name and Degree

**Role in Project:** Role/Function (e.g., Co-Investigator, Key Personnel)

**Effort:** xx %

**Institution/University:** Where Part or All of Work Performed

**Source of Funding:** Name of Sponsor (Intramural or Extramural?)

**Duration of Project:** mm/yyyy-mm/yyyy

**Total Award:** $XXX [or Pending]

**Grant Number:** Account #

**Project Title:** Name of Project #2

**Project Number:** Assigned #, e.g., IRB

**Principal Investigator(s):** Name and Degree

**Role in Project:** Role/Function (e.g., Co-Investigator, Key Personnel)

**Effort:** xx %

**Institution/University:** Where Part or All of Work Performed

**Source of Funding:** Name of Sponsor (Intramural or Extramural?)

**Duration of Project:**  mm/yyyy-mm/yyyy

**Total Award:** $XXX [or Pending]

**Grant Number:** Account #

**Non-Sponsored Projects (**newest at top, oldest at bottom)

***Active***

**Project Title:** Name of Project #1

**Project Number:** Assigned #, e.g., IRB

**Principal Investigator(s):** Name and Degree

**Role in Project:** Role/Function

**Date Started:** mm/yyyy

**Date To Be Completed:** mm/yyyy

**Institution/University:** Where Part or All of Work Performed

**Title:** Name of Project #2

**Project Number:** Assigned #, e.g., IRB

**Principal Investigator(s):** Name and Degree

**Role in Project:** Role/Function

**Date Started:** mm/yyyy

**Date To Be Completed:** mm/yyyy

**Institution/University:** Where Part or All of Work Performed

***Inactive (***most recent at top, oldest at bottom)

**Project Title:** Name of Project #1

**Project Number:** Assigned #, e.g., IRB

**Principal Investigator(s):** Name and Degree

**Role in Project:** Role/Function

**Date Started:** mm/yyyy

**Date Completed:** mm/yyyy

**Institution/University:** Where Part or All of Work Performed

**Title:** Name of Project #2

**Project Number:** Assigned #, e.g., IRB

**Principal Investigator(s):** Name and Degree

**Role in Project:** Role/Function

**Date Started:** mm/yyyy

**Date Completed:** mm/yyyy

**Institution/University:** Where Part or All of Work Performed

**Submitted and Not Funded (**newest at top, oldest at bottom)

* 1. **OTHER-** e.g., podcasts, on-line tools, popular press write ups, GitHub posts, released software packages, issued or in-process patents- note: any productivity effort (representative diagrams, examples of computer code, etc.) may be included

**Name of Agency/Board/Organization/Society #1**

mm/yyyy-mm/yyyy Title of Work/Nature of Activity/Purpose/Product #1

mm/yyyy-mm/yyyy Title of Work/Nature of Activity/Purpose/Product #2

**Name of Agency/Board/Organization/Society #2**

mm/yyyy-mm/yyyy Title of Work/Nature of Activity/Purpose/Product #1

mm/yyyy-mm/yyyy Title of Work/Nature of Activity/Purpose/Product #2

1. **SERVICE (**newest at top, oldest at bottom)
   1. **CLINICAL SERVICE-** activities directly related to patient care (include description of clinical duties, but not wRVU’s, etc)
   2. **SERVICE-** Stratify byInternational/ National, State, Regional, Community/Public, University, College, Medical Center, Department, Division. Examples include: Advisory Groups, Review Panels, Editorial Boards, Journal Peer-Reviewing, Junior Faculty Mentoring, Providing Professional Development to Faculty, Special Assignments
2. **ADMINISTRATION (**newest at top, oldest at bottom for each section)
   1. Administrative effort as assigned as such in DOE, organize as in SERVICE above

**University** [include Senate, Councils]

**XXX University**

City, State

***Administration***

mm/yyyy-mm/yyyy Role (Member/Chair), Name of Committee #1

mm/yyyy-mm/yyyy Role (Member/Chair), Name of Committee #2

mm/yyyy Recommendation for Promotion to Rank of XXX [specify rank]

mm/yyyy Recommendation for Tenure at Rank of XXX [specify rank]

***Education & Research***

mm/yyyy-mm/yyyy Role (Member/Chair), Name of Committee #1

mm/yyyy-mm/yyyy Role (Member/Chair), Name of Committee #2

**College** [include Councils, KMSF]

**XXX University/Medical Center**

City, State

***Administration & Clinical Operations***

mm/yyyy-mm/yyyy Role (Member/Chair), Name of Committee #1

mm/yyyy-mm/yyyy Role (Member/Chair), Name of Committee #2

mm/yyyy Recommendation for Appointment at Rank of XXX [specify rank]

mm/yyyy Recommendation for Tenure at Rank of XXX [specify rank]

***Education & Research***

mm/yyyy-mm/yyyy Role (Member/Chair), Name of Committee #1

mm/yyyy-mm/yyyy Role (Member/Chair), Name of Committee #2

**Medical Center**

**XXX University/Medical Center**

City, State

***Administration & Clinical Operations***

mm/yyyy-mm/yyyy Role (Member/Chair), Name of Committee #1

mm/yyyy-mm/yyyy Role (Member/Chair), Name of Committee #2

***Education & Research***

mm/yyyy-mm/yyyy Role (Member/Chair), Name of Committee #1

mm/yyyy-mm/yyyy Role (Member/Chair), Name of Committee #2

**Department**

**XXX University/Medical Center**

Department of XXX

City, State

***Administration & Clinical Operations***

mm/yyyy-mm/yyyy Role (Member/Chair), Name of Committee #1

mm/yyyy-mm/yyyy Role (Member/Chair), Name of Committee #2

mm/yyyy Recommendation for Appointment at Rank of XXX [specify rank]

mm/yyyy Recommendation for Promotion to Rank of XXX [specify rank]

***Education & Research***

mm/yyyy-mm/yyyy Role (Member/Chair), Name of Committee #1

mm/yyyy-mm/yyyy Role (Member/Chair), Name of Committee #2

1. **PROFESSIONAL MEMBERSHIP AND DEVELOPMENT-** Professional society memberships (indicate attendance and positions held within societies), indicate training received, organize as in SERVICE (newest at top, oldest at bottom for each section)

**Memberships**

mm/yyyy-mm/yyyy Name of Sponsoring Board/Organization/Professional or Scientific Society

mm/yyyy-mm/yyyy Name of Sponsoring Board/Organization/Professional or Scientific Society

**Positions Held**

***Local***

**Name of Agency/Board/Organization/Society #1**

mm/yyyy-mm/yyyy Role (Member/Chair), Name of Committee #1

mm/yyyy-mm/yyyy Role (Member/Chair), Name of Committee #2

**Name of Agency/Board/Organization/Society #2**

mm/yyyy-mm/yyyy Role (Member/Chair), Name of Committee #1

mm/yyyy-mm/yyyy Role (Member/Chair), Name of Committee #2

***State/Regional***

**Name of Agency/Board/Organization/Society #1**

mm/yyyy-mm/yyyy Role (Member/Chair), Name of Committee #1

mm/yyyy-mm/yyyy Role (Member/Chair), Name of Committee #2

**Name of Agency/Board/Organization/Society #2**

mm/yyyy-mm/yyyy Role (Member/Chair), Name of Committee #1

mm/yyyy-mm/yyyy Role (Member/Chair), Name of Committee #2

***National/International***

**Name of Agency/Board/Organization/Society #1**

mm/yyyy-mm/yyyy Role (Member/Chair), Name of Committee #1

mm/yyyy-mm/yyyy Role (Member/Chair), Name of Committee #2

**Name of Agency/Board/Organization/Society #2**

mm/yyyy-mm/yyyy Role (Member/Chair), Name of Committee #1

mm/yyyy-mm/yyyy Role (Member/Chair), Name of Committee #2

**Advisory Groups**

**Name of Agency/Board/Company/Group/Organization/Society**

mm/yyyy-mm/yyyy Role (Member/Chair), Name of Committee #1

mm/yyyy-mm/yyyy Role (Member/Chair), Name of Committee #2

**Review Panels**

**Name of Agency/Board/Organization/Society**

mm/yyyy-mm/yyyy Position/Role

mm/yyyy-mm/yyyy Position/Role

**Editorial Boards**

mm/yyyy-mm/yyyy Name of Journal/Publisher #1

mm/yyyy-mm/yyyy Name of Journal/Publisher #2

**Journal Peer-Reviewing**

mm/yyyy-mm/yyyy Name of Journal/Publisher #1

mm/yyyy-mm/yyyy Name of Journal/Publisher #2

**Media Contributions** [when interviewed; self-authored lay press in I**X**]

**Name of Organization/Television-Radio Station/Newsprint/Internet**

mm/yyyy-mm/yyyy Topic, Media Type, City, State, Interviewer’s Name #1

mm/yyyy-mm/yyyy Topic, Media Type, City, State, Interviewer’s Name #2

**Professional Development**

**Name of Sponsoring Agency/Group/Organization/Society #1**

mm/yyyy-mm/yyyy Type/Nature of Meeting, Location (City, State)

mm/yyyy-mm/yyyy Type/Nature of Meeting, Location (City, State)

**Name of Agency/Board/Organization/Society #2**

mm/yyyy-mm/yyyy Type/Nature of Meeting, Location (City, State)

mm/yyyy-mm/yyyy Type/Nature of Meeting, Location (City, State)

1. **HONORS & AWARDS-** Organize as in SERVICE

mm/yyyy Type of Honor/Award #1, Sponsoring Organization/Society/University

mm/yyyy Type of Honor/Award #2, Sponsoring Organization/Society/University

1. **SPEAKING ENGAGEMENTS-** Organize as in SERVICE, indicate if engagement was invited (newest at top and oldest at bottom) can list chronologically if not multiple from same location/institution

***Local***

**XXX University/Medical Center/Organization/Society #1**

City, State

mm/yyyy Forum/Session/Conference: “Title of Talk” #1

mm/yyyy Forum/Session/Conference: “Title of Talk” #2

**XXX University/Medical Center/Organization/Society #2**

City, State

mm/yyyy Forum/Session/Conference: “Title of Talk”

***State/Regional***

**XXX University/Medical Center/Organization/Society #1**

City, State

mm/yyyy Forum/Session/Conference: “Title of Talk”

**XXX University/Medical Center/Organization/Society #2**

City, State

mm/yyyy Forum/Session/Conference: “Title of Talk” #1

mm/yyyy Forum/Session/Conference: “Title of Talk” #2

***National/International***

**XXX University/Medical Center/Organization/Society #1**

City, State

mm/yyyy Forum/Session/Conference: “Title of Talk”

**XXX University/Medical Center/Organization/Society #2**

City, State

mm/yyyy Forum/Session/Conference: “Title of Talk

1. **CONSULTING-** Organize as in SERVICE

***Local***

**[Specify] Company/Organization/University #1**

City, State

mm/yyyy-mm/yyyy Position/Title/Role/Nature of Work

mm/yyyy-mm/yyyy Position/Title/Role/Nature of Work [different role]

**[Specify] Company/Organization/University #2**

City, State

mm/yyyy-mm/yyyy Position/Title/Role/Nature of Work

***State/Regional***

**[Specify] Company/Organization/University**

City, State

mm/yyyy-mm/yyyy Position/Title/Role/Nature of Work

***National/International***

**[Specify] Company/Organization/University**

City, State

mm/yyyy-mm/yyyy Position/Title/Role/Nature of Work

1. **OTHER ACTIVITIES** (e.g., volunteer work, work outside of professional role)

**Name of Agency/Board/Organization/Society #1**

mm/yyyy-mm/yyyy Role/Position/Title of Work/Nature of Activity/Purpose/Product #1

mm/yyyy-mm/yyyy Role/Position/Title of Work/Nature of Activity/Purpose/Product #2

**Name of Agency/Board/Organization/Society #2**

mm/yyyy-mm/yyyy Role/Position/Title of Work/Nature of Activity/Purpose/Product #1

mm/yyyy-mm/yyyy Role/Position/Title of Work/Nature of Activity/Purpose/Product #2