

First name, Last Name, MD, PhD
Department of Internal Medicine
University of Cincinnati College of Medicine
City, State, Zip Code
Phone Number
Email address

General formatting guidelines:

- *Headings should include all of those in black, bold font below, unless a heading or subheading is not applicable; in that case, may delete heading or subheading*
- *Include date of preparation in the footer*
- *CVs submitted for reappointment, promotion or tenure dossiers should be updated within 3 months prior to submission*
- *Use uniform font and font sizing (preferably Arial, Calibri, or Times New Roman; at least 11-point font)*

EDUCATION

PhD, (Field), University, City, State, Country	MM/YYYY
• Thesis title	
• Advisor: XXX	
MD, University, City, State, Country	MM/YYYY
MEd/MSc/MSCTR/etc, University, State, Country	MM/YYYY
BS/BA/etc., Major (include honors), University, City, State, Country	MM/YYYY

POSTDOCTORAL/POSTGRADUATE TRAINING

Residency and/or internship, University/Institution, City, State	MM/YYYY-MM/YYYY
Fellowship, University/Institution, City, State	MM/YYYY-MM/YYYY
Postdoctoral Fellow/Scholar	MM/YYYY-MM/YYYY
• Supervisor	
• Department, University/Institution, City, State	

List all other pivotal career clinical, quality improvement, and education training not leading to formal academic degrees (e.g., Champions or Leader QI courses, AAMC courses, leadership training, ELAM, certifications, etc.) that have augmented your professional development.

CLINICAL/ACADEMIC APPOINTMENTS

Hospital Staff Appointments

- | | |
|--|-----------|
| • Attending physician, XXXX clinic/office
University/Institution, City, State | YYYY-YYYY |
| • Private practice
University/Institution, City, State | YYYY-YYYY |
| • Hospitalist
University/Institution, City, State | YYYY-YYYY |

Academic Appointments

- Instructor of XXXX
Division/Department, University, City, State YYYYY-YYYY
- Assistant Professor of XXXX
Division/Department, University, City, State YYYYY-YYYY
- Associate Professor of XXXX (*With tenure*)
Division/Department, University, City, State YYYYY-YYYY

OTHER EMPLOYMENT

Include all other non-academic, non-medical positions here. Include role, organization, title, and dates of employment

LICENSING AND BOARD CERTIFICATIONS

Board Certifications

- American Board of Internal Medicine, General Internal Medicine
(Currently in maintenance of certification *if applicable*) YYYYY-Present
- American Board of Internal Medicine, Cardiology
(Currently in maintenance of certification *if applicable*) YYYYY-Present

Licensing

- Ohio State Medical Board YYYYY-Present
- Other state medical board (*if applicable*) YYYYY-Present

Other Certifications

- Research ethics training (e.g., CITI training) YYYYY-Present

AWARDS AND HONORS

- Name of Award, Organization YYYYY
- Fellow, American College of XXXX YYYYY

CLINICAL ACTIVITIES

Clinical Expertise and Activities

- Brief description of the focus of one's clinical expertise, clinical activities, and referral base

Clinical Leadership Positions

- Director, Clinic/Office/Service line
University/Institution, City, State YYYYY-YYYY

Clinical Program Development, Safety, and Quality Improvement Projects

- Clinical program developed, including brief description and role YYYYY-Present
- Clinical improvement or safety activities, including title, description, dates, and summary of outcomes YYYYY-Present

Clinical Guidelines and Protocols

- Development of patient care guidelines, including topic area and location/date of implementation YYYYY-Present

EDUCATIONAL ACTIVITIES

Educational Leadership, Administration, and Service

- Director, Program YYYY-Present
- Member, Committee YYYY-Present

Teaching Activities in Programs and Courses

- Course name, role, number of students, session titles YYYY-Present

Clinical Education

- Responsibility/role, location, types of learners supervised YYYY-Present

Research Education

- Responsibility, location, type of learners supervised/mentored YYYY-Present
- Member, program or committee YYYY-Present

Local Teaching Activities *(Include all local teaching conferences, symposia, CME course, and workshops)*

- Title, Location/Learner Group/Meeting Date

Regional/National Teaching Activities *(Include all regional/national teaching conferences, symposia, CME course, and workshops)*

- Title, institution/conference/meeting name (note if invited), location Date

Curricula and Educational Material Development

- Material description, Class/learner type, number of learners Date

Public/Community/Patient Education

- Title, brief description of activity, place Date

Advising and Mentoring

Formally Mentored Trainees and Faculty

Mentee Name	Dates of Mentoring Role while Being Mentored	Current Role or Position	Topic of Mentorship <i>(E.g., Research advisor, career advisor, personal advisor, specific project, etc.)</i>	Mentee Achievements <i>(E.g., Awards, publications, grant funding, etc.)</i>

RESEARCH AND SCHOLARSHIP

Research and Scholarly Activities

- *Provide a brief description of one's research focus or scholarly activities*

Grants and Contracts

Current

- Source of support (e.g., NIH, industry, etc.), grant ID number
Grant title
Grant PI
Role (PI, co-PI, co-investigator, collaborator, etc.)
Percent effort (current year)
Total direct costs for project period. If subcontract, list subcontract direct costs

Previous

- Source of support (e.g., NIH, industry, etc.), grant ID number
Grant title
Grant PI
Role (PI, co-PI, co-investigator, collaborator, etc.)
Percent effort (current year)
Total direct costs for project period. If subcontract, list subcontract direct costs

Publications *(Remove sections below if not applicable)*

*Peer reviewed publications (*Note if not a named author but part of a study group that was featured as a named author)*

1. Authors. Title. Journal. Vol: pp-pp. Year (highlight individual name in author list)
2. Authors. Title. Journal. Vol: pp-pp. Year (highlight individual name in author list)
3. Authors. Title. Journal. Vol: pp-pp. Year (highlight individual name in author list)

Books and Chapters

1. Authors. Title. in Book Title (Eds) pp-pp. Publisher (Year)
2. Authors. Title. in Book Title (Eds) pp-pp. Publisher (Year)
3. Authors. Title. in Book Title (Eds) pp-pp. Publisher (Year)

Policy Statements, White Papers, Reports

1. Authors, Title, Agency (Year)
2. Authors, Title, Agency (Year)

Non-Peer Reviewed Publications

1. Authors. Title. Journal. Vol: pp-pp. Year (highlight individual name in author list)
2. Authors. Title. Journal. Vol: pp-pp. Year (highlight individual name in author list)

Online and Digital Materials (e.g., Websites, computer applications, computer programs, blogs, etc.)

1. Authors, Title, Source (URL), Year
2. Authors, Title, Source (URL), Year

Patents

1. Patent title, number, year
2. Patent title, number, year

Devices/Software Applications

1. Description, year

Invited Presentations *(Include grand rounds, plenaries, visiting professorships, etc.)*

International

1. Title of presentation, Meeting or Institution, Location Date

2. Title of presentation, Meeting or Institution, Location Date

National

1. Title of presentation, Meeting or Institution, Location Date

2. Title of presentation, Meeting or Institution, Location Date

Regional

1. Title of presentation, Meeting or Institution, Location Date

2. Title of presentation, Meeting or Institution, Location Date

Local

1. Title of presentation, Meeting or Institution, Location Date

2. Title of presentation, Meeting or Institution, Location Date

Abstracts, Posters, and Other Presentations

International

1. Authors, Title, Meeting/Conference (Abstract reference if published) Date

2. Authors, Title, Meeting/Conference (Abstract reference if published) Date

National

1. Authors, Title, Meeting/Conference (Abstract reference if published) Date

2. Authors, Title, Meeting/Conference (Abstract reference if published) Date

Regional

1. Authors, Title, Meeting/Conference (Abstract reference if published) Date

2. Authors, Title, Meeting/Conference (Abstract reference if published) Date

Local

1. Authors, Title, Meeting/Conference (Abstract reference if published) Date

2. Authors, Title, Meeting/Conference (Abstract reference if published) Date

POPULATION HEALTH, PUBLIC POLICY, AND ADVOCACY ACTIVITIES

Leadership Positions

- Director, Clinic/Office/Service line University/Institution, City, State YYYY-YYYY

Projects/Activities in Population Health and Public Policy

- Brief description of project and outcomes, Location of project YYYY

SERVICE AND LEADERSHIP ACTIVITIES

Local Committees

- Committee name (role), Organization/Dept/UCCOM/Health System YYYY-YYYY
- Committee name (role), Organization/Dept/UCCOM/Health System YYYY-YYYY

Regional Committees

- Committee name (role), Organization/Dept/UCCOM/Health System YYYY-YYYY
- Committee name (role), Organization/Dept/UCCOM/Health System YYYY-YYYY

National Committees

- Committee name (role), Organization/Dept/UCCOM/Health System YYYY-YYYY
- Committee name (role), Organization/Dept/UCCOM/Health System YYYY-YYYY

International Committees

- Committee name (role), Organization/Dept/UCCOM/Health System YYYYY-YYYY
- Committee name (role), Organization/Dept/UCCOM/Health System YYYYY-YYYY

Professional Organization Memberships and Activities

- Society Name, Member/Fellow, Committees (Years) YYYYY-YYYY
- Society Name, Member/Fellow, Committees (Years) YYYYY-YYYY

Editorial Responsibilities

- Journal name, Role YYYYY-YYYY
- Journal name, Role YYYYY-YYYY

Invited Journal Manuscript Reviews

- Journal name, Number of reviews per year YYYYY-YYYY
- Journal name, Number of reviews per year YYYYY-YYYY

Other Professional Activities

- Reviewer, Conference abstracts/workshops YYYYY-YYYY

Recruitment Activities

- UCCOM/Dept/Division/Training program, # of interviews annually
Medical students, Residents, Fellows, Faculty, Post-docs, etc. YYYYY-YYYY
- UCCOM/Dept/Division/Training program, # of interviews annually
Medical students, Residents, Fellows, Faculty, Post-docs, etc. YYYYY-YYYY

Leadership Activities *(To include leadership roles in the department, division, training program, hospital, college, or professional organization)*

- Position, Title, Organization YYYYY-YYYY
Responsibilities
- Position, Title, Organization YYYYY-YYYY
Responsibilities