

**EMORY UNIVERSITY SCHOOL OF MEDICINE
STANDARD CURRICULUM VITAE FORMAT**

[The following order is required; may omit non-applicable sections]

Revised: month/day/year

1. Name:
2. Office Address: Telephone: Fax:
[Include room and box number, if applicable]
3. E-mail Address
4. Citizenship:
[Include visa status, if applicable]
5. Current Titles and Affiliations:
 - a. Academic appointments:
 - I. Primary appointments:
[Title, institution, date of appointment]
 - II. Joint and secondary appointments:
[Title, institution, date of appointment]
 - b. Clinical appointments:
[Division director, laboratory director, etc.; institution; date of appointment]
 - c. Other administrative appointments:
[Graduate program director, etc.; institution; date of appointment]
6. Previous Academic and Professional Appointments:
[Year(s), appointment, institution]
7. Previous Administrative and/or Clinical Appointments:
[Title; institution; year(s)]
8. Licensures/Boards:
[Include license number and date issued]
9. Specialty Boards:
10. Education:
[In chronologic order; year, degree, institution, supervisor]
11. Postgraduate Training:
[Location, supervisor, dates]
12. Military or Government Service:
[Dates]

13. Committee Memberships:
 - a. National and International:
[Committee, office held if any, year(s)]
 - b. Regional and State:
[Committee, office held if any, year(s)]
 - c. Institutional
[Committee, office held if any, year(s)]
14. Consultantships:
[Company or agency, year(s)]
15. Editorships and Editorial Boards:
[Publication, year(s)]
16. Manuscript reviewer:
[Publication, year(s)]
17. Honors and Awards:
[Name, year(s)]
18. Society Memberships:
[Society, office held if any, year(s)]
19. Organization of National or International Conferences:
[Title, conference, year(s)]
 - a. Administrative positions:
 - b. Sessions as chair:
20. Research focus:
[One paragraph, 50 words or less]
21. Patents
 - a. Issued:
 - b. Pending:
22. Grant Support:
[Investigator status (P.I., Co-P.I.), source, title, award type, amount, year(s)]
 - a. Active support:
 - I. Federally funded:
 - II. Private foundation funded:
 - III. Contracts:

- IV. Other:
- b. Previous Support
[All types]
23. Clinical Service Contributions:
[Significant accomplishments]
24. Formal Teaching:
[Activity, year(s)]
- a. Medical Student Teaching
- b. Graduate Program
- Training programs
- Residency program
- c. Other categories
[Physician assistant, physical therapist, etc.]
25. Supervisory Teaching:
- a. Ph.D. students directly supervised:
[Name, current position]
- b. Post-doctoral fellows directly supervised:
[Name, current position]
- c. Residency Program
- d. Other
[Tutorials, summer research, supervision of visiting scientists, etc.]
26. Lectureships, Seminar Invitations, and Visiting Professorships:
[Optional. Last 5 years: institution, title, year]
27. Invitations to National or International Conferences:
[Optional. Last 5 years: conference/agency, title, year]
28. Other Activities:
29. Bibliography:
[Chronologic order: authors, year, title, journal, volume, complete page numbers]
- a. Published and accepted research articles (clinical, basic science, other) in refereed journals:
- b. Manuscripts submitted:
- c. Review articles:

- d. Symposium contributions:
- e. Book chapters:
- f. Books edited and written:
- g. Book reviews:
- h. Manuals, videos, computer programs, and other teaching aids:
- i. Other publications:
[May include published abstracts]