

Curriculum Vitae Template

CONTACT INFORMATION

Name
Address
Home Telephone
Work Telephone (if possible)
Cell Phone
E-mail

EMPLOYMENT HISTORY

(List in chronological order with the most current listed first. Include name of employer, city and state, title of position and beginning and ending work date years.)

Employment History
Academic Positions and Affiliations
Research and Training

EDUCATION

(List in chronological order with the most current listed first. Include names of training programs, city and state. List beginning and ending training dates. List degrees earned.)

Additional Training: MPH, PhD, MBA, etc.
Fellowship (if applicable)
Residency(s)
Medical School
Undergraduate Training

PROFESSIONAL QUALIFICATIONS

Certifications
(List specialty board certification(s) and any additional training: PALS, BLS, ACLS, etc.)

AWARDS

(List any awards received.)

PRESENTATIONS

(List any presentations in which you have participated.)

PUBLICATIONS

(List any publications in which you have authored, co-authored or contributed.)

BOOKS

(List any books in which you have authored, co-authored or contributed.)

PROFESSIONAL MEMBERSHIPS

(List any organizations to which you belong as part of your profession: specialty society, American Medical Association, etc.)

LANGUAGES (Optional)

PERSONAL INFORMATION (Optional)

Visa Status (if applicable)

Marital Status

Spouse's Name

Children

PERSONAL INTERESTS (Optional)

Be sure to include your name and contact number on each page of your Curriculum Vitae.

Your Full Name, MD/DO
Address, City, State, Zip Code
Phone numbers, Email address

Objective

This section is optional. Many physicians will use this section as an opportunity to describe (in 1 or 2 sentences) their career goals, strengths and personality. If you include a cover letter with your CV, you should not include an objective statement.

Education and Medical Training

Fellowship MM/DD/YY—MM/DD/YY
Hospital or Program Name, City, State
Title/Department if applicable

Residency MM/DD/YY—MM/DD/YY
Hospital or Program Name, City, State
Title/Department if applicable

Internship MM/DD/YY—MM/DD/YY
Hospital or Program Name, City, State
Title/Department if applicable

Doctor of Medicine / Doctor of Osteopathy MM/DD/YY—MM/DD/YY
Institution, City, State
Distinction (summa cum laude, etc) and honors

Undergraduate Degree MM/DD/YY—MM/DD/YY
Institution, City, State
Distinction (summa cum laude, etc) and honors

Professional Work History

Most recent experience (title and department) MM/DD/YY—MM/DD/YY
Hospital affiliation, City, State
Responsibilities of position

Continue professional experience MM/DD/YY—MM/DD/YY
Hospital affiliation, City, State
Responsibilities of Position

Licensure and Certifications

State, Inactive/Active (ACLS, PALS, etc.), YYYY Board Certified, American Board of Your Specialty, YYYY American Board of Your Subspecialty, YYYY

Professional Memberships

Association, Title if Applicable (Board Member, etc), YYYY

Honors

Giving Organization (if Applicable), Honor, YYYY

Additional Accomplishments

Volunteer Work

MM/DD/YY—MM/DD/YY

Community Service

MM/DD/YY—MM/DD/YY

Research and Publications

List all published written work and research in standard MLA format.