***Please read the following directions before beginning your document.***

* You must follow the order of the **School of Medicine (SOM) CV template** – no exceptions. If you have a section that is not applicable to you, you may omit it and renumber accordingly. You may not omit the Research Focus section.
* Be sure to include ALL information requested in the brackets [ ] of the template.
* Number all lists.
* List all items chronologically from **oldest to newest.**
* For dates, list full years. If you are still participating in an organization, etc., please indicate as such with “present.”
	+ Examples:
		- 2012
		- 2014-2016
		- 2015-present
* Institutional, Regional, and National/International are defined as follows:
	+ Institutional activities are those that occur at your home institution (e.g., Emory and Emory Healthcare and affiliated hospitals) at the time of the activity).
	+ Regional activities are activities occurring outside of your home institution but within the state of the home institution (e.g., State of Georgia). Southeastern society conferences are also considered regional. In some cases, there may be exceptions for which you must use your best judgment. For example, if you are invited to speak at a national conference hosted by the Georgia Institute of Technology, that would be considered national.
	+ National/international activities are activities outside of the state of your home institution (e.g., University of Alabama).
		- Ensure all information that is replicated in your Service and Teaching Portfolios matches the information in your CV.

**See template on following pages.**

**EMORY UNIVERSITY SCHOOL OF MEDICINE**

**STANDARD CURRICULUM VITAE**

Revised: *[month/day/year]*

**1. Name:** *(Include full name, degrees, and fellow titles (e.g., FAAN).)*

**2. Office Address:** *(Include room and box number, if applicable.)*

 **Telephone:**

**3. E-mail Address:** *(Emory-affiliated email address)*

**4. Current Titles and Affiliations:**

a. Academic Appointments:

1. Primary Appointments: *(SOM title, e.g., Assistant Professor of Medicine.)*

*[Title, institution, month and year of appointment]*

2. Joint and Secondary Appointments: *(Academic title in departments for which you have a secondary appointment [no salary] or joint appointment [with compensation] [e.g., Assistant Professor of Dermatology]. In parentheses, please indicate which type of appointment – secondary or joint.)*
*[Title, institution, month and year of appointment]*

b. Clinical Appointments: *(e.g., Division Director, Laboratory Director)*

*[Title, institution, month and year of appointment]*

c. Administrative Appointments: *(e.g., Graduate Program Director)*
*[Title, institution, month and year of appointment]*

**5. Previous Academic and Professional Appointments:** *(Academic and professional appointments at Emory or other academic institutions or positions held in the private sector)*
*[Title, institution, month and year of appointment]*

**6. Previous Administrative and/or Clinical Appointments:** *(Administrative and/or clinical appointments at Emory or other academic institutions or positions held in the private sector)*

*[Title, institution, month and year of appointment]*

**7. Licensures:** *(Do not include license number.)*
*[Include state and date issued.]*

**8. Boards and Specialty Boards:**
*[Include date issued]*

**9. Education:**
 *[In chronological order; degree, institution, location, years]*

**10. Postgraduate Training:**

 *[In chronological order; institution, location, supervisor (if applicable), years]*

**11. Continuing Professional Development Activities:** *(Activities beyond postgraduate training*; *e.g., Woodruff Leadership Academy, Physician Executive Program, AAMC development programs) [Name of activity, institution, year(s)]*

a.

**12.** **Military or Government Service:**

*[Branch/agency, years]*

**13. Society Memberships:** *(National/regional/local organizations. These include only memberships and offices held, not committee work.)
[Society, office held if any, year(s)]*

a.

**14. Committee Memberships:** *(Memberships on committees at national/international, regional, or institutional levels. Service on committees for the same organization at both the national and regional levels may occur [e.g., Society of General Internal Medicine and Southern Society of General Internal Medicine]; this should be listed as appropriate in each section. This section does NOT include memberships in societies. [See section 13.] Note: grant review committees belong in section 15a; conference planning committees belong in section 18.*)

a. National and International:
*[Role (e.g., member or chair), committee, year(s)]*

1.

b. Regional:
*[Role (e.g., member or chair), committee, year(s)]*

1.

c. Institutional:
*[Role (e.g., member or chair), committee, year(s)]*

1.

**15. Peer Review Activities:**

a. Grants: *(National/international grant review committees include NIH, foundation review committees, and international granting agencies. An example of an institutional review committee is the University Research Committee.)*

1. National and International:

 *[Committee name, related organization, year(s)]*

i.

2. Regional:

 *[Committee name, related organization, year(s)]*

i.

3. Institutional:

 *[Committee name, related organization, year(s)]*

i.

b. Manuscripts: *(List names of journals for which you are an ad hoc reviewer. Do not list individual manuscripts. Include years, if known.)*

1.

c. Conference Abstracts: *(Review of abstracts for specific conferences)*

1. National and International:

 *[Conference, year(s)]*

i.

2. Regional:

 *[Conference, year(s)]*

i.

3. Institutional:

*[Conference, year(s)]*

i.

**16. Editorships and Editorial Boards:** *(Do not list journals for which you are an ad hoc reviewer [See section 15b.] or predatory journals. [https://inside.med.emory.edu/research/resources/predatory\_open\_access.html].)*

*[Your title (e.g., Editorial Board Member, Associate Editor), journal name, publisher, year(s)]*

a.

**17. Consultantships/Advisory Boards:** *(e.g., expert witness, executive board, or pharmaceutical consultant.)
 [Title, company or agency, year(s)]*

a.

**18. Organization of Conferences:** *(**Session/conference organizer or sessions for which you served as Chair.)*

a. National and International:

1. Administrative Positions:

*[Role or planning committee, conference, year(s)]*

i.

2. Sessions as Chair:

*[Session title, conference, year]*

i.

*3.* Other Conference Activities: *(e.g., serving as a poster judge)*

*[Activity, conference, year]*

i.

b. Regional:

1. Administrative Positions:

*[Role or planning committee, conference, year(s)]*

i.

2. Sessions as Chair:

*[Session title, conference, year]*

i.

*3.* Other Conference Activities: *(e.g., serving as a poster judge)*

*[Activity, conference, year]*

i.

c. Institutional:

1. Administrative Positions:

*[Role or planning committee, conference, year(s)]*

i.

2. Sessions as Chair:

*[Session title, conference, year]*

i.

*3.* Other Conference Activities: *(e.g., serving as a poster judge)*

*[Activity, conference, year]*

i.

**19. Clinical Service Contributions:** *(Create bullet point list or a short paragraph detailing significant accomplishments. Examples include “expanded patient volume of clinic from X to Y” or “created policy for XYZ procedure.”)*

**20. Contributions to Fostering Excellence:** *(Create bullet point list or a short paragraph detailing significant accomplishments. Examples may include promoting ethical practices, improving access to/for communities, mentoring, participating in community-oriented educational initiatives, leading efforts to promote a supportive working environment, performing research on health equity, etc. Avoid duplicating items listed elsewhere in the CV.)*

**21. Community Outreach:** *(e.g., local charities, community clinics, religious or service organizations, and media appearances)*

a. General:

*[Activity, year(s)]*

1.

b. Media Appearances:

*[Activity, year(s)]*

1.

c. Social Media *(Provided as a service to the community; e.g., blogs, websites, etc. Educational social media contributions, such as Tweetorials or patient education posts, should be listed in Formal Teaching below.)*

*[Activity (e.g., blog, website), year(s)]*

1.

**22. Honors and Awards*:*** *(e.g., from university, national, regional, or local professional society, or charitable organizations.* *Please limit awards to those conferred while a faculty member unless the award is especially important to you. Do not include grant awards or awards for which you were nominated but not selected.)*
*[Award name, conferring organization, year(s)]*

a.

**23. Formal Teaching: (Geared Toward Trainees)**

a. Course Direction and Organization

*[Activity, audience, institution, quantity (contact hours), year(s)]*

1.

b. Institutional Lecture Duties Within the Setting of a Course or Rotations

*[Activity, audience, institution, quantity (contact hours), year(s)]*

1.

c. Small Group and Multi-Disciplinary Teaching *(e.g., journal clubs)*

*[Activity, audience, institution, quantity (contact hours), year(s)]*

1.

d. Other Categories: *(e.g., educational podcasts, educational social media contributions, Tweetorials, creating questions for Board Exams, etc.)*

1.

**24. Supervisory Teaching:**

1. Bedside Teaching/Clinic Precepting

*[Activity, audience, institution, quantity (contact hours), year(s)]*

1.

b. Mentoring Activities *(List mentees whom you have supervised in a meaningful way, not just a month-long rotation through your clinic. If not applicable, put N/A. Begin with a paragraph describing mentoring during rotations, if applicable (e.g., mentored one medical student and two residents during one-month rotation four times a year from 20xx-20yy).*

*Postdoctoral or Clinical Fellows*

|  |  |  |
| --- | --- | --- |
| **Name** | **Year(s) supervised** | **Current position and employer** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

*Residents*

|  |  |  |
| --- | --- | --- |
| **Name** | **Year(s) supervised** | **Current position and employer** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

*Medical Students*

|  |  |  |
| --- | --- | --- |
| **Name** | **Year(s) supervised** | **Current position and employer** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

*Graduate Students (includes master’s and doctoral students)*

|  |  |  |
| --- | --- | --- |
| **Name** | **Year(s) supervised** | **Current position and employer** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

*Allied Health Students (e.g., physician assistants, physical therapy students, etc.)*

|  |  |  |
| --- | --- | --- |
| **Name** | **Year(s) supervised** | **Current position and employer** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

*Undergraduate Students*

|  |  |  |
| --- | --- | --- |
| **Name** | **Year(s) supervised** | **Current position and employer** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

*Other (e.g., Visiting Scholars, Junior Faculty)*

|  |  |  |
| --- | --- | --- |
| **Name** | **Year(s) supervised** | **Current position and employer** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

c. Thesis or Dissertation Committees: *(Include committees where you are the primary mentor.)*

*Graduate Students*

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Year(s)**  | **Program** | **Institution** |
|  |  |  |  |
|  |  |  |  |
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*Undergraduate Students*

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Year(s)**  | **Program** | **Institution** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**25. Lectureships, Seminar Invitations, and Visiting Professorships:** *(This category includes invited educational and scientific talks given at an academic institution [e.g., grand rounds]).*

a. National and International:

*[Title of lecture, institution, location, and year]*

1.

b. Regional:

*[Title of lecture, institution, location, and year]*

1.

c. Institutional:

*[Title of lecture, institution, location, and year]*

1.

**26.** **Invitations to National/International, Regional, and Institutional Conferences:** *(This category includes invited presentations at meetings of your society or at institution-wide conferences. Do not include oral or poster presentations of selected abstracts. [See section 27.])*

a. National and International:

*[Title of lecture, conference, location, and year]*

1.

b. Regional:

*[Title of lecture, conference, location, and year]*

1.

c. Institutional:

*[Title of lecture, conference, location, and year]*

1.

**27. Abstract Presentations at National/International, Regional, and Institutional Conferences:**

 **(***List both oral and poster presentations. Indicate oral vs. poster in parentheses. Use an asterisk to indicate the primary presenter. Bold your name. Underline the names of your mentees.)*

a. National and International:

*[Authors, title of abstract, conference title, location, and year]*

1.

b. Regional:

*[Authors, title of abstract, conference title, location, and year]*

1.

c. Institutional:

*[Authors, title of abstract, conference title, location, and year]*

1.

**28. Research Focus:** *(Create a short paragraph, 50 words or fewer, detailing your research focus. This section cannot be omitted.)*

**29. Patents:** *[Name, number, title, year (if issued), indicate licensed if applicable]*

a. Issued:

1.

b. Pending:

1.

**30. Grant Support:**
*[Investigator status (PI, MPI, Co-Investigator), source and agency number, title, award type, direct costs, % effort, full dates (MM/DD/YYYY-MM/DD/YYYY)]*

a. Active Support:

1. Federally Funded: *(Includes NIH, CDC, and VA)*

i.

2. Private Foundation Funded: *(Includes, for example, American Heart Association, Crohn’s and Colitis Foundation, etc.)*

i.

3. Contracts: *(Includes industry funding. In some clinical trials, if there is no strict budget, indicate funding per patient and number of patients recruited or indicate amount of salary support.)*

i.

4. Other:

i.

b. Pending Support:

 *[All types, including all grants that have been submitted to a granting agency.]*

1.

c. Previous Support:

 *[All types]*

1.

**31. Bibliography:***[Bold your name. Authors, title, journal, year, volume, complete page numbers. Underline the names of your mentees. Be sure to use chronological order.]*

a. Published and Accepted Research Articles (clinical, basic science, other) in Refereed Journals:

 *(Published articles, “ePub ahead of print,” and “accepted.” Update upon publication.)*

b. Preprints: *(e.g., publications in BioRxiv, MedRxiv, etc.)*

c. Manuscripts Submitted: *(Original research articles submitted for publication or currently in revision. Do not include manuscripts in preparation.)*

d. Symposium Contributions: *(Papers published in the proceedings from a conference)*

e. Editorials and Commentaries:

f. Review Articles: *(Peer-reviewed articles summarizing published literature)*

g. Book Chapters:

h. Books Edited and Written:

i. Book Reviews: *(Reviews of books by another author)*

j. Manuals, Videos, Computer Programs, and Other Teaching Aids:

k. Published Abstracts: *(Abstracts published in publicly available journals, not conference materials. Include full bibliographic information.)*

l. Other Publications:

**32. Contributions Not Otherwise Noted:**

a.