**University of Pittsburgh**

**School of Medicine**

**CURRICULUM VITAE FORMAT**

* All entries must be in chronologic order (not reverse chronologic order)
* Information and dates listed in CV **must** match information included in Executive Summary if you are also completing a portfolio for review
* Do not duplicate entries - Report each entry in only one category of best fit
* Include page numbers

**BIOGRAPHICAL**

|  |  |
| --- | --- |
| Name: | Business Address: |
| Home Address: | Business Phone: |
| Home Phone: |  |
| Email: |  |
|  |  |

**EDUCATION and TRAINING**

**UNDERGRADUATE**

|  |  |  |  |
| --- | --- | --- | --- |
| Dates Attended | Name and Location of Institution | Degree Received and Year | Major Subject |

**GRADUATE**

|  |  |  |  |
| --- | --- | --- | --- |
| Dates Attended | Name and Location of Institution | Degree Received and Year | Major Subject |

**POSTGRADUATE**

* Include internships, residencies, fellowships, research associate appointments, and/or any other professional training experience.
* Must include name and program director and discipline.

|  |  |  |  |
| --- | --- | --- | --- |
| Dates Attended | Name and Location of Institution | Degree Received and Year | Major Subject |

**APPOINTMENTS and POSITIONS**

**ACADEMIC**

* Academic appointments refer to University and Medicine School appointments
* Visiting prefix must be used if faculty has a Visiting title at any time
* List active joint appointments and add the end date for any joint appointments that have expired

|  |  |  |
| --- | --- | --- |
| Years Inclusive | Name and Location of Institution or Organization | Rank/Title |

**NON-ACADEMIC**

* Non-academic appointments refer to hospital/health system or other appointments
* Include military or other Government Service

**CERTIFICATION and LICENSURE**

**SPECIALTY CERTIFICATION:**

|  |  |
| --- | --- |
| Certifying Board | Year |

**MEDICAL or OTHER PROFESSIONAL LICENSURE:**

|  |  |
| --- | --- |
| Licensing Board/State | Year |

**MEMBERSHIP in PROFESSIONAL and SCIENTIFIC SOCIETIES**

|  |  |
| --- | --- |
| * List memberships here * Specialty board memberships * List service activities related to your memberships in the service section   Organization | Year |

**HONORS**

|  |  |
| --- | --- |
| Title of Award | Year |

**PUBLICATIONS**

* Peer-reviewed articles **must** be listed separately
* Articles “in press” or “accepted” are acceptable; Do not list articles submitted or in preparation
* Articles “in-revision” must be listed separately
* Publications must be numbered
* **Bold face your name**
* For citations format see <http://www.nlm.nih.gov/bsd/policy/cit_format.html>
* List all authors for publications with 50 or less authors. Only use “et al” when more than 50 authors
* Consider adding a brief description of your role in publications for which you are neither first nor senior author

1. ORIGINAL PEER REVIEWED ARTICLES

* Only original, peer reviewed publications here
* Meta-analyses included
* Consortium articles

2. OTHER PEER REVIEWED PUBLICATIONS

* Review Articles
* Case Reports
* Commentaries
* Invited Reviews
* News +Views

3. OTHER NON-PEER REVIEWED PUBLICATIONS

* Review Articles
* Proceedings of Conferences and Symposia
* Invited Manuscripts
* Letters to the Editor
* Editorials
* Media presentations
* Lay publications

4. BOOKS, BOOK CHAPTERS AND MONOGRAPHS

5. PUBLISHED ABSTRACTS (in Scientific Journals)

6. ABSTRACTS (not published in Scientific Journals)

* Poster Presentations
* Oral/Podium Presentations

**PROFESSIONAL ACTIVITIES**

**TEACHING**

* Provide a summary of courses and tutorials taught (include numbers and types of students taught, contact hours, number of lectures, etc)
* Include dates for **ALL** teaching activities
* Other lectures and seminars given
* Theses completed under your direction, service on PhD committees, comprehensive exam committees,etc.
* Supervision of pre- and post-doctoral students, house staff physicians and fellows (clinical and research)
* Faculty development, such as continuing medical education activities, include courses and workshops taught to medical professionals
* Web based curriculum, podcasts, and broadcasts
* Mentored grant funding (your mentee’s recognized K-award)

*Consider using the following format:*

**Medical Student Teaching:**

Dates Role, Title of teaching session(s), type of learner, number of learners, number of sessions/year

**Graduate Student Teaching:**

Dates Role, Title of teaching session(s), type of learner, number of learners, number of sessions/year

**Resident Teaching:**

Dates Role, Title of teaching session(s), type of learner, number of learners, number of sessions/year

**Fellow Teaching:**

Dates Role, Title of teaching session(s), type of learner, number of learners, number of sessions/year

**Faculty Development Teaching:**

Dates Role, Title of teaching session(s), type of learner, number of learners, number of sessions/year

**Curriculum Development/Teaching Products/Media Products:**

Dates Title of Curriculum, brief explanation

**Mentoring:**

Dates Mentor Role, Name of Mentee, Context, Mentee Achievements

**RESEARCH**

* If PI, include total for all years and both direct and indirect costs
* If Co-I, list sub-award amount
* Grant number should include activity code (ex R01)
* Do not include funding to your trainee in which you are listed as mentor- this would be listed in the teaching section
* List competitively renewed grants once with initial contract start date and current end date

**Current Grant Support:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Grant Number (funded) | Grant Title | Role in Project  %Effort  (must not exceed 100%)  Calendar Months  (must not exceed 12 months | Years Inclusive | Source $ Amount  (include direct and indirect if PI)  (If Co-I list sub-award) |

**Pending Grant Support** (Include status, date reviewed, and priority score)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Grant Number | Grant Title | Role in Project  %Effort  (must not exceed 100%)  Calendar Months  (must not exceed 12 months | Years Inclusive | Source $ Amount  (include direct and indirect if PI)  (If Co-I list sub-award) |

**Prior Grant Support:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Grant Number (funded) | Grant Title | Role in Project  %Effort (must not exceed 100%)  Calendar Months (must not exceed 12 months | Years Inclusive | Source $ Amount  (include direct and indirect if PI)  (If Co-I list sub-award) |

**Non-Funded Research:**

* Clinical trials, IRB/Protocols, Studies

Other research related activities

* patents granted
* editorships
* journal refereeing
* study section memberships
* grant reviewing

**LIST of CURRENT RESEARCH INTERESTS**

* Briefly list research and scholarly interests

**INVITED SEMINARS AND LECTURESHIPS**

* Include grand rounds
* Media interviews

Local Presentations

Date, title of session, sponsoring institution, location

Regional Presentations

Date, title of session, sponsoring institution, location

National Presentations

Date, title of session, sponsoring institution, location

International Presentations

Date, title of session, sponsoring institution, location

**SERVICE**

* List service activities related to your memberships in professional and scientific societies here
* committee service as chair, co-chair, or member
* consultantships

University and Medical School Service

Date, Role, Context

Local/Community Service Activities

Date, Role, Context

Regional Service

Date, Role, Context

National Service

Date, Role, Context

International Service

Date, Role, Context