

# Basic Sciences

## School of Medicine - Vanderbilt University

### Required Format for Curriculum Vitae

*Please note: Information in bold* is required for curricula vitae to be submitted with recommendations for appointments and promotions requiring review by the Committee on Faculty Appointments and Promotions, but is not necessarily recommended for inclusion in the standard curriculum vitae.

#### **Name:**

Office Address:

Office Phone Number:

Date and Place of Birth:

PERSONAL DATA: (Optional - *Please note: It is not recommended to include personal information in your public CV.*)

Home Address

Home Phone Number

Marital Status, Spouse's Name

Children, names, dates of birth

Military Service

#### **Education:**

- **College: school (city, state), degree, date (major, optional)**
- **Professional or graduate: School(s) (city, state), degree(s), date(s)**  
(Thesis or dissertation title, if applicable)
- **Postgraduate Training: residency, fellowship, etc.**
- **Institutions(s), mentor (for research fellowships), dates**

Licensure and Certification: **(If applicable)**

- **State(s) in which licensed: date, name, license number)**
- **Specialty board(s): Board, specialty, date**

#### **Academic Appointments:**

- **List in chronological order, beginning with earliest and ending with current.**
- **Rank, Department, Institution, Dates**

Hospital Appointments **(If applicable)**

- **List in chronological order, as in Academic Appointments**

Employment: **(other than academic and hospital appointments)**

- **List in chronological order, as in Academic Appointments**

## Professional Organizations:

- Name, offices held, if any

## Professional Activities:

- **Intramural:** School or university committees, inclusive dates
- **Extramural:** Study groups, site visits, governmental agencies or private organizations, including offices held, inclusive dates. Editorial appointments, ad hoc reviewing, indicate journal
- **Other professional activities:** (optional)
- **Special awards or recognition for professional activities**

## Teaching Activities:

- *Indicate if you developed or substantially revised any of the teaching activities listed below.*
- **Medical School Courses:** title, number of lectures, conferences, etc., dates offered
- **Graduate School Courses:** title, number of lectures, conferences, etc., dates offered
- **Continuing Medical Education:** program title, date offered, indicated whether organizer or lecturer

**Clinical Teaching:** nature and frequency

**Research Supervision (residents or fellows, postdoctoral trainees, graduate students, medical students):** name(s), date(s), current position of trainee

Other Significant Activities: (optional)

- e.g., civic, political activities

## Research Program:

**Cumulative listing of all grants:** title, source, dollar amount, inclusive dates, percent effort.

## Publications and Presentations:

Separate by category and list earliest to latest. Underline or BOLD name.

1. **Articles in refereed journals:** List in chronological order, including name of all authors as listed sequentially on each publication, title, journal, volume, inclusive pages, year. Underline your name in each listing.
2. **Books, book chapters, invited review articles:** List as in #1.
3. **Letters to editor, book reviews, editorials, etc. (optional)**
4. **Abstracts (optional)**
5. **Presentations at Scientific Meetings:** List chronologically, include title, date, location of presentation. *Specify if presentation was invited and/or peer reviewed.*