

## CURRICULUM VITAE FOR IMG ALTERNATE PATHWAY

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### DEMOGRAPHIC AND PERSONAL INFORMATION

Current Appointments:

Personal Data:

Business Address:

E-mail:

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Business Phone:

Business Fax: \_\_\_\_\_

Education and Training:

Undergraduate:

<i>Year</i>	<i>Degree</i>	<i>Institution</i>	<i>Discipline</i>
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Doctoral/Graduate:

<i>Year</i>	<i>Degree</i>	<i>Institution</i>	<i>Discipline</i>
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Postdoctoral:

<i>Year</i>	<i>Title</i>	<i>Institution</i>	<i>Discipline</i>
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Professional Experience:

ACADEMIC:

<i>Dates</i>	<i>Position</i>	<i>Institution</i>
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## RESEARCH ACTIVITIES

**Publications** (h-index: \_\_\_ total citations by scopus: \_\_\_\_\_ date \_\_\_\_\_)

**Peer-reviewed Original Science Research**

**Inventions, Patents, Copyrights (awarded)**

*Date Title*

**Extramural Funding (current, pending, previous)**

Current Support

Dates: _____	Title: _____
Sponsor: _____	(PI: _____)
Total direct cost: _____	My role: _____, % _____
Project goal: _____	

Pending Support

_____	
Dates: _____	Title: _____
Sponsor: _____	(PI: _____)
Total direct cost: _____	My role: _____, % _____
Project goal: _____	

Previous Support

_____	
Dates: _____	Title: _____
Sponsor: _____	(PI: _____)
Total direct cost: _____	My role: _____, % _____
Project goal: _____	

## **INTRAMURAL FUNDING (current, pending, previous)**

### Current Support

Dates: Title:  
Sponsor: (PI: \_\_\_\_\_)  
Total direct cost: My role: \_\_\_\_\_, % \_\_\_\_\_  
Project goal:

### Previous Support

Dates: Title:  
Sponsor: (PI: \_\_\_\_\_)  
Total direct cost: My role: \_\_\_\_\_, % \_\_\_\_\_  
Project goal:

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## **EDUCATIONAL ACTIVITIES**

### **Educational Publications:**

#### Invited Review Articles:

#### Editorials:

#### Case Reports:

#### Book Chapters, Monographs:

#### Books:

#### Videos

**TEACHING**

Classroom instruction:

Clinical instruction:

CME instruction:

**MENTORING:**

Advisees:

Name \_\_\_\_\_

Current Position \_\_\_\_\_

Thesis Committees:

**EDUCATIONAL PROGRAM BUILDING/LEADERSHIP:**

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**CLINICAL ACTIVITIES**

**Licensure and Certification:**

**Clinical Responsibilities:**

**Clinical Program Building/Leadership:**

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**SYSTEM INNOVATION AND QUALITY IMPROVEMENT ACTIVITIES**

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**ORGANIZATIONAL ACTIVITIES**

**Institutional Administrative Appointments:**

*Name* \_\_\_\_\_

*Dates* \_\_\_\_\_

**Editorial Activities**

*Name* \_\_\_\_\_

*Dates* \_\_\_\_\_

**Advisory Committees, Review Groups/Study Sections**

*Name* \_\_\_\_\_

*Dates* \_\_\_\_\_

**Professional Societies**

*Name* \_\_\_\_\_

*Dates* \_\_\_\_\_

**Conference Organizer, Session Chair**

*Name* \_\_\_\_\_

*Dates* \_\_\_\_\_

**RECOGNITION**

**Year**

***Title of Award***