**Name**

Street Address

City, State, Zip Code

Telephone

Email Address

**EDUCATION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

University of Cincinnati College of Medicine, Cincinnati, OH 0/0000

M.D. Anticipated

Undergraduate Institution, City, State 0/0000

Degree, *Latin Honors (if any)*

Major, Minor (if any)

**HONORS & AWARDS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Medical School Award, University of Cincinnati College of Medicine 0/0000

* Awarded by X for Y (include a description if not obvious based on name of award)

Dean’s List (# of semesters), University Name 0/0000

Undergraduate Award, University Name 0/0000

* Awarded by X for Y (If not obvious based on name of award)

**GRANTS & FELLOWSHIPS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name of Grant or Fellowship (e.g. summer research fellowship) 0/0000

* Awarded by X for Y (leave the description of the actual research for the “Research” section)

**PROFESSIONAL DEVELOPMENT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name of Conference/Course/Program 0/0000

* Brief description (1-2 sentences)

**CERTIFICATIONS & LICENSES\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Basic Life Support for Healthcare Providers, AHA Expiration date - 0/0000

**RESEARCH EXPERIENCE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Position** 0/0000-0/0000

Institution

Principal Investigator/Preceptor

* Title of Project(s)
* Brief description of your specific responsibilities

**PUBLICATIONS & PRESENTATIONS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Publication**

(Formal citation, refer to CV Workshop PowerPoint)

**Oral or Poster Presentation**

(Formal citation, refer to CV Workshop PowerPoint)

**TEACHING EXPERIENCE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Your Role**, Name of Institution/Organization 0/0000-0/0000

* Brief description of your specific responsibilities

**COMMUNITY SERVICE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Your Role, Name of Organization** 0/0000-0/0000

* Brief description of organization, if needed
* Brief description of your specific responsibilities

**SCHOOL SERVICE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Role, Office/Program** 0/0000-Present

University of Cincinnati College of Medicine

* Brief description of your specific responsibilities, if not obvious based on role

**EMPLOYMENT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Job Title**, Organization, City, State 0/0000-0/0000

* Brief description of your specific responsibilities

**PROFESSIONAL ORGANIZATIONS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name of National Organization (spell-out, no acronyms) 0/0000-Present

**EXTRACURRICULAR ACTIVITIES\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Your Role, Name of Medical School Student Organization** 0/0000-0/0000

University of Cincinnati College of Medicine

* Brief description, if needed

**Your Role, Name of Undergraduate Student Organization, Team, etc.** 0/0000-0/0000

Name of Undergraduate Institution

* Brief description, if needed

**Your Role, Name of Organization** 0/0000-0/0000

* Brief description, if needed

**HOBBIES & INTERESTS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* Hobby/interest #1
* Hobby/interest #2
* Hobby/interest #3