List all information in reverse chronological order.

Include month and year.

Delete a section if it does not pertain to you.

Name (first last, degree)

**Contact Information**: office address

phone

email

**CURRENT ACADEMIC POSITION**

*example*

*01/2010-present Assistant Professor, Department of Pathology, The Ohio State University, Columbus, OH*

**ADMINISTRATIVE APPOINTMENT**

*example*

*01/2010-present Director, Surgical Pathology, Department of Pathology, The Ohio*

 *State University Wexner Medical Center, Columbus, OH*

**previous academic appointments**

**EDUCATION**

mo/year-mo/year Medical School

mo/year-mo/year Undergraduate

**TRAINING**

mo/year-mo/year Fellowship

mo/year-mo/year Residency

**MEDICAL LICENSURE**

mo/year-present State Medical Board of Ohio

**CERTIFICATION**

mo/year-present

**CLINICAL SERVICE**

*list activities in service to patients, indicating position, clinical venue and inclusive dates*

*Example:*

*mo/year-present GI Service, OSUWMC*

**COMMITTEE ASSIGNMENTS**

*list department, college, university and non-university committee assignments, noting leadership*

*positions held and inclusive dates*

**HONORS and AWARDS**

**TEACHING**

*list formal courses taught to graduate or medical students, resident/fellow didactic lectures,*

*including dates*

**FORMAL MENTORING**

*list mentoring activities involving graduate students, medical students, residents and fellows with*

*inclusive dates*

**EDITOR/EDITORIAL BOARD APPOINTMENTS**

*List journals for which you hold editorial positions with inclusive dates*

**MANUSCRIPT REVIEW**

*list journals for which you review manuscripts with inclusive dates*

**PROFESSIONAL MEMBERSHIPS AND ACTIVITIES**

*list societies of which you are a member, noting leadership positions, with inclusive dates*

**INVITED PRESENTATIONS**

*list presentations both within and outside of the university for which you were specifically invited to present your research, including date and location*

**GRANTS**

Title of grant:

Funding agency:

Grant number:

Award total:

Dates of funding:

Role:

% effort:

**BOOKS**

**BOOK CHAPTERS**

**JOURNAL ARTICLES**

**ABSTRACTS** *separate into the following categories*

**Platform Presentations**

national/international meetings

local/regional meetings

**Posters**

national/international meetings

local/regional meetings

**PATENTS AND TECHNOLOGY TRANSFER**

*list patents/pending patents - include date of filing*

*list technology licensed to industry or others*

**BIOGRAPHICAL NARRATIVE**

*Use this area to describe in further detail your clinical service activities and highlight any accomplishments.*