**STANDARDIZED CURRICULUM VITAE FORMAT**

**COLLEGE OF MEDICINE AND LIFE SCIENCES**

**THE UNIVERSITY OF TOLEDO**

**I. PERSONAL INFORMATION**:

Name (in full)

Work address, email, and phone number(s)

Home address and phone number(s)

**EDUCATION AND TRAINING**:

Start with the *earliest* earned degree. List each earned degree in the following manner:

Date of degree award; degree title; field of study; institution, city, state (and country if not U.S.)

List any honorary degrees, providing the same information as for the earned degrees. (Be sure to clearly indicate if the degree was honorary rather than earned.)

**POSTGRADUATE MEDICAL EDUCATION (RESIDENCIES, FELLOWSHIPS):**

Start with the *earliest*position. Provide the following information for each:

Dates (from - to)

Name of hospital; city and state (country, if not U.S.)

Area of training

**PRE- AND POST-DOCTORAL FELLOWSHIPS:**

Start with the *earliest*position. Provide the following information for each:

Dates (from - to)

Name of institution and department (or other administrative unit)

Specialty/discipline

Mentor/Major Advisor:

Source of award (if applicable)

**ACADEMIC APPOINTMENTS:**

List all relevant employment. Start with the *earliest*employment.

Dates (from - to)

Name of organization, business or educational institution

Department of other administrative unit within organization

Title or faculty rank and track (e.g. clinical, research, etc., if applicable)

Nature of employment (full or part-time, salaried or community based)

**AWARDS AND COMMENDATIONS:**

Start with the *earliest*award.

Date

Name of award and organization that provided award

Award type (*e.g.,* monetary, honorary, etc.)

**CERTIFICATIONS/LICENSURES:**

Provide the following information for each

Area of specialty

Name of specialty board issuing certification

Licensure: States and/or foreign countries

Date of issue and period of time covered by document, if there is a time limit

**PATENTS:**

Date awarded

Name of patent

Patent number

List of inventors and co-inventors

**MILITARY SERVICE:**

Dates (from - to)

Branch of armed forces

Grade and title at discharge

Date and type of discharge

**PROFESSIONAL DEVELOPMENT ACTIVITIES:**

(*e.g.,* leadership institutes, specialized conferences, etc.)

Date(s)

Name of professional activity, organization that hosted activity, brief description

**II. SERVICE**

**NATIONAL AND INTERNATIONAL PROFESSIONAL SOCIETIES AND ACTIVITIES:**

Provide the following information for each:

Name of organization

Dates of membership (from - to)

Title and dates of offices held

Committee service(s) - name and date

**REGIONAL, STATE AND LOCAL PROFESSIONAL SOCIETIES AND ACTIVITIES:**

Provide the following information for each:

Name of organization

Dates of membership (from - to)

Title and dates of offices held

Committee service(s) - name and date

**GROUPS OTHER THAN PROFESSIONAL SOCIETIES:**

(e.g., National Research council, foundations, governmental bodies, etc.)

Name of organization

Dates of membership (from - to)

Title and dates of offices held

Committee service(s) - name and date

**EDITORIAL BOARDS**  (do not list books edited here)

List, in chronological order, service on the editorial boards of journals:

Name of journal

Dates (from - to)

Special status, if applicable (e.g. editor-in-chief, section editor, etc., with dates)

**JOURNAL PEER REVIEW SERVICE**

List journals for which you have served as a peer reviewer using the following format:

Year(s) you served as peer reviewer, Journal name, Number of manuscripts reviewed per year

**STUDY SECTIONS, GRANT REVIEW PANELS:**

List service on peer review panels, in chronological order. If the organization has both national and state or regional panels, be sure to indicate at which level you served.

Name of organization

Name of review panel

Status (e.g. chairman, member, guest reviewer, consultant)

Dates (from - to)

**UNIVERSITY OF TOLEDO COMMITTEES:**

(In a separate section, list membership on hospital committees)

Name of committee

Dates (from - to)

Office held, if applicable (e.g. chair, secretary, etc., with dates)

**COLLEGE OF MEDICINE AND LIFE SCIENCES (COMLS) COMMITTEES:**

Name of committee

Dates (from - to)

Office held, if applicable (e.g. chair, secretary, etc., with dates)

**COMLS DEPARTMENT/DIVISION COMMITTEES:**

Name of committee

Dates (from - to)

Office held, if applicable (e.g. chair, secretary, etc., with dates)

**COMMUNITY SERVICE AND ORGANIZATIONS:**

List, in chronological order, membership and activities in relevant organizations.

**III. EDUCATIONAL ACTIVITIES**

**LECTURES/TEACHING:**

Dates (from – to)

Course name and number

Role in course (lecturer, session moderator, facilitator)

Number of learners/session

Number of contact hours/year

**ADVISING / MENTORING:**

In separate sections, list graduate students, postdoctoral fellows, medical students, undergraduate students, residents, etc. for which you served as the mentor (major advisor). Student advisory committees and other advising should be listed in separate sections. For each student or student group, list:

Name

Department

Dates the student studied under your guidance (from - to)

Degree awarded and date, if applicable

Publications, presentations, and/or poster presentation

Current position

**IV. SCHOLARSHIP**

**INVITED LECTURES, SEMINARS, SYMPOSIA, VISITING PROFESSORSHIPS:**

List in chronological order:

Title, position or activity

Site of activity (e.g. name of university, company or organization)

Dates

**SPECIAL/INVITED PRESENTATIONS AT NATIONAL AND INTERNATIONAL MEETINGS:**

(Poster presentations, which may be included as published abstracts, should not be listed here. Indicate any special/invited oral presentations that are also listed as published abstracts in the Bibliography.) List in chronological order:

Names of all authors, in the original sequence

Title of presentation

Name and location of meeting

Date

**CONSULTATIVE ACTIVITIES:**

List activities, with inclusive dates

**MAJOR RESEARCH INTERESTS:**

Provide a brief summary on a separate page, one page maximum, unless distinct projects exist.

**CURRENT RESEARCH SUPPORT, TRAINING GRANTS:**

Only include those grants which are actively funded using the following format:

Title of grant:

Funding agency:

Period of support (From Mo/Yr – To Mo/Yr):

Total direct costs awarded (do ***not*** include indirect costs):

Total budget (including indirect costs):

Role: your role (PI, co-PI, co-I) and percent effort on the funded project

Name, department, institution of PI/PD if you are not PI/PD

**PENDING RESEARCH SUPPORT, TRAINING GRANTS:**

Only include those grant applications which already have been submitted using the following format:

Title of grant:

Funding agency:

Period of support (From Mo/Yr – To Mo/Yr):

Total direct costs awarded (do ***not*** include indirect costs):

Total budget (including indirect costs):

Role: your role (PI, co-PI, co-I) and percent effort on the funded project

Name, department, institution of PI/PD if you are not PI/PD

**PAST RESEARCH SUPPORT, TRAINING GRANTS:**

Only include those grants which were previously funded using the following format:

Title of grant:

Funding agency:

Period of support (From Mo/Yr – To Mo/Yr):

Total direct costs awarded (do ***not*** include indirect costs):

Total budget (including indirect costs):

Role: your role (PI, co-PI, co-I) and percent effort on the funded project

Name, department, institution of PI/PD if you are not PI/PD

**PUBLICATIONS:**

* Do not include published abstracts or conference proceeding abstracts here.
* Do not include abstracts, book chapters, or journal articles which have been submitted but not accepted for publication.
* Use consistent formatting, as shown below.
* Include My NCBI link
* Include h index
* List publications in chronological order, with oldest first.

Example of Publication List:

Web of Science *h*-index: XX Total citations: XXXX

https://xxxx.xxx (add weblink to your Web of Science, Google Scholar, or other citation manager)

All publications are indexed at My NCBI:

<https://www.ncbi.nlm.nih.gov/myncbi/xxxxx>

1. Adams AB, Jones CD, **Professor ME**. 2019. Title of first manuscript as faculty. *Journal* 14(2): 1-13. PMID: 123456.
2. Baker GH, Clark IJ, Davis KL, **Professor ME**. 2020. Title of second manuscript as faculty. *High Impact Journal*. 72(3): 27-32. PMID: 234567.
3. Cook JA, Davis DJ, Ellis PQ, **Professor ME**. 2021. Title of third manuscript as faculty. *Research Journal.* 23(5): 42-45. PMID: 4567880
4. Frank EF, Gerry HP, **Professor ME**, Harris KL, Jackson MN. 2022. Title of middle author publication. *Journal.* 45(9): 1359-1367. PMID: 6789123.

**CONFERENCE ABSTRACTS/PROCEEDINGS/PUBLISHED ABSTRACTS:**

* Do not double-list abstracts from national and international meeting section (above) or publications section (above).

1. Elliot AB, Frist CD, Gibson EF, **Professor ME**. 2019. Title of poster abstract. *Journal* 22(7): 14-23. PMID: 345678.

**BOOK CHAPTERS:**

1. Frank BA, Frist CD, Gibson EF, **Professor ME**. 2021. Title of book chapter. *Title of book.* Adams AB and Baker CD, editors. Published by Medical Journal Media, LLC. *ISBN: 123-45-67889*. doi: 12/3456/123568.