**STANDARDIZED CURRICULUM VITAE FORMAT**

**COLLEGE OF MEDICINE AND LIFE SCIENCES**

**THE UNIVERSITY OF TOLEDO**

**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:

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

List any honorary degrees, providing the same information as for the earned degrees. (Be sure to clearly indicate that 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)

**EMPLOYMENT;**

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)

**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

**MILITARY SERVICE;**

Dates (From - To)

Branch of armed forces

Grade and title at discharge

Date and type of discharge

**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

**AWARDS AND COMMENDATIONS:**

List in chronological order:

Name of award

Individual/institution/company issuing award

Date award received

**MENTORING**

In separate sections, list graduate students and postdoctoral fellows for which you served as the mentor (major advisor). For each student, list:

Name

Department

Dates the student studied under your guidance (From-To)

Degree awarded and date, if applicable

Current position

**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**

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

Journal name, years you served as peer reviewer, number of manuscripts reviewed per year

**STUDY SECTIONS, 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)

**COMMUNITY SERVICE AND ORGANIZATIONS;**

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

**COMMITTEES,THE UNIVERSITY OF TOLEDO:**

List membership in the University of Toledo, College of Medicine and Life Sciences and Departmental Committees. In a separate section, list membership in hospital committees.

Name of committee

Dates (From - To)

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

**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:**

(Regular presentations, which are included in the Bibliography, as published abstracts should not be listed here. Indicate any special/invited 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.

**PAST RESEARCH SUPPORT, TRAINING GRANTS:**

Only include those grants which were 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

**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

**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

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, Smith EF. 2023. Title of manuscript. *Journal* 14(2): 1-13. PMID: 123456.
2. Baker GH, Clark IJ, Davis KL. 2022. Title of previous manuscript. Journal. 72(3): 27-32. PMID: 234567.

**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. 2019. Title of abstract. *Journal* 22(7): 14-23. PMID: 345678.