

**PERSONAL INFORMATION**

- Name
- Address
- Telephone & Fax
- Email

**EDUCATION**

- Fellowship
- Residency
- Medical School
- College

**MEDICAL LICENSURE****BOARD CERTIFICATION****ACADEMIC APPOINTMENTS****PROFESSIONAL ACTIVITY**

- Awards and Honors
- Invited Presentations
- Presentations at Professional Meetings
- Service to Professional Societies
- Membership on Journal Editorial Boards
- Service as Journal Reviewer
- Service as Referee of Proposals

**UNIVERSITY AND PUBLIC SERVICE**

- University wide
- Campus
- School of Medicine
- Department
- Health Affairs
- Community

**CONTRACTS, GRANTS, FELLOWSHIPS**

- **Current Research** **If applicable**

Name and Number of Project (w/ Dates):

Funding Agency:

Role and percent effort

Amount: Total direct costs

- **Completed Research**

Name and Number of Project (w Dates)

Funding Agency:

Role and percent effort

Amount: Total direct costs

**PUBLICATIONS** (list most recent publication last) **If applicable**

- **Books**
- **Book Chapters, peer reviewed** and **Book Chapters, other**
- **Journal Articles, peer reviewed**
- **Journal Articles, peer reviewed (submitted)** optional
- **Journal Articles, peer reviewed (in preparation)** optional
- **Journal Articles, other**
- **Abstracts and Conference Proceedings Papers, peer reviewed**
- **Other published writings**

**PERSONAL STATEMENT** **Optional**