

UNIVERSITY OF UTAH

SCHOOL OF MEDICINE CURRICULUM VITAE (CV) STYLE GUIDE

CVs assembled through the MBM-CV web site will automatically use all of the following formats.

GENERAL INFORMATION:

- 1-inch margins, left-justified
- Times/Times New Roman 11-point or Arial 11-point
- Single-spaced within categories and a 6-point space between category headers and subheaders.
- All categories should be placed in chronological order. Years should be inclusive, with start and end years of activity clearly listed. If an activity is ongoing, use the format: “2006 to Present”
- Include “Last Updated Date” in the Header of Page 1.
- Footer for all pages: Include Page # and Faculty Last Name. Right-justified.
- Include activities only once in your CV, except for academic appointments, which may be repeated in the ‘Administrative Experiences’ category, if such appointments carry administrative responsibility (e.g., Division Chief, Program Director, etc.). When academic appointments have administrative responsibility, please briefly identify the responsibility for each academic appointment.
- “Grants and Contracts” should be separated into three categories (listed chronologically from start date of grant/contract):
 - Active
 - Pending
 - Past
- Faculty members should review and approve CV prior to distributing to internal/external offices or inclusion in any document used for formal or informal review.
- The MBM-CV may be saved as a Word document and printed.
- Faculty name should **bold** or underlined in citations for publications and abstracts; follow APA style guidelines:
 - **FACULTY NAME in the AUTHOR line SHOULD BE BOLD OR UNDERLINED.** (Publication Year in yyyy format). Title of Manuscript. *Journal Title*, Volume number: inclusive pages.
 - For more information on APA style, please visit: <http://www.apastyle.org/>

SCHOOL OF MEDICINE CV FORMAT ATTACHED

Revised: 8/24/09

Curriculum Vitae

Last Updated:

PERSONAL DATA

Name:

Birth Place:

Citizenship:

BUSINESS ADDRESS (optional)

CONTACT INFORMATION (optional)

EDUCATION

<u>Years</u>	<u>Degree(s)</u>	<u>Institution (Area of Study)</u> <u>City, State, Country</u>
(e.g., 1987-1990)	(e.g., B.A.)	(e.g., Mills College (Biology) Salt Lake City, UT, USA
(e.g., 1990-1994)	(e.g., M.D.)	(e.g., University of Utah Salt Lake City, UT, USA

BOARD CERTIFICATIONS

Date Certified (mm/dd/yyyy) Agency

CURRENT LICENSES/CERTIFICATIONS

Inclusive years License/Certificate Name (Issuing State, (i.e., UT)
(i.e., 2005-2008)

ACADEMIC HISTORY

Department(Division), Institution

Start Date and inclusive Academic Rank (e.g., Instructor (Clinical)
years (mm/dd/yyyy)

PROFESSIONAL EXPERIENCE

Full Time Positions

Inclusive years Title, Institution, City, State, Country

Part Time Positions

Inclusive years Title, Institution, City, State, Country

Editorial Experience

Inclusive years Title, Institution, City, State, Country

SCHOLASTIC HONORS

Inclusive Honor Type, Institution, City, State, Country
years (yyyy-
yyyy)

ADMINISTRATIVE EXPERIENCE

Administrative Duties

Inclusive years Title/Role, Institution, City, State, Country

Professional & Scientific Committees

Inclusive years Title/Role, Institution, City, State, Country

Grant Review Committee/Study Sections

Inclusive years Title/Role, Institution/Organization, City, State, Country

Symposium/Meeting Chair/Coordinator

Inclusive years Title/Role, Institution/Organization/Committee, City, State, Country

PROFESSIONAL COMMUNITY ACTIVITIES

Inclusive Title, Institution/Organization, Activity
years (yyyy-
yyyy)

UNIVERSITY COMMUNITY ACTIVITIES

Inclusive Title, Institution/Organization, Activity
years (yyyy-
yyyy)

ACTIVE MEMBERSHIPS IN PROFESSIONAL SOCIETIES

Inclusive Title, Institution/Organization, Activity
years (yyyy-
yyyy)

FUNDING

Active Grants

Inclusive years (i.e.,
01/01/05 - 06/30/05) Assignment Number and Title of Grant
Direct Costs: \$Amount. Total costs: \$Amount (optional)
Funding Source
Role: Principal Investigator

Pending Grants

Inclusive years (i.e.,
01/01/05 - 06/30/05) Assignment Number and Title of Grant
Direct Costs: \$Amount. Total costs: \$Amount (optional)
Funding Source
Role: Principal Investigator

Past Grants

Inclusive years (i.e.,
01/01/05 - 06/30/05) Assignment Number and Title of Grant
Direct Costs: \$Amount. Total costs: \$Amount (optional)
Funding Source
Role: Principal Investigator

Active Contracts

Inclusive years (i.e.,
01/01/05 - 06/30/05) Assignment Number and Title of Contract
Direct Costs: \$Amount. Total costs: \$Amount (optional)
Funding Source
Role: Principal Investigator

Pending Contracts

Inclusive v (i.e.,
01/01/05 - 06/30/05) Assignment Number and Title of Contract
Direct Costs: \$Amount. Total costs: \$Amount (optional)
Funding Source
Role: Principal Investigator

Past Contracts

Inclusive years (i.e.,
01/01/05 - 06/30/05) Assignment Number and Title of Contract
Direct Costs: \$Amount. Total costs: \$Amount (optional)
Funding Source
Role: Principal Investigator

TEACHING RESPONSIBILITIES/ASSIGNMENTS

For each of these categories, start the left column with Inclusive years (yyyy-yyyy)

Course and Curriculum Development (Course title and number, school offering course (e.g., School of Medicine), number of times the course is taught annually, type of students taking the course (e.g., medical; dental; nursing; etc.), approximate number of students taking the course)

Courses Directed (Course title and number, department and school offering the course (e.g., Department of Biochemistry, School of Medicine), number of times the course is taught)

annually, type of students taking the course (e.g., medical; dental; nursing; etc.), approximate number of students taking the course)

Course Lectures (Course title and number, department and school offering the course (e.g., Department of Biochemistry, School of Medicine), number of times the course is taught annually, type of students taking the course (e.g., medical; dental; nursing; etc.), approximate number of students taking the course)

Clinical Teaching (Course title and number, if applicable, or teaching topic (e.g., Pediatrics; General Surgery; etc.), department and school offering the course (e.g., Department of Neurology, School of Medicine), number of times the course is taught annually, type of students taking the course (e.g., medical; dental; nursing; etc.), approximate number of students taking the course)

Laboratory Teaching (Teaching topic (e.g., Cardiac Physiology; Research Techniques; etc.), department and school offering the course (e.g., Department of Physiology, School of Medicine), number of times the course is taught annually, type of students taking the course (e.g., medical; dental; nursing; etc.), approximate number of students taking the course)

Small Group Teaching (Course title and number, department and school offering the course (e.g., Department of Biochemistry, School of Medicine), number of times the course is taught annually, type of students taking the course (e.g., medical; dental; nursing; etc.), approximate number of students taking the course)

Students Supervised (Type of student (e.g., medical; dental; graduate; etc.), student's name, awards/recognitions that the student received while working with you, where the student went after after completing their training with you)

Graduate Student Committees (Your role on the committee (e.g., Chairperson/Member) student's name, degree to be awarded or awarded (e.g., M.S., Ph.D.), thesis/dissertation title, degree-awarding department (e.g., Neurobiology & Anatomy), awards/recognitions that the student received while working with you, where the student went after completing their training with you)

Continuing Education Lectures/Presentations (Course title and number, if applicable, or teaching topic (e.g., Pediatrics; General Surgery; etc.), organization offering the course (e.g., Pediatric Academic Societies), number of times the course is taught annually, type of registrants taking the course (e.g., physicians; nurses; etc.), approximate number of registrants taking the course)

Other Educational Activities (be thorough in providing information)

PEER-REVIEWED JOURNAL ARTICLES (Bold/underline faculty member's name)

1. Author, A. A., Author, B. B., & Author, C. C. (Year). Title of article. *Title of Journal, volume number*: inclusive pages.
2. Author, A. A., Author, B. B., & **Author, C. C.** (Year). Title of article. *Title of Journal, volume number*: inclusive pages.

NON PEER-REVIEWED JOURNAL ARTICLES

1. Author, A. A., Author, B. B., & Author, C. C. (Year). Title of article. *Title of Journal, volume number*: inclusive pages.
2. Author, A. A., Author, B. B., & **Author, C. C.** (Year). Title of article. *Title of Journal, volume number*: inclusive pages.

REVIEW ARTICLES

1. Author, A. A., Author, B. B., & Author, C. C. (Year). Title of article. *Title of Journal, volume number*: inclusive pages.
2. Author, A. A., Author, B. B., & **Author, C. C.** (Year). Title of article. *Title of Journal, volume number*: inclusive pages.

BOOKS

1. Author, A. A. (Year of publication). *Title of work: Capital letter also for subtitle.* Location: Publisher, City, State, Country.

BOOK CHAPTERS

1. Author, A. A. (Year of publication). Chapter number: *Title of work: Capital letter also for subtitle.* Publisher, City, State, Country.

CONFERENCE PROCEEDINGS

1. Author(s). (Year). Manuscript tile. *Journal/Periodical Title. Volume number*: inclusive pages

OTHER (Commentary/Letters/Editorials/Case Reports/Video/Film)

Other

1. Author, A. A. (Year). Title. *Publication Source*, Reference material from journal, books, etc.

PENDING PUBLICATIONS

Journal Article(s)

1. Author, A. A., Author, B. B., & Author, C. C. Manuscript tile. *Journal Volume*(Issue), Inclusive Page numbers. STATUS

Abstract(s)

1. Author, A. A., Author, B. B., & Author, C. C. Manuscript tile. *Journal Volume*(Issue), Inclusive Page numbers. STATUS

**RECENTLY PUBLISHED ABSTRACTS FOR ORAL OR POSTER PRESENTATION ---
(Last 3 years)**

1. Author, A. A., Author, B. B., & Author, C. C. (Year). Title of article. *Title of Periodical, volume number* (issue number), pages.

UNPUBLISHED POSTER PRESENTATIONS

1. Author, A. A., Author, B. B., & Author, C. C. (Year). Title of Presentation. Sponsoring Institution/Organization, City, State, Country.

ORAL PRESENTATIONS

Keynote/Plenary Lectures

International

Year Author(s). Title of Presentation. Sponsoring Institution/Organization, City, State, Country.

National

Year Author(s). Title of Presentation. Sponsoring Institution/Organization, City, State, Country.

Regional/Local

Year Author(s). Title of Presentation. Sponsoring Institution/Organization, City, State, Country.

Meeting Presentations

International

Year Author(s). Title of Presentation. Sponsoring Institution/Organization, City, State, Country

National

Year Author(s). Title of Presentation. Sponsoring Institution/Organization, City, State, Country.

Regional/Local

Year Author(s). Title of Presentation. Sponsoring Institution/Organization, City, State, Country.

Invited/Visiting Professor Presentations

Year Author(s). Title of Presentation. Sponsoring Institution/Organization, City, State, Country.

Grand Rounds Presentations

Year Author(s). Title of Presentation. Sponsoring Institution/Organization, City, State, Country.

Industrial Presentations

Year Author(s). Title of Presentation. Sponsoring Institution/Organization, City, State, Country.

Outreach Presentations

Year Author(s). Title of Presentation. Sponsoring Institution/Organization, City, State, Country.

OTHER SCHOLARLY ACTIVITY

1. Author(s). (Year). Title. Role(s)/Description of activity. *Publication Source*, Reference material from source, in APA format. **Be thorough.**