CURRICULUM VITAE

Name (also place name, date, and page number in header or footer) (Delete all formatting instructions and any section headers with no entries)

PERSONAL INFORMATION

EDUCATION: (chronological order) Dates Degree, School

POST-GRADUATE TRAINING: (chronological order)

Institution, position

THESIS (if applicable)

CONTACT INFORMATION

Mailing address:

Email @uhhospitals.org

PROFESSIONAL APPOINTMENTS (reverse chronological order)

Hospital Appointments

Dates position, institution

National Professional Positions

Dates (year) position, organization

ACADEMIC APPOINTMENTS (reverse chronological order)

Dates rank/position/institution

LICENSURE AND BOARD CERTIFICATION

Ohio Medical License # (other medical licenses) (Name of Board, certified in ..., date) (Name of Board, recertification in ... through date)

HONORS AND AWARDS: (reverse chronological order, describe award, omit section if N/A)

NATIONAL

vear award

REGIONAL/LOCAL1

award year

MEMBERSHIP IN PROFESSIONAL SOCIETIES (reverse chronological order)

Organization (specify member, fellow, etc)

¹ CWRU definition of local: within Cuyahoga or contiguous counties or Case or hospital affiliate

PROFESSIONAL SERVICES (reverse chronological order) (Include editorial boards, study section/grant review, advisory groups, committee service, etc.)

National/international:

Dates (year) Organization

Role (with dates if not same)

Regional/local:

Dates (year) Organization

Role (with dates if not same)

Hospital/system:

Dates (year) Committee

Role (with dates if not same)

Department of...

Dates (year) Committee

Role (with dates if not same)

Journal peer reviewer

Journal title(s)

TEACHING ACTIVITIES

INVITED LECTURES (CME) (note curriculum development and course leadership if applicable) National/International²

Title of talk. (type of presentation) at (title of meeting) (location) (date) Participants (approx. #)

Regional (note curriculum development and course leadership if applicable)

Title of talk. (type of presentation) at (title of meeting) (location) (date) Participants (approx. #)

Local (note curriculum development and course leadership if applicable)

Title of talk. (type of presentation) at (title of meeting) (location) (date) Participants (approx. #)

VISITING PROFESSORSHIPS

TEACHING (Students, residents, fellows)

Curriculum/course development

<u>Title of course</u> (type of course, audience, location)

Teaching materials produced

Title (type of materials, audience, location)

Teaching administration

Position title (responsibilities, location)

Direct teaching (didactic, bedside, etc)

Position (types and numbers of learners, time commitment, brief description)

² National presentation is given outside your region or has national audience but given locally.

List of trainees/mentees

Name, trainee role, your role, dates, current status

GRANTS and RESEARCH SUPPORT (reverse chronological order)

Dates (start-end)

Granting agency Title of project Principle investigator name \$ direct costs awarded Grant # Your role, percent effort

BIBLIOGRAPHY (Published or in press only) (chronological order, numbered)

PEER-REVIEWED PUBLICATIONS AND EDUCATIONAL PRODUCTS

- 1. Full citation, your name bolded
- 2. Full citation, your name bolded

EDITED BOOKS, MONOGRAPHS, JOURNAL VOLUMES:

- 1. Full citation, your name bolded
- 2. Full citation, your name bolded

INVITED, NON-PEER REVIEWED

- 1. Full citation, your name bolded
- 2. Full citation, your name bolded

BOOK CHAPTERS

- 1. Full citation, your name bolded
- 2. Full citation, your name bolded

AUDIO/VISUAL

- 1. Full citation, your name bolded
- 2. Full citation, your name bolded

EDITORIALS

- 1. Full citation, your name bolded
- 2. Full citation, your name bolded

LETTERS (chronological order, numbered)

- 1. Full citation, your name bolded
- 2. Full citation, your name bolded

ABSTRACTS AND POSTERS (specify if abstract presented orally; note presenter)

- 1. Full citation including organization and location of meeting, your name bolded
- 2. Full citation including organization and location of meeting, your name bolded

PUBLICATIONS: Other

NOTES FOR REFERENCE:

Link to abbreviated promotion standards

For an editable Word version of this document please contact Corinthia.Brauer@uhhospitals.org