**CURRICULUM VITAE**

**FOR**

**CWRU SCHOOL OF MEDICINE**

INSTRUCTIONS and FORMATTING:

 ~List entries chronologically: some sections request oldest to most recent, others request most current to oldest

 ~List start-end dates as mm/yyyy-mm/yyyy format, if no end date use “-present”

 ~Organize entries by impact and reach whenever possible using subheadings: Internation, National, Regional,

 Local, and Institutional

 ~*Do NOT abbreviate or use acronyms; spell it out so the reviewers understand everything easily*.

 ~Delete any section that does not apply to you

 ~Add subsections if needed to include additional academic activities that showcase your expertise and impact

**NEW in 2025 – UPDATED APT Guidelines**

If a faculty activity requires explanation to understand **your** role (authorship), how your work has been shared (scholarship) and the results of your activities (impact), please annotate the CV entry.

Add subsections if needed to include additional academic activities that showcase your expertise and impact

**Delete all instructions in red before submitting**

**DATE: September 25, 2025**

**PERSONAL INFORMATION**

Name; last, first, middle

Credentials; MD, PhD, etc.

Institution & Institute

Department

Office Address & Mail Code

Office Phone

Office Email

*\*Please indicate the preferred number to reach you with questions regarding your faculty appointment or promotion.*

Home Address (Optional)

**EDUCATION & TRAINING**

 *🡪****List from OLDEST to MOST RECENT in this section***

**Education**

 ~List all education after high school; start with undergraduate degree, master’s, MD, etc.

 ~List school and city, state; only add country if outside of United States.

 ~If you have a unique situation regarding your college / university education, explain it briefly.

 ~Please briefly explain any gaps over 4 months.

School & City, State / Country

Degree

Start-End Dates

**PhD Thesis**

Title

Advisor

Thesis Committee Members

**Post-Graduate Training**

Institution & City, State / Country

Position

Start-End Dates

**ADDITIONAL CAREER DEVELOPMENT**

**(Advanced Training, Leadership, Certificates, Specialty Training)**

 *🡪****List from OLDEST to MOST RECENT in this section***

School / Institution

Title /Certificate

Start-End Dates

**ACADEMIC APPOINTMENTS (University and School)**

 *🡪****List from MOST RECENT TO OLDEST in this section***

Rank & Department

Institution & City, State / Country

Start-End Dates

**PROFESSIONAL APPOINTMENTS (Hospital, Nonprofits, Commercial, Industry, Advisory)**

 *🡪****List from MOST RECENT TO OLDEST in this section***

 ~Explain all time gaps if any and transitions over 4 months

Position

Institution & Institute

Department

City, State / Country

Start-End Dates

**CERTIFICATION & LICENSURE**

*🡪****List from OLDEST to MOST RECENT in this section***

**Certification**

Name of Board

Certificate Number (if applicable)

Date Issued & Expires

**Licensure**

Name of State Medical Board

License Number

Date Issued & Expires

**MEMBERSHIP IN PROFESSIONAL SOCIETIES**

*🡪****List from OLDEST to MOST RECENT in this section***

Name of Society

Role / Title

Start-End Dates

**PROFESSIONAL SERVICES (External)**

*🡪****List from OLDEST to MOST RECENT in this section***

 ~List each journal separately:

**Journal**

Role (Editor, Editorial Board Member, Manuscript Reviewer)

Start-End Dates

**Study Sections/ Grant Review Committees**

~Use subheadings: international, national, regional, local, and institutional

~Including public, private, foundation

Organization

Section / Committee

Start-End Dates

**Scientific Advising and Committee Activities** (External)

~Use subheadings: international, national, regional, and local

~School/Hospital activities will be documented in another section)

~Please include outside academic institutions, research groups (eg P50 grants), FDA, NIH, other federal, foundations, nonprofits, professional societies, and research entities, scientific industry advisory boards

International

Organization

Title

Start-End Dates

National

Organization

Title

Start-End Dates

Regional

Organization

Title

Start-End Dates

Local/Community

Organization

Title

Start-End Dates

**Medical Advising and committee activities** (External)

Divide into international, national, regional, institutional.

Can include academic medical centers, FDA, CDC, national cooperative groups, clinical professional societies, nonprofits, and industry medical advisory boards

International

Organization

Title

Start-End Dates

National

Organization

Title

Start-End Dates

Regional

Organization

Title

Start-End Dates

Local/Community

Organization

Title

Start-End Dates

**Educational Advising and Committee activities** (External)

International

Organization

Title

Start-End Dates

National

Organization

Title

Start-End Dates

Regional

Organization

Title

Start-End Dates

Local/Community

Organization

Title

Start-End Dates

**COMMITTEE SERVICE (Institutional/internal)**

*🡪****List from OLDEST to MOST RECENT in this section***

 ~Include university, school, hospital

 **~Include research, professional service, leadership, clinical, and education committee service, admissions**

 ~List your role/title which can be member, vice chair, advisor, etc.

 ~List the start-end dates in mm/yyyy-mm/yyyy format or mm/yyyy-present.

 ~Delete any section that does not pertain to you or add a new section if needed.

**CWRU** (e.g., service on CWRU faculty governance or committees)

Organization

Committee Name / Role

Start-End Dates

Organization

Committee Name / Role

Start-End Dates

**School of Medicine** (CWRU)

Organization

Committee Name / Role

Start-End Dates

**Hospital**

Organization

Committee Name / Role

Start-End Dates

**Name of Other Organization** – e.g. community sites, schools, health entities

Committee Name / Role

Start-End Dates

**HONORS & AWARDS**

 ~**List chronologically, from oldest to most recent**

 ~List all honors and awards beginning with Medical School and NOT prior.

 ~From this section down is where you can type or copy/paste your information from your current CV.

 ~List the tile of the honor/award, institution received from, and when you received it; in mm/yyyy format.

Include teaching awards, etc… Best Docs, etc…, international/national awards

**TEACHING ACTIVITIES**

 ~**List chronologically, from oldest to most recent**

 ~Use this section to document the scope of your teaching activities, **submission of an Educator Portfolio is highly recommended to provide further detail on your impact and proficiency as an educator (insert link to template still in development)**

 ~Organize by learner and learning environment that could include classes taught, invited lectures, experiential, clinical rounds, evaluative and assessment, mentoring advising MD student, PhD student, Master’s students, undergraduates, residents, fellows, post docs, junior faculty mentoring, MD portfolio review.

**Curriculum/ Course Development**

 ~If you designed the entire curriculum / course, it should be listed here and a course description should be

 provided in your personal statement or your teaching portfolio (even if teaching is only your secondary area of

 excellence, you can still create a short teaching portfolio to highlight your contributions and dedication).

 ~Anything less than creating an **entire course** should be listed under Teaching Material Produced section instead.

 ~List title, institution, date in mm/yyyy or yyyy format, hours it took to create, and audience (trainees, staff, etc.).

List and number

1.

**Invited Lectures and Grand Rounds**

 ~Title, institution, group, date in mm/yyyy format.

List and number

**International**

1.

**National**

1.

**Regional**

1.

**Local**

1.

**Visiting Professorships**

 ~Title, institution, group, date in mm/yyyy format.

List and number

1.

**Other Presentations**

 ~List all types, including post-graduate and continuing medical education.

 ~A National meeting held in Cleveland should be placed under National presentations, not Local.

 ~If an abstract is not published, it should be listed here and if it was a poster presentation or platform presentation;

 the exact type should be noted.

 ~List title, group, **audience (trainees, staff, etc.)**, date in mm/yyyy format.

List and number

**International**

1.

**National**

1.

**Regional**

1.

**CWRU**

1.

**School of Medicine (CWRU)**

1.

**Hospital/Institutional**

1.

**Trainees / Mentees**

 ~Current and former trainees; under-graduate, medical students, master’s level trainees, PhD candidates, residents,

 and fellows for who you were their supervisor or mentor.

 ~You can break into subsections for each level of trainee if you choose.

 ~List name, years of training in mm/yyyy-mm/yyyy format, and their current status (if you don’t know say that).

1.

**Teaching Material Produced (role in authorship)**

 ~This is where any creation of teaching documents can be listed (not the development of an entire course, see Curriculum / Course Development section to list that).

 ~List title, **audience (trainees, staff, etc.)** and date developed in mm/yyyy format.

This can include education cases, documents, best practice guidance, CME, UTUBE, electronic media (e.g., podcasts, websites, webinars), simulations, preclinical and bedside teaching materials etc.

**International**

1.

**National**

1.

**Regional**

1.

**CWRU**

1.

**School of Medicine (CWRU)**

1.

**Hospital/Institutional**

1.

**Teaching Administration**

 ~List teaching positions (educational liaison, residency / fellowship director, associate program director, etc.).

 ~List title, institution, and start-end dates in yyyy-yyyy format.

1.

**Teaching Activities**

 ~This includes lectures to trainees, teaching rotations, M&M conferences, etc.

Courses taught and taught in

Classroom

Clerkship rounds

Lab conferences

Include: teaching of medical, graduate, post-graduate and under-graduate students and house officers, as well as teaching in undergraduate and other professional schools of the university.

 ~Note the frequency of the contributions, the number of actual contact hours, and additional input such as planning, evaluation, and coordination.

 ~If any activity is done multiple times a year or on a regular basis, list the number of times per year, preparation time, and list the years as yyyy-yyyy format; do NOT list each one separately. For a one-time event, list date in mm/yyyy format.

 ~List activity, time spent, **audience (type of trainees, ~#)**

**International**

1.

**National**

1.

**Regional**

1.

**CWRU**

1.

**School of Medicine (CWRU)**

1.

**Hospital/Institutional**

1.

**RESEARCH (External and Internal Activities). Funded Research Projects, Clinical Trials and other Human Subject Investigations, Industry Sponsored Trials, and Clinical Protocols**

 🡪**List from MOST RECENT TO OLDEST in this section**

 ~List all present and pending grants first, then list past grants throughout your career.

 ~Delete this section if it does not apply in your situation.

Current Research (list in sequence Federal, Foundation, Private, Industry, Sponsored Research, Clinical, unfunded, etc)

Sponsor Agency and ID #

Title of Project

PI of grant

If not PI, Your Role including local hospital site PI and/or co-PI for multi-center clinical trials

Percent Effort

Total Direct Costs Awarded

Start-End Dates

Completed Research

Sponsor Agency and ID #

Title of Project

PI of grant

If not PI, Your Role including local hospital site PI and/or co-PI for multi-center clinical trials

Percent Effort

Total Direct Costs Awarded

Start-End Dates

Proposed Research (pending review and awards)

Same

Clinical Protocols

Sponsor Agency and ID #

Full Title of Project

PI of grant

If not PI, Your Role including local hospital site PI and/or co-PI for multi-center clinical trials

Start-Dates

Funding total costs

Patient Sample size

Type: (select)

* Therapeutic – with phase
* Interventional
* Observatory
* Chart review
* Population

**BIBLIOGRAPHY of published works**

 ~**List chronologically, from oldest to most recent**

 ~Please number each entry, starting over at #1 for each subsection

 ~**Bold your name**, list ALL authors (no et al.).

 ~Each item / article should only be listed once; do not list the same work in multiple sections

 ~List co-author trainee with \*).

 ~In review and in press: You can also list those that have been submitted or are in preparation

 noting “in preparation” or “submitted.”

**Eg:**

Gerson SL**,** Shaw K, Harrison LB, Holcombe RF, Hutchins L, Lee CB, Loebrer PJ, Mulkerin D,

Purcell WT, **Teston L**, Weiner LM, Weiner GJ. Status of Cancer Care at Network Sites of the Nation’s Academic Cancer Centers. Natl Compr Canc Netw 2021 Mar 11:1-7. Coi: 10.6004/jnccn 2020.7656. Online ahead of print PMIC: 33706258

**Delete non applicable sections**

**Peer Reviewed Articles**

 **~**List author/s [no et al.], title of article, journal, year, volume, pages.

 ~For Team Science, indicate your role/contribution.

1.

**Editor of Books, Monographs or Journal Volumes**

 ~List editor/s, title, year, volume if applicable, publisher, city.

1.

**Invited, Non-Peer Reviewed including conference publications, and education programs (workshops, CME, national, etc)**

 ~List author/s, title of article, journal, year, volume, pages.

**Book & Book Chapters**

 ~List published or in press only.

 ~List author/s, title of chapter and book it is in: author/s, title of book, edition, city, state: publisher, year, pages.

1.

**Patents**

 ~List U.S. or Foreign Patent #, title, author/s, date received or date filed in dd/mm/yyyy format, and whether

 or not it is pending or approved.

1.

**Licensing Partnertships of your work and inventions**

List company, entity and status

1.

**Authorship of Guidelines, SOPS, Clinical Practice Standards, Disease Management Carepaths, Teaching Cases, etc.**

 ~List author/s, title of work, date of creation and date of use

1.

**Media Appearances & Coverage / Podcasts**

 ~TV or radio interviews, print, and social media involvement.

 ~List author/s, title of work, date, type of medium.

1.

**Software / Application Development**

 ~List author/s, title of work, date, type created.

1.

**Editorials**

 ~List author/s, title of editorial, journal, year, volume, pages.

1.

**Scholarly Letters, case reports**

 ~List author/s, title of letter, journal, year, volume, pages.

1.

**Abstracts**

 ~Published in medical journals, list: author/s, title of abstract, journal, year, volume, pages.

 ~List unpublished abstracts in section Teaching Activities, subsection Other Presentations.

1.

**Abstract Presentations**

 ~Presented published abstracts, list: author/s, title of abstract, journal, year, volume, pages, meeting, location, and

 meeting date in mm/yyyy format.

1.