

**Curriculum Vitae**

***Your Name***

**Format of the Curriculum Vitae**

**Required for Consideration of Appointment and/or Promotion at the School of Medicine**

Instructions:

1. Replace all text underneath the section titles with your information.
2. Use the format provided – list items in each section in reverse chronological order (newest/most recent first)
3. Remove any text in blue (instructions)
4. Delete sections that do not apply to you. If you are not sure if a section applies to you, feel free to contact the office of faculty affairs (see below).
5. The CV is formatted to avoid repetition (documenting an activity in 2 places). If you are unsure of where to place a professional activity that is not already listed, decide on a single section to list the activity.
6. Call (203-582-7235) or email ([netterfacultyaffairs@qu.edu](mailto:netterfacultyaffairs@qu.edu)) the office of faculty affairs with any questions
7. Have a mentor, your department chair, and/or a colleague review your final CV and provide feedback on formatting, wording, and whether there are additional activities you could include.

**First Name Last Name, M.D., Ph.D.**

Street Address  
City, State zip code  
(Area code) phone number  
[email@address.com](mailto:email@address.com)

*You may want to include both your professional address and personal contact information. If you include personal contact information, you should create a heading (Personal contact information) and include your address, telephone number and email address.*

Last updated: *include today’s date*

## CURRENT POSITION AND ACADEMIC RANK

Current Position (Title)

Dept/Specialty

Academic Rank

Institution (where rank is held)

Institution where employed (if different)

## EDUCATION

*Note: List in reverse chronological order. List actual degrees (e.g., M.B.B.S.) not US equivalent (e.g., M.D.). Use institution names in effect at time of graduation.*

Years University, City, State/Country

Ph.D./ Ed.D., Field, Thesis Title:

Advisor:

Years Name of Medical/Graduate School

City, State

Degree Attained, Distinctions (cum laude, etc)

Years Name of Undergraduate College/University

City, State

Degree Attained, Discipline (B.S., Biology)

Major(s), Distinctions (cum laude, etc)

### POSTDOCTORAL TRAINING

Years Fellow in Specialty

Fellowship Program Name/Institution, City, State

Years Resident in Specialty

Residency Program Name/Institution, City, State

Years Postdoctoral Fellow/Scholar

Supervisor: Department, University/Institution, City, State

### PROFESSIONAL DEVELOPMENT AND SPECIAL COURSES

*List participation in longitudinal, multi-hour professional development programs and courses.*

Years Certificate Program in XYZ

Institution, City, State

Years Junior Faculty Professional Development Program

Institution, City, State

### BOARD CERTIFICATIONS

Year Attained National Board of Medical Examiners, Diplomat

Year Attained American Board of XYZ, Diplomat, certification #

Year Attained Completed American Board of XYZ Maintenance of Certification

### LICENSURE

Year attained-present Connecticut State License #010101

## APPOINTMENTS/EMPLOYMENT

### Faculty Academic Appointments

2020-present Associate Professor**,** Department of Medicine

Frank H. Netter MD School of Medicine at Quinnipiac University, Hamden, CT

Years Assistant Professor, Department of XYZ

Medical School/University, City, State

Years Instructor, Department of XYZ

Medical School/University, City, State

### Appointments at Hospitals/Affiliated Institutions

*Note: Explain terminated, withdrawn or revoked privileges on a separate page.*

2020-present Attending/Staff Physician, Department of XYZ

Hospital Name, City, State

Years Staff Physician, Department of XYZ

Hospital Name, City, State

Years Private Practice Physician, Name of Practice

City, State

### Other Professional Positions or Employment

*List consulting, non-employed roles, and non-academic employment history, noting position held, employer, and location.*

Years Board Member, Institution

Years Consultant, Institution

## Military Service (If Applicable)

Dates of Service Rank, Branch, Discharge type

## HONORS AND AWARDS

*Include teaching and research awards, other professional awards, election to selected professional societies, special appointments, competitive scholarships, fellowships, etc. Note when awards are regional or national.*

2025 Excellence in Teaching Award, Surgery Clerkship

Frank H. Netter MD School of Medicine at Quinnipiac University, Hamden, CT

Year Name of Award

Institution, City, State

Year Best New Faculty Member, Northeast Chapter, Society for Specialty

Year Early Career Scholar Award, National Society for XYZ

## SERVICE

### SERVICE IN PROFESSIONAL SOCIETIES

#### *List service activities in professional societies, typically service on committees. Note your role in each and briefly describe any leadership roles/offices held.*

#### International

*International (outside of the U.S.) in relation to the faculty member’s home institution at the time of participation - include service for international organizations based in the U.S.*

### Years Role, International Association of XYZ

#### National

*National in relation to the faculty member’s home institution at the time of participation. If at QU Netter, “national” includes any states other than CT, NY, NJ, and MA.*

Years Steering Committee Member, Professional Society Name

*Describe position briefly*

Years Abstract/Workshop Selection Committee for Annual Conference,

XYZ Professional Society

#### Regional

*Regional to the faculty member’s home institution at the time of participation. If at QU Netter, “regional” includes CT (but excluding QU Netter and affiliated institutions), NY, NJ, and MA.*

Year-present Member, American Association of XYZ

Years Chair, XZY Advisory Board

*Describe position briefly*

Years Chair, Committee Name, Professional Society Name

*Describe position briefly*

### COMMITTEE SERVICE

#### Committees at QU Netter, Quinnipiac University, and Affiliated Institutions

*List service activities at QU Netter, its affiliated institutions, and QU. Note your role in each and briefly describe any leadership roles/offices held in not clear based on the title.*

Year-present Member, Council on Curriculum Oversight

Year-present Chair, XYZ Course Committee

Briefly (one sentence) describe committee’s charge and your role.

Years Vice-Chair, Patient Safety Task Force, XYZ Hospital

#### Committees at Other Academic Institutions

*List service activities in your prior institutions. Note your role in each and briefly describe any leadership roles/offices held in not clear based on the title. Specialty/professional society service and leadership roles should be listed above in “service in professional societies.”*

Years Member, Residency Selection Committee

Years Chair, Search Committee for Department Chair

Briefly (one sentence) describe your role.

### COMMUNITY SERVICE:

Years Faculty, Medical Student Free Clinic

Years Board of XYZ, Town of XYZ

## LEADERSHIP ACTIVITIES

#### Leadership at Frank H. Netter MD School of Medicine and Affiliated Institutions

*List leadership positions (educational, clinical, administrative) held at QU Netter School of Medicine and affiliated institutions. QU Netter committee roles should be included above “Committee Service.”*

June 2024-present XYZ Course/Clerkship Director, Name of Course/Clerkship

Frank H. Netter MD School of Medicine at Quinnipiac University, Hamden, CT

* Oversee X-month XYZ curriculum that provides 2nd year medical students with foundational learning in XYZ.
* Responsible for teaching quality, learning environment, assessments, learner performance, chairing course and grading committee…
* Initiative to XYZ resulted in increase in student scores on XYZ

Year-May 2024 Residency Program Director, Name of Program

Institution Name, City, State

* List major responsibilities
* List major outcomes

Years Medical Director, Practice Name

Institution Name, City, State

* List major responsibilities
* List major outcomes

#### Leadership Activities at Other Institutions

*List leadership positions held in academic institutions, hospitals, or other places of employment that are not part of QU Netter, QU, or its affiliated institutions. Specialty/professional society leadership roles and advisory board roles should be listed above in “service in professional societies.”*

Years Co-Director, X Academic program

Institution Name, City, State

* List major responsibilities
* List major outcomes

2005-2009 Chief of Hospitalist Service, XYZ Hospital, XYZ Medical School (if applicable)

* List major responsibilities
* List major outcomes

2007-2011 New Curriculum Advisory Board, XYZ Medical School (home institution at the time)

## EDUCATOR ACTIVITIES

### CURRICULUM DEVELOPMENT

#### QU Netter, Quinnipiac University, and Affiliated Institutions

Year-present Co-Developer, Journal Club Curriculum, XYZ Department, XYZ Hospital

Briefly (one sentence) describe the curriculum including goal, level of learner, number of teaching sessions, and impact (e.g. student ratings, if available).

Years Developer and Instructor, 2nd Year Medical Student XYZ Block Curriculum

Briefly (one sentence) describe the curriculum including goal, level of learner, number of teaching sessions, and impact (e.g. student ratings, if available).

#### Other Institutions

Years Co-Developer, XYZ Faculty Development Lecture Series, XYZ Department, XYZ Hospital

Briefly (one sentence) describe the curriculum including goal, level of learner, number of teaching sessions, and impact (e.g. student ratings, if available).

### TEACHING ACTIVITIES

#### *List ALL of your teaching activities (now and in past faculty roles, with all types of learners) below in the appropriate sections. Two possible formats are demonstrated in the first section below (QU Netter Medical Student Teaching) – select only one of these formats and use it consistently throughout this section. Both formats demonstrate the quantity and quality of your teaching contributions.*

#### Frank H. Netter MD School of Medicine Medical Student Teaching

Year-present Lecturer, Abdominal Exam, MS1 Class, 96 students, invited annually for 1 hour/year. Attendance 50% (average X%). No ratings available

Year-present PBL Small Group Facilitator, PBL in Heme-Onc and Lung-Heart-Kidney Blocks, MS1 Class, 8 students, 16 weeks per yr, 5 hrs/wk.

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **Year 1** | **Year 2** | **Year 3 (Current)** |
| Teaching Effectiveness  Scale 1-5 | N=8  Rating 4.6  Faculty Mean 4.3 | N=7  Rating 4.5  Faculty Mean 4.3 | N=8  Rating 4.7  Faculty mean 4.3 |

**ALTERNATE FORMAT (Use this table only format OR the one above):**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Role** | **Level of Learner** | **Title of Teaching Activity** | **No. of Learners** | **# Hours wk/mo/yr** | **Years taught** | **Teaching Effectiveness** |
| Lecturer | MS1 | The Abdominal Exam | 96 | 1 hr/year | Year-present | Attendance 50% (avg X%)  No ratings available |
| Small Group Facilitator | MS2 | PBL in Heme-Onc and Lung-Heart-Kidney Blocks | 8 | 16 weeks per yr, 5 hrs/wk | Year-present | Year 1(specify) N=8, rating 4.6/5, all faculty mean 4.3  Year 2 N=7, rating 4.5/5  all faculty mean 4.3  Year 3(current) N=8, rating 4.7/5  all faculty mean 4.3 |

#### Frank H. Netter MD School of Medicine Resident/Fellow Teaching

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Role** | **Level of Learner** | **Title of Teaching Activity** | **No. of Learners** | **# Hours wk/mo/yr** | **Years taught** | **Teaching Effectiveness** |
| Inpatient Team Attending | PGY 1-3 | Inpatient Surgery Service | 12/year | 6 months per year, 2 residents/month | Year-present | Year 1, mean rating 4.3/5, Year 2 (current) mean rating 4.4/5 |

#### Frank H. Netter MD School of Medicine Faculty/CME Teaching

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Role** | **Level of Learner** | **Title of Teaching Activity** | **No. of Learners** | **# Hours wk/mo/yr** | **Years taught** | **Teaching Effectiveness** |
| Inpatient Team Attending | PGY 1-3 | Inpatient Surgery Service | 12/year | 6 months per year, 2 residents/month | Year-present | Year 1, mean rating 4.3/5, Year 2 (current) mean rating 4.4/5 |

#### Teaching at Other Institutions

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Role** | **Level of Learner** | **Title of Teaching Activity** | **No. of Learners** | **# Hours wk/mo/yr** | **Years taught** | **Teaching Effectiveness** |
| Activity, Institution and Dept. | Student, Resident, Fellow, Post-Doc, etc. | Teaching Activity | X Number | Hours/mo | Years | Ratings, if available |

### ADVISING AND MENTORING

*List individuals (students, residents, postdoctoral trainees, faculty) whom you have directly advised or mentored. Divide by level of learner and include the names, program, your role, their current position, if known. Use reverse chronological order.*

Years Learner’s Name, year in training

Your Role, program, position/outcome attained by mentee (if available)

Institution Name

## CLINICAL PRACTICE

*List your clinical practice roles, name and location of practice, type of activity, level of activity (e.g. sessions, days, or hours per week or month). Briefly (one sentence) describe your role and type of practice; include any special procedures, innovations, new models of care, advocacy*

2018-present General Pediatrics, X Group Practice, Institutional Affiliation

**Clinical Innovations, Safety, and Quality Improvement Projects**

*List innovations in clinical care and quality improvement projects not listed elsewhere (e.g., under publications and presentations)*

Years Brief description of project and outcomes, location of project.

**Clinical Guidelines and Protocols**

*List guidelines and protocols developed for healthcare delivery.*

Years Brief description of project and outcomes, location of project.

**Population Health and Public Policy Activities**

*List population health and public policy activities not listed elsewhere (e.g., under publications and presentations).*

Years Brief description of project and outcomes, location of project.

## SCHOLARSHIP

### RESEARCH

**Areas of research** Mentorship Outcomes, Learning Environment

#### GRANTS AND CONTRACTS

**Current**

Years Agency; Grant Number, Title

Description *(1 sentence)*, Principal Investigator (PI)

Total, direct & indirect costs, Role: (% effort)

**Pending**

Years Agency; Grant Number, Title

Description *(1 sentence)*, Principal Investigator (PI)

Total, direct & indirect costs, Role: (% effort)

**Completed**

Years Agency; Grant Number, Title

Description *(1 sentence)*, Principal Investigator (PI)

Total, direct & indirect costs, Role: (% effort)

**CLINICAL TRIALS**

Dates Role, Source of funding, Project

**PATENTS**

Date awarded Name of patent, Patent number, List of inventors and co-inventors

### REVIEWER ACTIVITIES

*List service on peer review panels, study sections, grant reviews, and manuscript reviews for journals. in reverse chronological order. If the organization has both national and state or regional panels, be sure to indicate at which level you served.*

Year(s) Name of organization

Name of review panel

Status (e.g. chairman, member, guest reviewer, consultant)

Briefly describe the program and your role

Years Reviewer, XYZ Journal of Medicine

Briefly describe the your role, how often you serve as a reviewer

Years Reviewer, Scholarship in Teaching Awards Program

XYZ Medical School

Briefly describe the program and your role

### PROFESSIONAL MEETINGS ORGANIZED

*Briefly (one sentence) describe your role, meeting type, evaluations*

Year(s) Chair, Northeast Region XYZ Conference Committee

Meeting Title, Organization, location

Number of attendees, key evaluation ratings

### PUBLICATIONS

#### Peer Reviewed Publications

*Peer-reviewed journals have an editorial board of subject experts who review and evaluate submitted articles before accepting them for publication. In reverse chronological order (newest first), list scholarly works that have been published in peer-reviewed journals or other peer-reviewed repositories. Also list abstracts that were published as abstracts. Abstracts submitted to conferences that are accepted as posters or oral presentations should be listed in that section below.*

1. First author (Last Name and First Initial for each author), second, middle authors, senior author (your **name bolded** in author list). Title of article. Journal Name (abbreviated). Publication Year Month;Volume(Issue):page numbers.
2. 1st Author Last Name First Initial, **2nd author (you)**, senior author. Using web-based resources to prepare a strong CV. American Journal of Appt and Promotion. 2025 Oct;12(2):135-45.

#### Non-Peer Reviewed Publications

*Include scholarly works that have been published in scholarly journals or other scholarly platforms that do not require peer-review for publication. These also include policy statements, white papers, and reports. Bold your name in the author list for each publication.*

1. **First author (you)**, second, middle authors, senior author. Resources to help faculty navigate the promotions process. Association of American Medical Colleges 2018. Webpage Link XYZ. Accessed Month Year.

#### Guest Edited Journals

1. First author (Last Name and First Initial for each author), second, middle authors, senior author (your **name bolded** in author list). Title of article. Journal Name (abbreviated). Publication Year Month;Volume(Issue):page numbers.

#### Invited Publications

1. First author (Last Name and First Initial for each author), second, middle authors, senior author (your **name bolded** in author list). Title of article. Journal Name (abbreviated). Publication Year Month;Volume(Issue):page numbers.

#### Textbooks/Textbook Chapters

1. Chapter Authors (Last Name and First Initial for each author). Chapter Title. In: Editors Names, eds. Book Title. Publisher City: Publishing Company Name; Year published: page numbers.

#### Audio Publications

*List podcast episodes that you created.*

1. Your Last Name, First. Role (e.g. Developer and Host). “Title of Podcast” Interviewed Dr. XZY. Title of Podcast Series. Season X: Month Day, Year. Link to podcast.

#### Published/Broadcast Interviews

*List TV interviews, newspaper articles, and podcasts where you were cited or interviewed.*

1. Your Last Name, First. Title of Podcast Series. Title of Podcast with link. Month Day, Year released. Link to podcast.

#### Video Publications

*List videos that you created related to your professional expertise.*

1. Your Last Name, First. Role (e.g. Developer and Instructor). “Title of Video.” Title of Video Series (if applicable). Month Day, Year. Link to video.

#### Websites

*List websites that you created related to your professional expertise.*

1. Your role, Title of webpage. Location of webpage if part of an institutions/organizations site. Accessed Month Year *(date that you last checked that the link was active and viewed the site)*, link to site. *Briefly describe the purpose of the site and your role if not clear by title alone.*

### PEER-REVIEWED PRESENTATIONS

*In reverse chronological order (newest first), list poster and oral presentations, workshops, discussion groups, and panel discussions accepted to professional society meetings/conferences that were peer-reviewed prior to selection.*

#### International

*International (outside of the U.S.) in relation to the faculty member’s home institution at the time of participation - include service for international organizations based in the U.S.*

1. First author (Last Name and First Initial for each author), second, middle authors, senior author (your **name bolded** in author list). Title of presentation. Oral Presentation: American Society XYZ Annual Meeting, City, Country, Year.

#### National

*National in relation to the faculty member’s home institution at the time of participation. If at QU Netter, “national” includes any states other than CT, NY, NJ, and MA.*

1. Authors. Title of presentation. Discussion Panel: American Society XYZ Annual Meeting, City, State, Year.
2. First author (Last Name and First Initial for each author), second, middle authors, senior author (your **name bolded** in author list). Title of presentation. Oral Presentation: American Society XYZ Annual Meeting, City, State, Year. Recipient of best oral presentation award.

#### Regional

*Regional to the faculty member’s home institution at the time of participation. If at QU Netter, “regional” includes CT (but excluding QU Netter and affiliated institutions), NY, NJ, and MA.*

1. First author (Last Name and First Initial for each author), second, middle authors, senior author (your **name bolded** in author list). Title of presentation. Workshop: American Society XYZ Annual Meeting, City, State, Year.
2. First author (Last Name and First Initial for each author), second, middle authors, senior author (your **name bolded** in author list). Title of presentation. Poster Presentation: American Society XYZ Annual Meeting, City, State, Year.

### INVITED LECTURES/PRESENTATIONS

*In reverse chronological order (newest first), list lectures, teaching, and other types of presentations that you were invited to present. Teaching sessions that you were asked to do within your own institution as part of your teaching role should be listed in the “teaching” section above.*

#### International

*International (outside of the U.S.) in relation to the faculty member’s home institution at the time of participation - include service for international organizations based in the U.S.*

1. Title of Event. Title of presentation. Institution, City, Country, Date.
2. Annual Symposium of XYZ. Advances in Cardiology. AP-HP Hôpital Universitaire Pitié Salpêtrière, Paris, France, June 2024.

#### National

*National in relation to the faculty member’s home institution at the time of participation. If at QU Netter, “national” includes any states other than CT, NY, NJ, and MA.*

1. Title of Event. Title of presentation. Institution, City, State, Date.
2. Grand Rounds. Innovative teaching methods in XYZ. XYZ School of Medicine, San Francisco, CA, April 2023.

#### Regional

*Regional to the faculty member’s home institution at the time of participation. If at QU Netter, “regional” includes CT (but excluding QU Netter and affiliated institutions), NY, NJ, and MA.*

1. Title of Event. Title of presentation. Institution, City, State, Date.
2. Anesthesiology Faculty Retreat. Updates in Airway Management. State University of New York Downstate, Brooklyn, NY, 2021.

#### Local

*Local refers to your home institution and its affiliated institutions. Local presentation refers to the faculty member’s home institution at the time of participation.*

1. Title of Event. Title of presentation. Institution, City, State, Date.
2. Excellence in Education Seminar Series: Aligning Courses with Essential Learning Outcomes, Quinnipiac University, Hamden, CT, April 2020.