| Medical Practitioner Curriculum Vitae |  |
| --- | --- |

This template covers the MINIMUM requirements for a medical practitioner CV. Additional information that is not covered under the headings below may also be included within this document.

# Personal Information

(Please include your mailing address, telephone and email contact)

## Qualifications Obtained (Primary & Postgraduate)

|  |  |  |  |
| --- | --- | --- | --- |
| **Qualification** | **Name of University / College** | **Country of qualification** | **Year obtained** |
|  |  |  |  |
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## Detailed Practising History

N.B. You must provide a **continuous** practising history, including internship, completed in any country (including details of specific rotations, if relevant). Please also include any observership/clinical attachment completed in any Australian Hospital.

All gaps in clinical practice must be explained (eg. periods of travel/study) ie no gaps of more than 2 week unexplained.

### Current

|  |  |
| --- | --- |
| Dates |  |
| Position Title |  |
| Responsibilities | *(including whether position full/part time capacity; if part time state hours of work per week)* |
| Facility | *(Include name, address and contact details) (Include specific Department, if relevant)* |
| City/State |  |
| Country |  |

### Previous

Copy table as required.

|  |  |
| --- | --- |
| Dates |  |
| Position Title |  |
| Responsibilities | *(including whether position full/part time capacity; if part time state hours of work per week)* |
| Facility | *(Include name, address and contact details) (Include specific Department, if relevant)* |
| City/State |  |
| Country |  |

## Current and All Previous Medical Licensing Authorities

|  |  |  |
| --- | --- | --- |
| **Licensing Authority** | **Country of Registration** | **Registration Number** |
|  |  |  |
|  |  |  |
|  |  |  |

## Bridging Programs

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Program** | **Dates** | **Facility** | **City/State** | **Results** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

## Clinical/Procedural Skills

|  |  |
| --- | --- |
| **Competent** | **Observed** |
|  |  |
|  |  |
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|  |  |

## References

Please list the names and contact details of at least two referees, one preferably being your immediate and current supervisor.

|  |  |  |
| --- | --- | --- |
| **Detail** | **Referee 1** | **Referee 2** |
| Name: |  |  |
| Position: |  |  |
| Address: |  |  |
| Phone Number: |  |  |
| Email: |  |  |

## Other Documentation

Please include or attach any other pertinent documents/information here, eg:

1. Research / Publications / Invited presentations;
2. Research Grants;
3. Membership of Learned Societies;
4. Other Achievements / Awards

## Verification Statement

I verify that the information contained within this Curriculum Vitae is true and correct as at <insert date>.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_