

**Weill Medical College of Cornell
University Required Format for *Curriculum
vitae* and Bibliography**

Date of preparation:

A. GENERAL INFORMATION

1. Name:
2. Office address, telephone, fax:
3. Home address, telephone:
4. Cell phone:
5. Beeper:
6. Email:
7. Citizenship:

 If not USA, do you have:

- (a) An immigrant visa?
- (b) A non-immigrant visa?

8. Optional Information:
 - a. Date of birth:
 - b. Place of birth:
 - c. Marital status:
 - d. Spouse's name:
 - e. Children's names and ages:
 - f. Race/Ethnicity:

B. EDUCATIONAL BACKGROUND

1. Degree(s) (B.A. and above), institution name
 and location, dates attended, and date(s) of
 award

Degree	Institution	Dates attended	Year awarded
	name and location		

C. PROFESSIONAL POSITIONS AND EMPLOYMENT

*(In chronological order beginning with
post-doctoral training positions;
include full titles, ranks and
inclusive dates held)*

1. Post-doctoral training (include residency/fellowships)
Title Institution name and location Dates held
2. Academic positions (teaching and research)
Title Institution name and location Dates held
3. Hospital positions (e.g., attending physician)
Title Institution name and location Dates held
4. Other Employment
Title Institution name and location Dates held

D. LICENSURE, BOARD CERTIFICATION, MALPRACTICE

1. Licensure

(Every doctor appointed to the Hospital staff, except interns and aliens in the US via non-immigrant visas, must have a New York State license or a temporary certificate in lieu of the license.)
 - a. State Number Date of issue Date of last registration
 - b. If no license:
 - (1) Do you have a temporary certificate?
 - (2) Have you passed the examination for foreign medical school graduates?
 - c. DEA number:
2. Board Certification
Full Name of Board Certificate # Date (MM/DD/YY)
3. Malpractice insurance
Do you have Malpractice Insurance?
Name of Provider:
Premiums paid by: (choose one)
 - a. self b. group(name) c. institution(name)

E. PROFESSIONAL MEMBERSHIPS (medical and scientific societies)

1. Member/officer Name of Organization Dates held

F. HONORS AND AWARDS

1. Name of award Date awarded

G. INSTITUTIONAL/HOSPITAL AFFILIATION

1. Primary Hospital Affiliation
2. Other Hospital Affiliations
3. Other Institutional Affiliations

H. EMPLOYMENT STATUS

1. Name of Current Employer(s):
2. Employment Status (*choose one*):
 - a. Full-time salaried by Cornell
 - b. Full-time salaried at Cornell-affiliated hospital
 - c. Part-time salaried at Cornell
 - d. Part-time salaried at Cornell-affiliated hospital
 - e. Voluntary (self-employed or member of a P.C.)
 - f. Other salaried
 - g. Other non-salaried

I. CURRENT AND PAST INSTITUTIONAL RESPONSIBILITIES AND PERCENT EFFORT

1. Teaching (e.g., specific teaching functions, courses taught, dates)
2. Clinical care (duties, dates)
3. Administrative duties, including committees, dates
4. Research

<u>Current Percent Effort (%)</u>	<u>Does the activity involve WMC students/researchers? (Yes/No)</u>
Teaching	
Clinical Care	
Administration	
Research	

TOTAL: 100%

J. RESEARCH SUPPORT

(Summarize past research support and list the following for current extramural and intramural research funding)

1. Source, amount, and duration of support (dates)
2. Name of Principal Investigator
3. Individual's role in project, including percent (%) effort

K. EXTRAMURAL PROFESSIONAL RESPONSIBILITIES

(e.g., Journal reviewer, NIH study section, etc.)

L. BIBLIOGRAPHY

Entries should follow standard journal format, listing all authors, complete titles and inclusive pagination. Number the entries and put your name in bold type. The listings must be organized in chronological order within the following categories:

1. Articles in professional peer-reviewed journals - include only articles that have been published or are in press. Articles submitted for publication should not be included.

*(E.g., **Doe J**, Ford A, Smith J. Measuring the activities of daily living. N England J Med 1994; 331:778-84.)*

2. Books, book chapters and reviews.

*(E.g., **Doe J**. Title. New York, NY: Cornell U Press; 1998)*

3. Abstracts (Optional, not encouraged)
4. Presentations (Optional, not encouraged)

Date:

Signature: