**UNIVERSITY OF COLORADO DENVER**

**College of Nursing**

**CURRICULUM VITAE**

**Name**: (Full Name, Credentials)

**Work Address**: 13120 E. 19th Ave. **Phone**: (xxx) xxx-xxxx

Aurora, CO 80045 **Fax**: (xxx) xxx-xxxx

**Home Address**: (Street) **Phone**: (xxx) xxx-xxxx

(City, State, Zip Code) **Fax**: (xxx) xxx-xxxx

**E-mail Address**: first name.last name@ucdenver.edu

**Registered Nurse License**: Colorado (Number), expires (Date)

**Certifications**:(Year-Year, Certification Title, Organization)

##### 

##### EDUCATIONAL BACKGROUND

**DEGREES EARNED**

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **Degree** | **University Name**  **City, State** | **Major** |
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**THESIS AND DISSERTATION.**

*(Use APA format and list thesis and dissertation.)*

##### EMPLOYMENT HISTORY

**List most recent first:**

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| --- | --- | --- |
| **Year-Year** | **Institution**  **City, State** | **Position** |
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##### TEACHING ACTIVITIES

**COURSES TAUGHT**

(Year-Year) (Course Number and Name) (Program) (Role)

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**FUNDED EDUCATIONAL PROJECTS**

(Year-Year) (Role on Project, Project Name, Name of Principal Investigator or Project Director if different, Funding Source Submitted to, Grant or Contract Identification Number if assigned, Amount of Funding)

**DISSERTATION AND THESIS ADVISING**

(Student Name, Dissertation/Thesis Title, Degree, Discipline if not Nursing, University if not UCHSC, Graduation Date, Committee Role)

**ND RESIDENCY ADVISING**

(Student Name, Research Project Title, Graduation Date)

**CURRICULAR DEVELOPMENT**

(Year-Year) (Role, Description)

**OTHER TEACHING ACTIVITIES**

(Year-Year) (Role, Description)

**RESEARCH ACTIVITIES**

**FUNDED RESEARCH PROJECTS**

(Year-Year) (Role on Project, Project Name, Name of Principal Investigator or Project Director if different, Funding Source Submitted to, Grant or Contract Identification Number if assigned, Status (i.e., Funded, Pending,), Amount of Funding.

**OTHER RESEARCH PROJECTS**

(Year-Year) (Role on Project, Project Name, Name of Principal Investigator if different, Co-Investigator(s) if appropriate, In-Kind Support if appropriate)

**RESEARCH DEVELOPMENT**

(Year-Year) (Role, Description)

**OTHER RESEARCH ACTIVITIES**

(Year-Year) (Role, Description)

**PRACTICE ACTIVITIES**

**FUNDED PRACTICE PROJECTS**

(Year-Year) (Role on project, project name, name of project director if different, funding source submitted to, grant or contract identification number if assigned, status (i.e., funded, pending,), amount of funding.

**FUNDED PRACTICE**

(Year-Year) (Role, Practice Name/Setting, Description, Funding Source)

**OTHER CLINICAL PRACTICE**

(Year-Year) (Role, Practice Name/Setting, Description)

**PRACTICE DEVELOPMENT**

(Year-Year) (Role, Description)

**PROFESSIONAL DEVELOPMENT**

(Year-Year) (Role, Description)

**OTHER PRACTICE ACTIVITIES**

(Year-Year) (Role, Description)

##### SCHOLARSHIP

(Refeered- \*; Data-based - +; Invitational -#)

**PUBLICATIONS**

*(Use APA Format as directed for specific categories [e.g., Journal Articles, Books, Book Chapters, Abstracts].)*

**UNPUBLISHED MONOGRAPHS OR OTHER WRITTEN REPORTS**

*(Use APA Format as directed for specific category.)*

**PRESENTATIONS**

*(Use APA Format as directed for specific categories.)*

**AUDIOVISUAL, MEDIA, OR WEB-BASED PRODUCTS**

*(Use APA Format as directed for specific categories.)*

**HONORS, FELLOWSHIPS, AND AWARDS**

(Year) (Name of Honor, Awarding Organization)

**OTHER SCHOLARSHIP**

#### (Year-Year) (Role, Description)

SERVICE ACTIVITIES

## **FUNDED SERVICE PROJECTS**

**UNIVERSITY COMMITTEES**

(School of Nursing – S; Campus-C; University-U)

(Year-Year) (Committee Name) (S/C/U)

(Year-Year) (Leadership Position)

**PROFESSIONAL ASSOCIATIONS**

(Year-Year) (Association Name)

(Year-Year) (Committee/Leadership Position)

**COMMUNITY ORGANIZATIONS**

(Year-Year) (Community Organization Name)

(Year-Year) (Committee/Leadership Position)

**CONSULTATION**

(Year-Year) (Role, Description including Person or Organization)

**PROFESSIONAL REVIEW ACTIVITIES**

(Year-Year) (Role, Description including Journal/Granting Source/Association)

**OTHER SERVICE ACTIVITIES**

(Year-Year) (Role, Description)

*ms: Vita Format 10/17/02*

*Approved by APT 10/6/02*