

**(\*\*To create your Curriculum Vitae, download this template, save it as a Word document, replace the content shown in red with your information, and delete all underlined sentences.\*\*)**

## Curriculum Vitae for UWSOD IDDS Program

**APPLICANT NAME**      LAST NAME, First Name

**DENTAL DEGREE**      BDM/BDS,DDS/DMD,Odontology/Stomatology  
*Dental School Name, City, State/Province, Country*  
*Program Length - years*  
*Program starting and ending time – from Mon /Year to Mon /Year*  
*Degree Conferred Date – (Mon / Day/ Year)*

### **ADVANCED DEGREE(S)**

**(In chronological order, provide any degree (master, doctorate) earned/(anticipate earning) after initial dental degree)**

*Mon Year – Mon Year Masters, doctorate degree in (state discipline) Degree/ (Anticipated) Date – (Mon, Day, Year) School Name, City, State/Province, Country*

### **CERTIFICATE PROGRAM**

**(In chronological order, provide certificate information after earning your initial dental degree. Please note this is NOT for Continued Education certificate)**

*Mon Year – Mon Year      Certificate of (state discipline)Degree/ (Anticipated) Date – (Mon, Day, Year); School Name, City, State/Province, Country*

### **DENTAL EXPERIENCE (work, volunteer, community service)**

**(In chronological order, provide work, volunteer, and community service information after earning your initial dental degree)**

#### **In the United States:**

*Mon Year – Mon Year Work / Volunteer Title – City, Country*  
*School/Dental Association Name, City, State/Province, Country*  
*Supervisor's Name*  
*Phone – (include country code) or Email Address*  
*Duties – [Provide a brief description of experience (max of 2 lines)]*

#### **Outside of the United States**

*Mon Year – Mon Year Work / Volunteer Title – City, Country*  
*School/Dental Association Name, City, State/Province, Country*  
*Supervisor's Name*  
*Phone – (include country code) or Email Address*  
*Duties – [Provide a brief description of experience (max of 2 lines)]*

### **NON-DENTAL EXPERIENCE (work, volunteer, community service)**

**(In chronological order, provide work, volunteer, and community service information after earning your initial dental degree)**

*Mon Year – Mon Year Work / Volunteer Title / Community Service – City, Country*  
*Organization Name, City, State/Province, Country*  
*Supervisor's Name*  
*Phone – (include country code) or Email Address*  
*Duties – [Provide a brief description of experience (max of 2 lines)]*

## **PUBLICATIONS / PRESENTATIONS / RESEARCH**

**(In chronological order, provide publication and presentation information during dental school to present, research information performed after earning your initial dental degree)**

<i>Mon Year</i>	<i>“Article Title” – Publication Title, Country of Publication</i>
<i>Mon Year</i>	<i>“Presentation Title” – Presentation Audience/Venue, City, Country</i>
<i>Mon Year</i>	<i>“Research Title” – Research Organization, City, Country [Provide a brief summary (max of 2 lines)]</i>

## **PROFESSIONAL MEMBERSHIP**

**(In chronological order, provide information about your professional membership after earning your initial dental degree)**

<i>Mon Year</i>	<i>Name of Dental Association, Country</i>
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## **AWARDS & HONORS**

**(In chronological order, provide information about awards and honors received from dental school to present)**

<i>Mon Year</i>	<i>Award Title, School/Association Name, City, Country</i>
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## **CONTINUING DENTAL EDUCATION**

**(In chronological order, provide continuing dental education information after earning your initial dental degree, or in the past THREE (3) years ONLY)**

<i>Mon Year – Mon Year</i>	<i>CE Course Title (identify classroom –OR– online) School/Dental Association Name, City, State/Province, Country</i>
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