

The curriculum vitae should contain the following information. Note: All of the headings should appear on the CV regardless of whether or not the faculty member has information for each category. For example, if a faculty member does not have research funding, “no current funding” should be indicated.

**Please note:**

- A. Each page of the CV should (a) be numbered and (b) include the date that the document was last updated. (When printing, do not use a printer setting that automatically includes the current date.)**
- B. Any lists provided in sections 3-14 should be in chronologic order (not reverse chronologic order).** When using chronologic order, for example, 2012 comes before 2015.
- 1. Contact Information:** Name, office address, and phone number and home address (optional), phone and/or cell phone number (optional) and work email.
  - 2. Personal Data:** Place of birth; citizenship, if applicable; date of birth (optional).
  - 3. Education:** University of undergraduate and graduate degrees (provide inclusive dates).
  - 4. Postgraduate Training:** Internship, residencies, fellowships (provide name of institution, location, and inclusive dates).
  - 5. Faculty Positions Held:** A faculty position is an academic position (e.g., Assistant Professor, Associate Professor, etc.) at an academic institution, such as the University of Washington School of Medicine. Provide inclusive dates, academic rank, complete name of the academic institution, and location. (Note that Seattle Children’s Hospital is not an academic institution and that a faculty position is not a hospital position.)
  - 6. Hospital Positions Held:** A hospital position is a credentialed position at a hospital (e.g., staff physician, courtesy staff, etc.). Provide inclusive dates, the credentialed position, complete name of the hospital, and the location. Note: “Seattle Children’s Hospital” is the correct name and spelling of that institution. Do not include in this section leadership roles at the hospital (such as Director of Outpatient Services): those responsibilities are included in Special Local Responsibilities #14 below.
  - 7. Honors:** Phi Beta Kappa, Sigma Xi, AOA, Prizes, Research Career Development Awards, Young Investigator Awards, Teaching Awards, etc. Note: Do not include Seattle’s Best Doctors, Who’s Who, etc.
  - 8. Board Certification:** General Medical and Specialty Boards and inclusive dates of initial certification and inclusive dates of maintenance of certification.
  - 9. Current License(s) to Practice:** Name of state(s), license number(s) and inclusive dates.
  - 10. Professional Organizations:** Include role(s) in the organization and inclusive dates of offices held.
  - 11. Teaching Responsibilities:** Include major teaching activities (not individual lectures). Divide into the following types of learners:
    - (a) Medical students and students in other health professions.** If applicable, group specific courses by venue (e.g., UW SOM), providing course number, course title, number of credits, years, number of students, and specific responsibility and percentage of responsibility/time commitment in the course. When appropriate, provide information in tabular form such as the following:

TABLE: UW SOM courses taught

Course	Title	Credits	Years	Students	Responsibility
XXXXX	Clinical Clerkship	12	2011-2015	3 per 3-week rotation	100% for two 3-week rotations per year
XXXXX	Seminar	1	2012, 2014, 2015	40-60	1 lecture
XXXXX	Undergraduate Research	6	2014-2015	1	Individual research advising (100%) – 6 credits total
XXXXX	XXXXXX	3	2013-present	25-30	Instructor (100%)

(b) Emergency Medicine residents. Suggested format for resident teaching responsibilities:

2012-2015	Harborview Medical Center, Emergency Department Clinical preceptor for Emergency Medicine residents & medical students
2011-present	University of Washington Medical Center, Emergency Department Clinical preceptor for Emergency Medicine residents & medical students

Suggested format for resident mentoring responsibilities over the past five years:

<i>Mentorship for Residents (last 5 years)</i>	
2011-2013	XXXXX, MD Barriers to primary care access and utilization among Hispanic families seeking care at ED
2012-2014	XXXXX, MD Use of digital storytelling to change behaviors relevant to child safety among native Alaskan women in a group perinatal home

(c) Subspecialty fellows. Suggested format for fellow teaching responsibilities:

2013-present	Guest lecturer: "Writing for Publication in Biomedical Sciences" HSERV 592H Health Research Training Seminar – 1 lecture
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Suggested format for primary mentoring responsibilities over the past five years:

<i>Mentorship for Fellows (last 5 years)</i>		
2011-2013	XXXXX, MD MPH Thesis Committee	Fellow Specialty
2013	XXXXX, RN Master's Thesis Committee	Nursing
2013-2015	XXXXX, MD Scholarship Oversight Committee	Fellow Specialty

(d) Other venues, including (but not limited to) grand rounds, lectures in lecture series, teaching in CME activities, and teaching workshops. Indicate role in university-related teaching/curriculum committees.

12. **Editorial Responsibilities:** Editorial Board responsibilities only and inclusive dates. Do not include ad hoc reviewing duties.

13. **Special National Responsibilities:** Such as NIH study sections, training grant committees, advisory committees, and other similar responsibilities. Provide inclusive dates.
14. **Special Local Responsibilities:** University and Hospital committees and inclusive dates. Do not duplicate teaching committees (all of which should be listed in #10 above).
15. **Research Funding:** Divide research funding into active, pending, and completed.
- Active funding** list in reverse chronologic order and include the following using NIH format: project number, role (e.g., PI, co-PI, investigator), source of funds, number and title of project (and/or subproject), inclusive dates of funding, annual direct cost/percent effort.
- Pending funding** list in reverse chronologic order and include the following: role, source, title of project, inclusive dates of funding requested, annual direct cost/percent effort requested.
- Completed funding** list in reverse chronologic order using the above format for active funding. Training grants (e.g., T32) can be included.
16. **Bibliography:** Within each subsection (a-f below), list items in chronologic order and number them consecutively. Refer to NLM citation format for reference style.
- (a) Manuscripts in Refereed Journals. Include peer-reviewed published articles and manuscripts accepted for publication (i.e., *in press*). For each article use a standardized bibliographic citation format that includes the first and last page number. The authors must appear in the same order as in the original publication; use bold font for your name. Include the PMID and PMCID for each citation. Example citation follows:
- Foroghian F, Yeh S, Faia LJ, Nussenblatt RB. Uveitic foveal atrophy: clinical features and associations. Arch Ophthalmol. 2009 Feb;127(2):179-86. PMID: 19204236; PMCID: PMC2653214.
- (b) Book chapters. Use for each chapter a standardized bibliographic citation format.
- (c) Published books, videos, software, etc. Note: Activity on social media should not be listed; in contrast, peer-reviewed research conducted regarding social media should be included where appropriate in the CV.
- (d) Other publications. e.g., Invited editorials, letters to the Editor, publications in non-refereed journals, PhD theses, UpToDate chapters, group and collaborative authorship\* on peer-reviewed publications, and peer-reviewed curricula\*\*. Explain the nature of each publication.
- \* Group-authored publications should be listed in a subsection entitled: Peer-Reviewed Collaborative Authorship. A named group is identified as a “co-author” in the byline on a manuscript; however, (1) the list of the members of the group appears only within the article (and not in the actual author list), and (2) in the PubMed citation the faculty member’s name appears in the list of collaborators. The citation should be followed with a brief description of your role as collaborator/group author.
- \*\* Peer-reviewed curricula should be listed in a subsection entitled: Peer-Reviewed Curricula. The example most familiar to the Department of Pediatrics is the AAMC-MedEdPORTAL. Citations should be structured in as follows:
- Au**, Au, Au. Title. Accepted for publication, MedEdPortal. Published XXXX (date). Available from [www.mededportal.org/publication/XXXX](http://www.mededportal.org/publication/XXXX).
- (e) Manuscripts submitted. List separately using a standardized bibliographic citation format with date of submission and journal to which it was submitted. Do not list manuscripts in preparation or work in progress.

(f) Abstracts (for the last five years only). Use the following format: (1) authors in the order they appear in the abstract, (2) the title of the abstract, (3) name, location, and date of the meeting to which the abstract was submitted, (4) type of presentation given (i.e., plenary, platform, or poster presentation) and name of the presenting author.

If you have many abstracts, you might wish to separate them into local (e.g., SCH fellow/resident research day) and national. If you have many national abstracts, you might wish to separate them into Poster Presentations and Platform Presentations.

## 17. Other

Invited lectures. Separate them into regional, national, and international. Use the following format: (1) your role (invited speaker, panelist, moderator, etc.), (2) title of presentation, seminar, symposium, etc.; (3) name of organization to which talk was given (university, hospital, professional society, government committee, etc.), (4) location (city and state if US; city and country if non-US), and (5) date(s).

If you have many regional talks, you might wish to group them as Grand Rounds and Lectures.

If you have many national talks, you might wish to group them as Moderated Sessions and Presentations.

Do not include fundraising talks or activities.

Patents. List here.

Other work experience. List here other work experience only if there has been a break in your education or medical training. Do not list work experience that was concurrent with your education and/or medical training.

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