**Instructions** (*Updated April 2021*)

Voluntary faculty who are requesting the rank of clinical or adjunct instructors/assistant professors should refer to <https://facaffairs.med.wayne.edu/voluntary-appointment> for instructions related to their CV format. All other faculty should use this document.

* Remove allinstructional information and comments when using the template to create your CV.
* List entries in reverse chronologic order.
* Move category headings to the next page if located at the bottom of a page with no information following the header.
* Number lists of publications and presentations.
* You may eliminate any heading for which there is no entry.

Date of Preparation:

Signature

**Name,** Degree

Office Address:

Office Telephone:

Candidate Cellphone:

E-mail Address:

NPI #

**Faculty Appointments**

**Faculty Appointments at Wayne State University**

|  |  |
| --- | --- |
| Start Date – End Date | Rank – Title, School/College, Department, Division (Primary, Joint, Secondary, Tenure Retreat)  |
|  |  |
|  |  |

**Faculty Appointments at Other Institutions**

|  |  |
| --- | --- |
| Start Date – End Date | Rank – Title, Institution/Organization, School/College, Department, DivisionCity, State, Country  |
|  |  |
|  |  |

**Hospital or Other Professional Appointments**

|  |  |
| --- | --- |
| Start Date – End Date | Title, Institution/Organization, DepartmentCity, State, Country |
|  |  |
|  |  |

**Education**

**Education**

|  |  |
| --- | --- |
| Start Date – End Date | Degree, DisciplineConferring Institution, City, State, Country |
|  |  |
|  |  |

**Postgraduate Training**

|  |  |
| --- | --- |
| Start Date – End Date | List fellowships, residencies, internships, etc. |
|  |  |
|  |  |

**Professional License**

|  |  |
| --- | --- |
| Start Date – End Date | List all states and license number |
|  |  |
|  |  |

**Board Certification**

|  |  |
| --- | --- |
| Start Date – End Date | Include title and certification number |
|  |  |
|  |  |

**Professional Society Memberships**

|  |  |
| --- | --- |
| Start Date – End Date | List professional organization name |
|  |  |
|  |  |

**Honors / Awards**

|  |  |
| --- | --- |
| Start Date – End Date | Indicate the name of award and the institution/organization form which it was received |
|  |  |
|  |  |

**Biographical Citations**

|  |  |
| --- | --- |
| Start Date – End Date | National/Regional or Professional Directories (E.g. TopDocs, F1000, Who’s Who) |
|  |  |
|  |  |

**Teaching**

**Teaching at Wayne State University**

**Faculty**

|  |  |
| --- | --- |
| Start Date – End Date | List course number/title/mentee name, type of teaching and role |
|  |  |
|  |  |

**Graduate (Masters, Ph.D., Pharm. D., etc.)**

|  |  |
| --- | --- |
| Start Date – End Date | List course number/title/mentee name, type of teaching and role |
|  |  |
|  |  |

**Medical Student**

|  |  |
| --- | --- |
| Start Date – End Date | List course number/title/mentee name, type of teaching and role |
|  |  |
|  |  |

**Trainee (Resident / Fellow / Intern)**

|  |  |
| --- | --- |
| Start Date – End Date | List course number/title/mentee name, type of teaching and role |
|  |  |
|  |  |

**Postdoctoral**

|  |  |
| --- | --- |
| Start Date – End Date | List course number/title/mentee name, type of teaching and role |
|  |  |
|  |  |

**Undergraduate**

|  |  |
| --- | --- |
| Start Date – End Date | List course number/title/mentee name, type of teaching and role |
|  |  |
|  |  |

**Other**

|  |  |
| --- | --- |
| Start Date – End Date | List course number/title/mentee name, type of teaching and role |
|  |  |
|  |  |

**Teaching at Other Institutions**

**Faculty**

|  |  |
| --- | --- |
| Start Date – End Date | List institution, course number/title/mentee name, type of teaching and role |
|  |  |
|  |  |

**Graduate (Masters, Ph.D., Pharm. D., etc.)**

|  |  |
| --- | --- |
| Start Date – End Date | List institution, course number/title/mentee name, type of teaching and role |
|  |  |
|  |  |

**Medical Student**

|  |  |
| --- | --- |
| Start Date – End Date | List institution, course number/title/mentee name, type of teaching and role |
|  |  |
|  |  |

**Trainee (Resident / Fellow / Intern)**

|  |  |
| --- | --- |
| Start Date – End Date | List institution, course number/title/mentee name, type of teaching and role |
|  |  |
|  |  |

**Postdoctoral**

|  |  |
| --- | --- |
| Start Date – End Date | List institution, course number/title/mentee name, type of teaching and role |
|  |  |
|  |  |

**Undergraduate**

|  |  |
| --- | --- |
| Start Date – End Date | List institution, course number/title/mentee name, type of teaching and role |
|  |  |
|  |  |

**Other**

|  |  |
| --- | --- |
| Start Date – End Date | List institution, course number/title/mentee name, type of teaching and role |
|  |  |
|  |  |

**Essays / Theses / Dissertations**

|  |  |
| --- | --- |
| Start Date – End Date | List students by name, level, and title of project. If former student’s current position is known, you may wish to include that information. |
|  |  |
|  |  |

**Course or Curriculum Development**

|  |  |
| --- | --- |
| Start Date – End Date | Include electronic instructions. Include Visiting Professor or Lecture potions where you gave invited short courses or lectures plus interactions with students/trainees. |
|  |  |
|  |  |

**Course Materials (Unpublished)**

|  |  |
| --- | --- |
| Start Date – End Date |  |
|  |  |
|  |  |

**Research**

**Funded Research**

**Completed**

Role: Percent Effort: XX% Grant Number:

PI: if CV holder role is not PI

Title:

Sponsor Name:

MM/DD/YYYY – MM/DD/YYY

Total Award: $000,000

**Funded**

**Pending Funding**

**Resubmitted**

**Submitted for Review**

**Submitted – Not Funded**

**Withdrawn (funded by different agency)**

**Clinical Trials**

Only include trials in which you have a major role and define your role/contribution.

**Pending**

Role:

Title:

Sponsor Name:

MM/DD/YYYY – MM/DD/YYY

Total Award: $000,000

**Open to Enrollment**

**Active Enrollment**

**Closed to Patient Accrual**

**Completed**

**Intellectual Property / Data Management**

**Patents**

Role:

Status:

Title:

Number/Hyperlink:

MM/DD/YYYY – MM/DD/YYY

**Databases**

**Registries**

**Software**

**Research in Analytic Tools**

**Other**

**Publications**

Number publications within each category. List publications in reverse chronologic order, you may include publications that are accepted or in press. Indicate mentorship by marking students, trainees, junior faculty. Provide a legend defining mark-up (asterisk, underline, etc.).

**Peer Reviewed**

**Original Observations**

Example:

1. Rosentul DC, Delsing CE, Jaeger M, Plantinga TS, Oosting M, Costantini I, Venselaar H, Joosten LA, van der Meer JW, Dupont B, Kullberg BJ, Sobel JD, Netea MG. Gene polymorphisms in pattern recognition receptors and susceptibility to idiopathic recurrent vulvovaginal candidiasis. Front Microbiol. 2014 Sep 23; 5:483. PMID: 25295030

**Case Reports**

**Review Articles**

Example:

1. Fukuda T, Wengler K, de Carvalho R, Boonsri P, Schweitzer ME. MRI Biomarkers in osseous tumors. J Magn Reson Imaging. 2019 Jan 30; 50(3):702-718. PMID 30701624 doi:10.1002/jmri.26672

**Editorials / Commentaries**

**Letters to the Editor**

**Books**

**Book Chapters**

**Other**

**Non-Peer Reviewed**

**Original Observations**

**Case Reports**

**Review Articles**

**Editorials / Commentaries**

**Letters to the Editor**

**Books**

**Book Chapters**

**Other**

**Published Abstracts**

Must have reference, typically in a journal that can be looked up.

**Media**

Organize by type of outlet (Television, Radio, Podcast, Live Stream, etc.)

**Presentations**

You do not need to be a presenter to list, but you must be an author, not just a mentor to the author. When the abstract is also published, you should list the abstract citation under Published Abstracts and the Presentation in the correct category below.

**Podium**

**International / National**

**Regional / Local**

**Poster**

**International / National**

**Regional / Local**

**Invited Lectures**

**International / National**

**Regional / Local**

**Invited Seminars / Grand Rounds**

**International / National**

**Regional / Local**

**Other**

**International / National**

**Regional / Local**

**Service**

**Wayne State University Service**

**University**

|  |  |
| --- | --- |
| Start Date – End Date | Indicate activity and role |
|  |  |
|  |  |

**School / College**

|  |  |
| --- | --- |
| Start Date – End Date | Indicate activity and role |
|  |  |
|  |  |

**Department / Division**

|  |  |
| --- | --- |
| Start Date – End Date | Indicate activity and role |
|  |  |
|  |  |

**Other Professionally Related Service**

**Professional**

|  |  |
| --- | --- |
| Start Date – End Date | List activity and role for organizations with additional responsibilities beyond general membership |
|  |  |
|  |  |

**Medical Group Practice Plan**

|  |  |
| --- | --- |
| Start Date – End Date | List activity and role for organizations with additional responsibilities beyond general membership |
|  |  |
|  |  |

**Affiliate Medical Organization**

|  |  |
| --- | --- |
| Start Date – End Date | List activity and role for organizations with additional responsibilities beyond general membership |
|  |  |
|  |  |

**Community**

|  |  |
| --- | --- |
| Start Date – End Date | List activity and role for organizations with additional responsibilities beyond general membership |
|  |  |
|  |  |

**Consulting**

|  |  |
| --- | --- |
| Start Date – End Date | List activity and role for organizations with additional responsibilities beyond general membership |
|  |  |
|  |  |

**Government**

|  |  |
| --- | --- |
| Start Date – End Date | List activity and role for organizations with additional responsibilities beyond general membership |
|  |  |
|  |  |

**Media**

|  |  |
| --- | --- |
| Start Date – End Date | List activity and role for organizations with additional responsibilities beyond general membership |
|  |  |
|  |  |

**Other**

|  |  |
| --- | --- |
| Start Date – End Date | List activity and role for organizations with additional responsibilities beyond general membership |
|  |  |
|  |  |

**Grant Review Committees**

**International / National**

|  |  |
| --- | --- |
| Start Date – End Date | Indicate committee name and role |
|  |  |
|  |  |

**Regional / Local**

|  |  |
| --- | --- |
| Start Date – End Date | Indicate committee name and role |
|  |  |
|  |  |

**Peer-Reviewed Journals**

**Editorship**

|  |  |
| --- | --- |
| Start Date – End Date | Indicate journal name |
|  |  |
|  |  |

**Editorial Board Member**

|  |  |
| --- | --- |
| Start Date – End Date | Indicate journal name |
|  |  |
|  |  |

**Manuscript Review**

|  |  |
| --- | --- |
| Start Date – End Date | Indicate journal name |
|  |  |
|  |  |

**Other**

|  |  |
| --- | --- |
| Start Date – End Date | Indicate journal name |
|  |  |
|  |  |