

**GUIDE TO COMPLETING THE WEILL CORNELL MEDICAL COLLEGE CURRICULUM
VITAE FORM**

[For Faculty and Non-Faculty Academic Staff]

For all YES/NO responses, please type “YES” or “NO” in the space below the question.

NAME: Provide your full name: First, Middle, Last, and suffixes.

SIGNATURE: The CV must be signed where shown at the top of the first page. A wet signature is the most appropriate and acceptable. A good, clean, legible image of a wet signature is acceptable. A *bona fide* electronic signature is acceptable. A font used to look like a signature is not acceptable.

DATE OF PREPARATION: Use the date on which the information in your CV is current.

A. PERSONAL DATA

This section contains required information. The responses should be straightforward. Please complete it accurately.

Office address, office telephone number and work email:

This information is helpful, as it may be used to send you official information. Please provide accurate and complete information: street, building, suite, room number, etc.; include zip code (or country code).

Home address, cell phone, and personal email addresses:

Please provide this information accurately and completely. If there is an apartment number or floor associated with your address, please show it. Provide a stable, permanent personal email address if possible.

Eligibility to work in the U.S.:

If your eligibility to work in the U.S. is based on an employment visa, and you are a visa holder, your appointment is contingent upon maintaining valid visa status. Provide the type of non-immigrant visa, e.g., H1B, J1, F1, B1 etc. If your visa is pending, state the anticipated type as “visa pending” or “visa application in process”.

If yes, please provide Visa type:

Please provide your Visa type or the Visa for which you will be applying.

B. EDUCATION

Academic Degree(s)

Degrees:

From academic institutions – Colleges, Schools, Universities – conferring academic degrees. Enter the **name(s)** of each **academic degree**, (Bachelor degrees and above only) **and where possible please include field of study (i.e., Psychology, Pharmacology, etc.)**. Abbreviated degree names, such as B.A., M.D., Ph.D., M.B.B.S., are acceptable but if your degree is unusual or its abbreviation is ambiguous, please provide the full degree name.

Medical degrees vary throughout the world. Some medical schools confer the Bachelor of Medicine degree to physicians (B.M.), others confer Bachelor of Medicine and Bachelor of Surgery (M.B.,B.S.) degrees, etc. If you hold a B.M., M.B.,B.S., or a medical degree other than M.D., record the degree you hold.

The OFA uses the FAIMER database to verify the degrees offered by Medical Schools throughout the world (www.faimer.org). Under certain conditions, when your medical degree is not M.D., you may ask New York State to have your degree conferred to the M.D. degree. For more information, contact the New York State Department of Education (518-474-3817, ext. 400).

Other Educational Experiences

Show here other educational experiences where an academic degree was not conferred. You may choose to use this section to cover any gaps in your CV (e.g. taking required science courses before attending medical school, etc.).

C. POSTDOCTORAL TRAINING (include residency/fellowships)

Please provide all the information requested as follows:

Title: (including residency/fellowships)

Show here internships, residencies, fellowships and postdoctoral training received after your doctorate. Please list your postdoctoral training positions, and the area of training (i.e. molecular biology or information science), in chronological order. Include full titles, and the name and location (city, state, country) of the institution where training took place. Please list when the training began and when it ended, e.g., July 2000 – June 2001.

Institution name and location:

Please enter accurately and completely the full name, and location – city, state, country – of each relevant institution. Avoid abbreviations. State the official name of the Medical School, for example, Harvard Medical School (not Harvard University). Please use the current name of the institution.

Dates:

Please show the date range during which you attended the institution, from beginning to end.

D. PROFESSIONAL POSITIONS AND EMPLOYMENT

Academic Appointments (Teaching and research, i.e. Instructor, Assistant Professor, etc.)

Title Institution, city, state Dates (mm/yy – mm/yy)

List teaching and research positions held at academic institutions: Colleges, Universities, Research Institutes, etc. Appropriate for this section are faculty appointments, e.g., Assistant Professor of Medicine, and other academic appointments, such as Research Scientist. Please do not include hospital or administrative appointments in this section. These may be entered below. Please include your full title; the institution's full name and

location (city, state, country); and the inclusive dates you held the position, e.g., July 1999 – June 2005.

Hospital Appointments (*Clinical, i.e., Assistant Attending, Attending, etc. Do not list administrative titles, such as Director or Chair here*)

Title Institution, city, state Dates (mm/yy – mm/yy)

List hospital positions, such as attending positions - assistant attending, associate attending, or attending physician - or other comparable hospital positions (e.g. consultant, specialist, professional associate, independent health care professional, nurse practitioner, physician assistant, etc.). Please do not list administrative positions here, such as Director, Vice-President, etc. Please include the full title(s); the institution's full name and location (city, state, country); and the inclusive dates you held the position, e.g., July 2000 – June 2004.

Other Professional Positions & Employment (*Industry, private practice, etc.*)

Title Institution, city, state Dates (mm/yy – mm/yy)

List any other employment for which you were compensated, full-time or part-time. Please show here positions that are not postdoctoral training, not academic appointments. not hospital appointments. Here you may list administrative employment, other non-academic employment, or consulting positions.

E. EMPLOYMENT STATUS

Name of Current Employer(s):

Current Employment Status (*Please choose **one**, list here, **delete** the others):*

- Full-time salaried by Weill Cornell
- Full-time salaried by Cornell-affiliated hospital
- Part-time salaried by Cornell (show percentage of full time effort, e.g., 50%)
- Part-time salaried by Cornell-affiliated hospital (show percentage of full time effort, e.g., 50%)
- Voluntary (self-employed or member of a P.C.)
- Other salaried
- Other non-salaried
- Sessional Weill Cornell

F. LICENSURE, BOARD CERTIFICATION

This section – Licensure, Board Certification, Malpractice – is pertinent to physicians and other practicing health care professionals. If you are a researcher or early-career physician for whom the information does not apply, note N/A or Not applicable for each item, and leave the format of the section intact.

Licensure

(Every physician appointed to the NYP Hospital staff, except interns and foreign nationals holding a nonimmigration visa status in the US, must have a New York State license or a temporary certificate in lieu of the license.)

The statement above appears in the CV form to ensure that those being recommended for appointment to the New York-Presbyterian Hospital staff ("Hospital staff" above) recognize the licensure requirement for their hospital privileges.

Provide Licensing State; License Number; Date of issue; Date of last registration

DEA number: (optional)

NPI number: (optional)

If no license:

- (1) Do you have a temporary certificate? YES or NO
- (2) Have you passed the examination for foreign medical school graduates? YES or NO

Board Certification: Full Name of Board; Certificate #; Dates (MM/DD/YY – MM/DD/YY)

List the full name of the Certifying Board, i.e. American Board of Internal Medicine. Please do not abbreviate or conjoin board names. Show each certification and the conferring Board separately. List the certificate number and the dates the certification is valid (issued/reissued-end date). Please use a full date: Month, Day, and Year.

G. INSTITUTIONAL/HOSPITAL AFFILIATION

For those in clinical practice who have attending privileges or other professional designations at New York-Presbyterian Hospital and/or at other hospitals, show your hospital affiliations here. For non-clinical individuals, show your institutional affiliation(s) other than Weill Cornell Medical College. The Institutional/Hospital Affiliation information is important relative to your academic appointment as it may have an impact on the type of appointment you are eligible for. If you have no Hospital or other institutional affiliations, denote this with N/A or Not Applicable.

Primary Hospital Affiliation

For example: NewYork-Presbyterian Hospital

Other Hospital Affiliations

For example: Memorial Hospital, Memorial Sloan-Kettering Cancer Center; Hospital for Special Surgery; etc.

Other Institutional Affiliations

For Example: National Institutes of Health; Public Health Research Institute, etc.

H. HONORS, AWARDS

Name of Award

Organization

Date Awarded (yyyy)

This is another key section for demonstrating your local, regional, national and international reputation among peers, students, patients, colleagues and others. Examples include teaching awards, research awards, best-paper awards, book awards, membership in honorific societies, etc. You could also include here entries in *Who's Who*, *Best Of* listings, etc.

I. PROFESSIONAL MEMBERSHIPS

(Please include medical and scientific societies.)

For individuals in the early stages of their careers, there may be relatively few or no entries here. However, for mid-career and senior faculty members, this section is a key place to demonstrate the extent to which you participate in extramural activities as they relate either to service in your particular professional community and peer recognition of your expertise.

J. PERCENT EFFORT AND INSTITUTIONAL RESPONSIBILITIES

Provide the percentage of your time devoted to these four areas of professional activity. Complete the table(s) and respond to the questions regarding Medical College students/researchers. Determine your percent effort as the percent of your total effort (work week) devoted to each of the areas. If you are new to WCM, you may list your current site effort or your anticipated effort at WCM, but please use the current or anticipated prompts to denote which site's effort you are reporting. If you are part-time at WCM (Adjunct, Visiting, Courtesy), base the percentage on your overall effort.

K. EDUCATIONAL CONTRIBUTIONS

All faculty members are expected to teach and evaluated for teaching.

List here the types of teaching you have done and are currently doing. This may include classes you teach or have taught; seminars or lectures; bedside, operating room or clinic teaching and supervision; or leadership roles in education and training. Show your role in multidisciplinary courses or in course development. Be sure to include dates of participation in each teaching entry you create; use inclusive dates with a start and end date. You may also list continuing education and professional education and community education or patient outreach in this section. Please make sure to include the institution where these activities are performed.

If your area of excellence is Educational Leadership, you **must** instead complete the Educator Portfolio. Then, refer to your report here as an attachment (e.g. see attached), and attach it to the CV.

Please include title/audience/dates as applicable for each prompt below. Please list only teaching activities at WCM, any of its affiliates, your currently employed institution and previously employed institutions here.

Didactic teaching (*lectures, seminars, tutorials, professional development programs*)

Clinical teaching (*bedside teaching, teaching rounds, teaching in operating room, precepting in clinic, morning report, etc.*)

Administrative teaching (*leadership role as residency or fellowship director, course or seminar series director or co-director at WCM and previously employed institutions*)

Continuing education and professional education (*role and scope of activity*)

Other education/outreach activities (community education or patient outreach such as *medical journalism and media presentations, including television and radio appearances that educate the public about medicine, health or biomedical sciences*)

L. CLINICAL PRACTICE, INNOVATION, and LEADERSHIP

Clinical Practice

Please include duration, i.e., year(s) of practice, name and location of practice, type of activity, level of activity (e.g., sessions, days or hours per week or month). Examples include attending on inpatient units, ambulatory practice, performing procedures.

Clinical Innovations

Please include date innovation launched, title/location of innovation, role and short description of the influence on clinical care or practice management. Examples include development of innovative approaches to diagnosis, treatment or prevention of disease, applications of technologies, and/or models of care delivery.

Clinical Leadership

Include year(s), leadership role, and description of activity/program, i.e. director/head of service/clinic or procedure area.

M. RESEARCH

Research Activities

In a paragraph or bullet points (up to 300 words), please highlight your research interests and activities, including relevant dates. Please do not include research support/funding, but may list IRB protocols (both active and inactive).

Research Support

Please clearly show past, current, and pending research as prompted.

List the following for current extramural and intramural research funding:

Source (*funding agency – federal, i.e. NIH, DoD, NSF; Foundation i.e. Bill and Melinda Gates Foundation; industry, i.e. Company; type of grant*); Project title; Annual Direct Cost (as dollars); Duration of support (dates, formatted MM/YYYY to MM/YYYY) Name of Principal Investigator, your role, your percent effort**, and the major goals of this project (optional)

[*Note: **current total grant percent effort should not exceed 98%. Please contact the Office of Sponsored Research Administration, <https://research.weill.cornell.edu>, for more information should you require clarification on this recommendation.*]

Please annotate multi-investigator, program project, center grants (P50 etc.) and sponsored clinical trials to clarify your role on the projects (PI, site PI, project leader, co-PI core director, etc.).

Past (Completed) Funding

Please summarize as for current projects: source-type, duration, your role.

Pending Funding

Please summarize as for current projects: source-type, duration, your role.

Patents & Inventions

Please include inventors, title of invention and patent number.

N. **MENTORING**

Mentorship is a longitudinal, collaborative learning relationship to help the mentee or protégé succeed. Mentoring can be provided within many formats, including one-to-one, small groups, or large group workshops or lectures, which cover any topic directly related to the mentee's career development.

Please list trainees and faculty that you have formally supervised both at home institution(s) and for extramural organizations, etc. Individuals listed in this section should be those supervised in a research, teaching or clinical setting. List only those on whose careers you have had a substantial impact. Do not indicate those for whom you have provided general career advice. This section may be annotated to provide more information.

If this is the candidate's first faculty appointment at WCMC, please list mentoring contributions at institutions where the candidate previously held a faculty position.

Current Mentees

The information below is included in the CV as a table with two columns. The first column contains the prompts and the second column should be used to enter the information requested. The columns can be made visible by simply hitting the TAB button once on your keyboard. Each mentee's information should be listed in a separate table. Blank tables can be copied and pasted:

Name of Mentee (first, middle, last, and degree, if applicable);
Site/Position (i.e. graduate student, WCM student, or postdoctoral associate, TDI (Tri-Institutional Therapeutics Discovery Institute));

Mentoring Period (*mm/yyyy-mm/yyyy*);

Project/Accomplishments** (***Please list publications, awards, grants, development of new clinical programs or course, and other scholarly products arising directly from the mentoring activity (if applicable); indicate shared publications by numbered entries in this CV.*);

Expected outcomes: earning a degree; academic appointment or promotion; grants, publications,

Type of Supervision (Research, clinical, teaching, leadership).

Past Mentees:

Name (first, middle, last, and degree, if applicable);
Site/Position (i.e. graduate student, WCM, or postdoctoral associate, TDI);
Mentoring Period (*mm/yyyy-mm/yyyy*);

Project/Accomplishments** (***Please list publications, awards, grants, development of new clinical programs or course, and other scholarly products arising directly from the*

mentoring activity (if applicable); indicate shared publications by numbered entries in this CV.);

Current Position: where is the mentee now in their career? Mentee's current position?
Type of Supervision (Research, clinical, teaching, leadership)

O. INSTITUTIONAL LEADERSHIP ACTIVITIES

Please list activities at WCM and affiliates, NYP, and previously employed institutions, including division or department positions, directorships, deanships, chairmanships on major institutional committee

P. INSTITUTIONAL ADMINISTRATIVE ACTIVITIES

This section is intended to record administrative activities at all employed institutions. It should include names of committees, roles, and dates (please add locations (i.e. institution) for your administrative duties. Examples of such committees include IRB (institutional review board), data safety monitoring (DSMC), protocol review and monitoring (PRMC), institutional animal care and use (IACUC), General Faculty Council, Mentoring Academy Council. The duties listed in this section should be institutional, and not administrative duties related to professional societies, or other extramural activities, which are best listed under Section Q, Extramural Professional Responsibilities.

Q. EXTRAMURAL PROFESSIONAL RESPONSIBILITIES

This is a broadly defined category that is very useful in demonstrating academic and service engagement outside the site of primary activity. Populated with a variety of academic activities such as service on committees in professional societies, member of grant review boards and study sections, scientific advisory board for foundations, journal editor or reviewer, consultancy, volunteer work, community service, etc., this section documents your reputation as an expert outside of the Medical College. Entries under each category are grouped as regional, national and international to align with metrics for appointment and promotion. Complete for those in which you participate. Include name of the committee, your role in the committee, the organization, and dates of your participation.

Leadership in Extramural Organizations

Service on Boards and/or Committees

Grant Reviewing/Study Sections

Editorial Activities

Editor/Co-Editor

R. INVITATIONS TO SPEAK/PRESENT

List extramural invited activities such as presentations, grand rounds, research seminars, and lectures at meetings of professional organizations. Group these activities into regional, national, and international categories, based on your geographic location and/or the scope of the organization for which you are presenting.

For example, for a faculty member based at 1300 York, a Grand Rounds presentation at NYU School of Medicine would be listed in “Regional”. A visiting professorship at the University of Texas Medical Branch at Galveston would be listed in “National”. An invited lecture at the annual meeting of the International Society of Travel Medicine, even if hosted in NYC, would be listed in “International”.

S. BIBLIOGRAPHY

For recent graduates, and those recommended for appointment to associate positions (Clinical Associate) or trainee positions, there may be few or no entries in the bibliography. If there are no entries, note it by marking the section as “N/A”.

For senior level appointments and promotions (associate professor, professor, tenure), this section of the CV form is particularly important. Please complete this section carefully. Errors or incomplete information may cause delays, confusion, or other undesirable consequences in the evaluation process. Review your entries carefully to be certain to include all of the information indicated in the example of a citation format below. Include all authors, do not omit volume or issue numbers, page numbers, dates, journal name, etc. Number the entries, and use bold type for your name so that the placement of your name in the authorship is clear to reviewers.

List entries in chronological order within the following categories:

1. Peer-reviewed Research Articles: List articles that have been published, are in press, or accepted only. Articles that are submitted, in review or in preparation for publication should be listed under section S.8, below.

This section is for bona fide peer-reviewed publications. Unreviewed preprints, invited articles, commentaries, certain types of letters, and other publications that represent scholarship, but are not peer reviewed, can be listed in Section S.5, below.

Entries should follow standard journal format, listing all authors, complete titles, volume and issue number (if applicable), and inclusive pagination. (*E.g., Doe J, Ford A, Smith J. Measuring the activities of daily living. N England J Med 1994; 331(4):778-84.*)

2. Reviews and Editorials:
3. Books:
4. Chapters:
5. Non-peer-reviewed Research Publications: You may include unreviewed preprints, invited articles, commentaries, certain types of letters, and publications in non-peer reviewed journals.
6. Case Reports (optional, or list 10 best):

7. In review: manuscripts that have been submitted or are in preparation. These should be listed under separate headings.
8. Abstracts (Optional, list 10-20 best or most recent only):
9. Other (media, podcasts, etc.): use this subsection to list other types of scholarly work. This could include electronic-only publications, such as podcasts, radio or television interviews