**Weill Cornell Medical College, Cornell University**

**Faculty Curriculum Vitae Template**

|  |
| --- |
| When preparing the WCM CV template, below, please keep the following in mind:   * Retain the format of the CV template throughout; please do not delete a section or a subsection within a section if it does not apply to you unless specifically instructed to do so; * If you have no information to enter in a section of the CV, enter “Not Applicable” or “N/A”; * Please do not delete or modify numbering or lettering of the various sections or subsections; * You may list entries in either chronological order or reverse chronological order, but the style chosen should be used throughout all sections of the CV; * Only include an item or activity **once** in the CV, even if it may apply to more than one section; * “Local” refers to the home institution; “regional” refers to city, state and nearby states; * Define **abbreviations** when first used within each section; * Carefully proof for typos and format inconsistences; * List dates in the prompted format, i.e., if prompted for mm/yyyy, please record 04/2022. Where specific dating format is not requested, please record as mm/yyyy; * You may delete all instructional information or prompts that are in *italics;* * Upon completion, **please delete this instruction box** (right click, select “delete rows”), **date** and **sign** the CV with either an encrypted signature or high-quality scanned signature. |

**Name:**

**Signature:**

**Date of Preparation:**

1. **PERSONAL DATA**

Office address:

Office telephone:

Work email:

Home address:

Cell phone:

Personal email:

Is your eligibility to work in the U.S. based on an employment visa?: Yes/No?

If yes, please provide Visa type (Examples: J-1, H-1B, E-3, TN, etc.):

1. **EDUCATION**

**Academic Degree(s)**

|  |  |  |  |
| --- | --- | --- | --- |
| Degree, include field of study | Institution*, city and state* | Dates attended  (mm/yyyy-mm/yyyy) | Year Awarded |

**Other Educational Experiences**

|  |  |  |
| --- | --- | --- |
| Description | Institution*, city and state* | Dates attended (mm/yy – mm/yy) |

1. **POSTDOCTORAL TRAINING**

|  |  |  |
| --- | --- | --- |
| Title, include area of training | Institution, city and state | Dates *(mm/yy - mm/yy)* |

1. **PROFESSIONAL POSITIONS & EMPLOYMENT**

**Academic Appointments**

|  |  |  |
| --- | --- | --- |
| Title | Institution*, city and state* | Dates *(mm/yy - mm/yy)* |

**Hospital Appointments**

|  |  |  |
| --- | --- | --- |
| Title | Institution*, city and state* | Dates *(mm/yy - mm/yy)* |

**Other Professional Positions and Employment**

|  |  |  |
| --- | --- | --- |
| Title | Institution*, city and state* | Dates *(mm/yy - mm/yy)* |

1. **EMPLOYMENT STATUS**

**Name of Current Employer*(s)*:**

**Current Employment Status** *(Choose* ***one****, 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

1. **LICENSURE, BOARD CERTIFICATION**

**Licensure:**

State Number Date of Issue Date of last registration

DEA number: *(optional)*

NPI number: *(optional)*

**Board Certification*(s)***

Full Name of Board Certificate # Date of Certification

*(or indicate if Board Eligible) (yyyy–yyyy)*

1. **INSTITUTIONAL/HOSPITAL AFFILIATION**

Primary Hospital Affiliation:

Other Hospital Affiliations:

Other Institutional Affiliations:

1. **HONORS, AWARDS**

|  |  |  |
| --- | --- | --- |
| Name of award | Organization | Date awarded *(yyyy)* |

1. **PROFESSIONAL ORGANIZATIONS AND SOCIETY MEMBERSHIPS**

|  |  |
| --- | --- |
| Organization | Date *(yyyy-yyyy)* |

1. **PERCENT EFFORT AND INSTITUTIONAL RESPONSIBILITIES**

|  |  |  |
| --- | --- | --- |
| **Weill Cornell Activity** | **Percent Effort (%)** | **Does the activity involve Weill Cornell students/research trainees? (Yes/No)** |
| Teaching |  |  |
| Clinical |  |  |
| Research |  |  |
| Administrative |  |  |
| **Total** | **100%** |  |

1. **EDUCATIONAL CONTRIBUTIONS**

*List, with dates. Include title/audience as applicable for each prompt below. List teaching activities* ***at WCM****, any of its affiliates, and previously employed institutions here, if applicable.*

*(If your Area of Excellence is Educational Leadership, you* ***must*** *instead complete the Educator Portfolio, refer to your report here as an attachment and attach your Educator Portfolio to the CV).*

**Didactic teaching** *(role and scope of activities; highlight if Continuing Medical Education or other accredited teaching)*

**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; highlight if Continuing Medical Education or other accredited teaching)*

**Other education/outreach activities**

1. **CLINICAL PRACTICE, INNOVATION, and LEADERSHIP**

**Clinical Practice**: (*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).*

**Clinical Innovations***: (Include date innovation launched, title/location of innovation, role and short description of the influence on clinical care or practice management)*

**Clinical Leadership**: (*Include year(s), leadership role, and description of activity/program)*

1. **RESEARCH**

**Research Activities**

*In a paragraph or bullet points (up to 300 words), briefly highlight your various research interests and activities (similar to NIH Biosketch). List IRB protocols (both active and inactive) here. You may also refer to your “Statement of Key Contributions” and attach it.* *Use the subsection below to record Research Support, if applicable.*

**Research Support**

**Current Research Funding**:

***Duplicate table*** *below as needed. For each funding vehicle, include the following:*

|  |  |
| --- | --- |
| Award Source: *(funding agency, federal, foundation, industry; type of grant)\** |  |
| Project title: |  |
| Annual direct costs:  Non-financial support (e.g., drugs or services provided): |  |
| Duration of support:  *(mm/yyyy-mm/yyyy)* |  |
| Name of Principal Investigator: |  |
| Your role\* |  |
| Your percent (%) effort: |  |
| *(Optional - The major goals of this project are)*: |  |

*\*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, co-investigator, core director, etc.).*

**Past (Completed) Funding:**

*Summarize as for current projects: source-type, project title, dates, your role.*

**Pending Funding:**

*Summarize as for current projects: source type, project title, dates, your role.*

**Patents & Inventions**

*Include inventors, title of invention, patent number and date awarded.*

1. **MENTORING**

**Leadership and mentoring in programs** (*Describe activity; include dates)*

**Institutional Training Grants and Mentored Trainee Grants**

*Duplicate table below as needed. Examples include serving as PI or Mentor on T32, K01, K08, K23 or other mentored grants.*

|  |  |
| --- | --- |
| Award Source *(funding agency, type of grant):* |  |
| Project title: |  |
| Duration of support *(mm/yyyy-mm/yyyy):* |  |

**Mentees**

*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.*

**Current Mentees:**

*Duplicate table below as needed. For each mentee, include the following:*

|  |  |
| --- | --- |
| *Name* |  |
| *Site/Position* |  |
| Expected Mentoring Period *(mm/yyyy-mm/yyyy)* |  |
| *Project/Accomplishments\*\** |  |
| *Goals/expected Outcomes* |  |
| *Type of Supervision (Research, clinical, teaching, leadership)* |  |

**Past Mentees:**

*Duplicate table below as needed. For each mentee, include the following:*

|  |  |
| --- | --- |
| *Name* |  |
| *Site/Position* |  |
| *Mentoring Period (mm/yyyy-mm/yyyy)* |  |
| *Project/Accomplishments\*\*,* |  |
| *Current Position* |  |
| *Type of Supervision (Research, clinical, teaching, leadership)* |  |

*\*\*Optional: List publications, awards, grants, development of new clinical programs or course, and other scholarly products arising directly from the mentoring activity. Indicate shared publications with annotations in the Bibliography.*

1. **INSTITUTIONAL LEADERSHIP ACTIVITIES**

|  |  |  |
| --- | --- | --- |
| Role(s)/Position | Institution/Location | Dates *(yyyy-yyyy)* |

1. **INSTITUTIONAL ADMINISTRATIVE ACTIVITIES**

|  |  |  |
| --- | --- | --- |
| *Name of Committee* | *Role* | Dates *(yyyy-yyyy)* |

1. **EXTRAMURAL PROFESSIONAL RESPONSIBILITIES**

**Leadership in Extramural Organizations**

|  |  |  |
| --- | --- | --- |
| *Organization* | *Role* | Dates *(yyyy-yyyy)* |

**Service on Boards and/or Committees**

**Regional**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Committee | Role | Organization *(Institution/Location)* | Dates *(yyyy-yyyy))* |

**National**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Committee | Role | Organization *(Institution/Location)* | Dates *(yyyy-yyyy)* |

**International**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Committee | Role | Organization *(Institution/Location)* | Dates *(yyyy-yyyy)* |

**Grant Reviewing/Study Sections**

|  |  |  |
| --- | --- | --- |
|  | Organization Name | Dates *(yyyy-yyyy)* |

**Editorial Activities**

Editor/Co-Editor, *dates (yyyy-yyyy)*

Journals/ Textbooks / Books, *dates (yyyy-yyyy)*

Editorial Board Membership, *dates (yyyy-yyyy)*

Ad hoc/Journal Reviewing *– list journal names, dates (yyyy-yyyy)*

1. **INVITED LECTURES/PRESENTATIONS**

**Regional**

|  |  |
| --- | --- |
| Title, Meeting, Institution/Organization, Location | Dates *(yyyy)* |

**National**

|  |  |
| --- | --- |
| Title, Meeting, Institution/Organization, Location | Dates *(yyyy)* |

**International**

|  |  |
| --- | --- |
| Title, Meeting, Institution/Organization, Location | Dates *(yyyy)* |

1. **BIBLIOGRAPHY**

*Entries should follow standard journal format, listing all authors, complete titles and inclusive pagination.*

***Bold your name*** *wherever it appears in the author list.* ***Publications may be annotated to indicate the important role(s) of the candidate (leadership of a site, or methodology, etc.) that may not be apparent from the author order****. Indicate if you are a co-first-author or co-senior author with an annotation*.

*Number the entries**in* ***chronological*** *or reverse chronological order. Use the following categories:*

1. Peer-reviewed Research Articles: *(PMID, optional.)*
2. Reviews and Editorials:
3. Books:
4. Chapters:
5. Non-peer-reviewed Research Publications:
6. Case Reports: *(optional, or list 10 best)*:
7. In review *(manuscripts submitted)*:
8. Abstracts *(optional, list up to 10 best or most recent)*:
9. Other *(media, podcasts, etc.)*: