**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;
* 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)** (*Bachelor’s and higher)*

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

**Other Educational Experiences** *(i.e., certificates, etc)*

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

1. **POSTDOCTORAL TRAINING** *(Include residency/fellowships)*

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

1. **PROFESSIONAL POSITIONS & EMPLOYMENT**

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

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

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

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

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

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

1. **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

1. **LICENSURE, BOARD CERTIFICATION**

**Licensure:**

|  |  |  |  |
| --- | --- | --- | --- |
| State | Number | Date of issue*(mm/dd/yyyy)* | Date of last registration*(mm/dd/yyyy) – (mm/dd/yyyy)* |
|  |  |  |  |

|  |  |
| --- | --- |
| 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 # *(indicate if board eligible)* | Dates of Certification *(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**

*Please include medical and scientific societies.)*

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

1. **PERCENT EFFORT AND INSTITUTIONAL RESPONSIBILITIES**

*If joining WCM, report anticipated effort; if already WCM employed, report only WCM effort.*

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

1. **EDUCATIONAL CONTRIBUTIONS**

*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. 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.*

**Didactic teaching** *(lectures, seminars, tutorials,)*

**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 as teacher** *(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)*

1. **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.*

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.*

**Research Support:**

**Current Research Funding**

***Duplicate table*** *below as needed. For each funding vehicle, please 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):* |  |

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

**Past (Completed) Funding**

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

**Pending Funding**

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

**Patents & Inventions**

*Please include inventors, title of invention and patent number.*

1. **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.*

**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, please include the following:*

|  |  |
| --- | --- |
| Name |  |
| Site/Position |  |
| Expected 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, please 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**

*Please list activities at WCM and affiliates, NYP, and previously employed institutions. Include division or department positions, directorships, deanships, chairmanships on major institutional committees.*

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

1. **INSTITUTIONAL ADMINISTRATIVE ACTIVITIES**

*List administrative activities/service to WCM and affiliates, NYP, and previously employed institutions, such as service on Departmental/Divisional committees or membership on institutional committees. Examples: WCM Admissions Committee, Institutional Review Board (IRB), Institutional Animal Care and Utilization Committee (IACUC), Data Safety and Monitoring Committees (DSMC), and Protocol Review and Monitoring Committee (PRMC), Credentials Committee, Patient Quality and Safety, Malpractice Committee.*

|  |  |  |
| --- | --- | --- |
| Name of Committee  | Role *(i.e., member, secretary, etc.)* | Dates *(yyyy-yyyy)* |
|  |  |  |

1. **EXTRAMURAL PROFESSIONAL RESPONSIBILITIES**

**Leadership in Extramural Organizations**

|  |  |  |
| --- | --- | --- |
| Organization | Role *(i.e., officer, secretary, chair, etc.)* | Dates *(yyyy-yyyy)* |
|  |  |  |

**Service on Boards and/or Committees**

Regional

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Committee | Role *(i.e., member, fellow, etc.)* | Organization *(Institution/Location)* | Dates *(yyyy-yyyy)* |
|  |  |  |  |

National

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Committee | Role *(i.e., member, fellow, etc.)* | Organization *(Institution/Location)* | Dates *(yyyy-yyyy)* |
|  |  |  |  |

International

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Committee | Role *(i.e., member, fellow, etc.)* | Organization *(Institution/Location)* | Dates *(yyyy-yyyy)* |
|  |  |  |  |

**Grant Reviewing/Study Sections**

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

**Editorial Activities**

Editor/Co-Editor

|  |  |
| --- | --- |
| Books / Textbooks / Journals / Organization Name | Dates *(yyyy-yyyy)* |
|  |  |

Journals/Textbooks/Books

|  |  |
| --- | --- |
| Journal /Textbook/Book Name | Dates *(yyyy-yyyy)* |
|  |  |

Editorial Board Membership

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

Journal Reviewing/Ad hoc Reviewing

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

1. **INVITATIONS TO SPEAK/PRESENT**

*Please list extramural invited activities such as presentations, grand rounds, research seminars, and lectures at meetings of professional organizations.*

**Regional\***

|  |  |  |
| --- | --- | --- |
| Title | Institution/Location | Dates *(yyyy)* |
|  |  |  |

**National\***

|  |  |  |
| --- | --- | --- |
| Title | Institution/Location | Dates *(yyyy)* |
|  |  |  |

**International\***

|  |  |  |
| --- | --- | --- |
| Title | Institution/Location | Dates *(yyyy)* |
|  |  |  |

\**Categorize your entries based on your geographic location and/or the scope of the organization for which you are presenting.*

1. **BIBLIOGRAPHY**

*Entries should follow standard journal format, listing all authors, complete titles and inclusive pagination. Please also include PMCID: PMC number (or DOI number).*

***Bold your name*** *wherever it appears in the author list. Publications also may be annotated here (or in the Statement of Key Contributions) to indicate the role of the candidate, where appropriate. This should be considered for co-first authorship, co-senior authorship, and in publications in which the candidate played an important role (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. The listings must be organized by category, preferably**in* ***chronological*** *order (most recent last). Use the following categories:*

1. Peer-reviewed Research Articles:
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 or in preparation – list separately)*:
8. Abstracts *(optional, list 10-20 best or most recent only)*:
9. Other *(media, podcasts, etc.)*: