**TUFTS UNIVERSITY SCHOOL OF MEDICINE**

**CLINICAL FACULTY CURRICULUM VITAE**

**AND BIBLIOGRAPHY FORMAT**

**INSTRUCTIONS**

**Please do not change the template appearance.**

**Tufts requires all column headings and sections are present.**

**Simply input your information.**

**GENERAL GUIDELINES**

* Your CV is a key document in the assessment of your promotion dossier. As such, please include all relevant professional activities and accomplishments.
* **List the data** in each section **chronologically from past to present** (except where otherwise indicated).
* Each item should appear only once on your CV, except where an academic appointment is the same as employment.
* **Do not use abbreviations or acronyms** as faculty colleagues from other departments and specialties will be reviewing your dossier.
* **Do not delete major categories**; if a section does not apply then simply **use ‘N/A’**.
* Remember to add your name to the second page header of the CV template.

**FORMATTING GUIDELINES**

* Most sections contain tables enforcing consistent format of data; use the TAB key to create additional rows. If you cannot view the tables, then from the “Home” tab (MS Word version 2010 and higher) select the “Borders” icon and enable the option “View Gridlines”.

**TIPS ON MAJOR CATEGORIES**

* **Licensure and Certification**: indicate dates of certification and recertification; do not include DEA number.
* **Academic Appointments:**  list all faculty appointments -- primary & secondary, CTSI, Sackler -- and appointments at other academic institutions; please indicate the primary appointment. (Typically at Tufts, your primary appointment is within the academic department.) Also include academic appointments held during training.
* **Employment:** include all work experience in academic institutions (even if it is also listed as an academic appointment), hospital/health care positions, military service, government, industry, and other private and non-profit sector employment.
* **Administrative Appointments:**  leadership positions at universities and/or hospitals, e.g., Program Directors (Assistant or Associate), Divisions Chiefs, Center Directors, Department Chairs, decanal titles (Dean, Assistant Dean, etc.)
* **Awards & Honors:** include undergraduate or graduate awards, student prizes, AOA, teaching awards, fellowship awards, clinical awards, academic awards, honorary societies, etc.
* **Institutional Committee Service:** list hospital and/or university committee assignments during your employment at the institution.
* **External Committee Service:** list committee assignments in order of local, regional, national, international organizations; examples include cooperative groups, consensus panels, etc. (Do not include committee assignments from professional organizations here.)
* **Professional Societies**: list the organization, role (as associate, member, fellow), and any important committee assignments/leadership roles (council, president, chairman, etc.)
* **Grant Review Activities**: list types of grant reviews, including the names of specific study sections, as well as other federal or foundation grant review committees.
* **Health-Related Advocacy & Community Service**: list activities related to your profession, e.g., patient education, global health-related, community boards, and international work.
* **Major Educational Responsibilities**: list all education-related activity, e.g., course director, clerkship director, program director, lecturer, small group facilitator, preceptor, mentor/advisor. Details of specific educational responsibilities should be included in the Educator Portfolio.
* **Practice Activities & Innovations**: e.g., quality improvement activities, clinical practice redesign, and web-based practice programs.
* **Visiting Professorships & Invited Academic Presentations**: list in the order of local, regional, national, international. Please include type of presentation, e.g., grand rounds, annual meetings, conference, CME course, board certification course, invited presentation, etc.
* **Major Research Interests**: ½ page maximum in narrative format; includes clinical, basic science, medical education, evaluation, and public health research.
* **Research Support:** include present and brief summary of past, and provide the following information for each grant; for multiple grants, copy and paste the entire table:
	+ **Dates**
	+ **Grant Title**
	+ **PI**
	+ **Funding Source:** includes federal, foundation, industry, NGOs, etc. For federal grants include grant numbers.
	+ **Amount:** specify if amount is annual/total, direct/indirect. For clinical trials, list per patient and [estimated] patient enrollment if available.
	+ **Role:** e.g., P.I., Dual-P.I., Co-Investigator, Site Investigator, etc.
* **Editorial Boards**
* **Ad Hoc Journal Reviewer**
* **Patents**
* **Bibliography:** number publications in each category and list all authors **(highlight your name in bold;** underline any trainee authors you supervised**).** You may indicate your role for multi-authored publications. List in reverse chronological order, with most recent publications on top. Include published and in press articles recorded; if in press indicate journal and use the standard format of PubMed (<http://www.nlm.nih.gov/bsd/policy/cit_format.html>). Include Pub Med ID for each publication, where applicable. Please list in the following order and number each subcategory:
1. **Refereed** (i.e., peer-reviewed) **Publications** (print and electronic)
2. **Books Authored/Books Edited**
3. **Book Chapters/Invited Reviews**
4. **Monographs, Proceedings, and White Papers** (includes guidelines and consensus papers)
5. **Editorials**
6. **Letters to the Editor**
7. **Case Reports**
8. **Theses/Dissertation**
9. **Published Abstracts** (if numerous, select those that reflect the range and breadth of your accepted submissions; if abstract became a paper, only list under papers)
10. **Non-print Scholarship** including electronic media e.g., radio/tv, YouTube videos, blogs or Twitter; provide URL, if applicable.

**TUFTS UNIVERSITY SCHOOL OF MEDICINE**

**CURRICULUM VITAE AND BIBLIOGRAPHY FORMAT**

**FOR CLINICAL FACULTY**

DATE PREPARED:

FULL NAME AND DEGREE/S:

CURRENT ADMINISTRATIVE TITLE (hospital and /or university if applicable):

OFFICE MAILING ADDRESS (Dept. or Division and Box No.):

OFFICE PHONE NUMBER:

OFFICE FAX NUMBER:

E-MAIL ADDRESS(ES):

**EDUCATION & TRAINING**

 **Undergraduate**

|  |  |  |  |
| --- | --- | --- | --- |
| *Year of Degree* | *Degree* | *Institution, City, State or Country* | *Discipline* |
|  |  |  |  |

 **Graduate School and/or Medical School**

|  |  |  |  |
| --- | --- | --- | --- |
| *Year of Degree* | *Degree* | *Institution, City, State or Country* | *Discipline* |
|  |  |  |  |

**Postdoctoral Training**

 **Internship and Residencies:**

|  |  |  |
| --- | --- | --- |
| *Years* | *Institution, City, State or Country* | *Specialty* |
|  |  |  |

 **Fellowships:**

|  |  |  |
| --- | --- | --- |
| *Years* | *Institution, City, State or Country* | *Specialty* |
|  |  |  |

**Other Professional Training**

|  |  |  |
| --- | --- | --- |
| *Years* | *Institution, City, State or Country*  | *Discipline* |
|  |  |  |

**Licensure and Certification**

|  |  |  |
| --- | --- | --- |
| *Date* | *Location* | *Certificate Number* |
|  |  |  |

**ACADEMIC APPOINTMENTS**

|  |  |  |  |
| --- | --- | --- | --- |
| *Dates* | *Title/Primary or Secondary* | *Department* | *Institution, City, State or Country* |
|  |  |  |  |

**EMPLOYMENT**

|  |  |  |  |
| --- | --- | --- | --- |
| *Dates* | *Title/Position* | *Department* | *Institution, City, State or Country*  |
|  |  |  |  |

**ADMINISTRATIVE APPOINTMENTS**

|  |  |  |  |
| --- | --- | --- | --- |
| *Dates* | *Title* | *Department/Program* | *Institution, City, State or Country* |
|  |  |  |  |

**AWARDS AND HONORS**

|  |  |  |
| --- | --- | --- |
| *Dates* | *Award/Honor* | *Organization, City, State or Country* |
|  |  |  |

**INSTITUTIONAL COMMITTEE** **SERVICE**

|  |  |  |  |
| --- | --- | --- | --- |
| *Dates* | *Role/Committee* | *Department/Program* | *Institution, City, State or Country* |
|  |  |  |  |

**EXTERNAL COMMITTEE SERVICE**

**Local/Regional:**

|  |  |  |
| --- | --- | --- |
| *Dates* | *Role* | *Organization* |
|  |  |  |

**National:**

|  |  |  |
| --- | --- | --- |
| *Dates* | *Role* | *Organization* |
|  |  |  |

**International:**

|  |  |  |
| --- | --- | --- |
| *Dates* | *Role* | *Organization* |
|  |  |  |

**PROFESSIONAL SOCIETIES**

|  |  |  |
| --- | --- | --- |
| *Dates* | *Role/ Committee Assignment* | *Organization/Membership* |
|  |  |  |

**GRANT REVIEW ACTIVITIES**

|  |  |  |
| --- | --- | --- |
| *Dates* | *Role* | *Organization* |
|  |  |  |

**HEALTH-RELATED ADVOCACY & COMMUNITY SERVICE**

|  |  |  |
| --- | --- | --- |
| *Dates* | *Organization, City, State or Country* | *Role* |
|  |  |  |

**TRAINING OF STUDENTS/TRAINEES**

**Students/Mentees:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Dates* | *Name of Student/Advisee* | *Level of Training* | *Role and Sponsor (if applicable)* | *Current Position of Advisee* |
|  |  |  |  |  |

**Postdoctoral Trainees:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| *Past/Current Trainee* | *Trainee Name(Where Training Occurred)* | *Postdoc Research Training Period* | *Prior Academic Degree(s)* | *Prior Academic DegreeYear(s)* | *Prior Academic DegreeInstitution(s)* | *Title of Research Project* | *Current Position of Past Trainees /Source of Support of Current Trainees* |
|  |  |  |  |  |  |  |  |

**EDUCATIONAL ACTIVITIES**

|  |  |  |  |
| --- | --- | --- | --- |
| *Dates* | *Role/Course or Program Title (if applicable)* | *Department* | *Institution City, State or Country* |
|  |  |  |  |

**PRACTICE ACTIVITIES & INNOVATIONS**

|  |  |  |
| --- | --- | --- |
| *Dates* | *Activity* | *Sponsor/Institution* |
|  |  |  |

**VISITING PROFESSORSHIPS & INVITED ACADEMIC PRESENTATIONS**

**Visiting Professorships**

|  |  |  |  |
| --- | --- | --- | --- |
| *Dates* | *Department* | *Institution* | *City, State or Country* |
|  |  |  |  |

**Invited Academic Presentations**

**Local/Regional:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Dates* | *Presentation Title* | *Presentation Type* | *Institution* | *City, State or Country* |
|  |  |  |  |  |

**National:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Dates* | *Presentation Title* | *Presentation Type* | *Institution* | *City, State or Country* |
|  |  |  |  |  |

**International:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Dates* | *Presentation Title* | *Presentation Type* | *Institution* | *City, State or Country* |
|  |  |  |  |  |

**MAJOR RESEARCH INTERESTS**

|  |
| --- |
|  |

**RESEARCH SUPPORT**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| *Dates* | *Grant Title* | *PI Name* | *Funding Source* | *Grant Number* | *Amount* | *Role* |
|  |  |  |  |  |  |  |

**EDITORIAL BOARDS**

|  |  |  |
| --- | --- | --- |
| *Dates* | *Role* | *Board/Publication Name* |
|  |  |  |

**AD HOC JOURNAL REVIEWER**

|  |
| --- |
| *Publication Name* |
|  |

**PATENTS**

|  |  |  |
| --- | --- | --- |
| *Year Awarded* | *Patent Number* | *Description* |
|  |  |  |

**BIBLIOGRAPHY**

|  |
| --- |
| *a) Refereed Publications:* |
|  |
| *b) Books Authored/Books Edited:* |
|  |
| *c) Book Chapters/Invited Reviews:* |
|  |
| *d) Monographs, Proceedings, and White Papers:* |
|  |
| *e) Editorials:* |
|  |
| *f) Letters to the Editor:* |
|  |
| *g) Case Reports:* |
|  |
| *h) Theses/Dissertation:* |
|  |
| *i) Published Abstracts:* |
|  |
| *j) Non-print Scholarship:* |
|  |