

## **CV CREATION INSTRUCTIONS**

- *DO NOT include any personal information in your CV (e.g. home address, DOB, SSN, etc.)*
- *DO NOT modify CV first page heading or any subheadings*
- *The SECTIONS of your CV should follow this specific order*
- *Add lines within sections as necessary, but keep the formatting*
- *If sections are not applicable, they should be omitted*
- *List all information in chronological order within each section*
- *Use subheadings wherever necessary to make key information easier to identify*
- *DO NOT change the margins, typeface, style, or font size*
- *Update and keep page header with Full Name on every page*
- *Keep page footer with Page # of # on every page*
- *Keep all dates aligned on the left margin and all text aligned – no gaps of space*

## **Common CV Mistakes**

- *Omitting information (dates, teaching details, grant details, pending grants, service details)*
- *Not putting items in chronological order*
- *Not separating information into subheadings*
- *Including license numbers (these are confidential and should NOT be included)*
- *Not indicating ‘active’ or ‘inactive’ for licenses*
- *Pagination errors*
- *Not underlining or putting name in bold in publications*
- *Including ‘submitted’ or ‘in preparation’ publications (‘In Press’ can be included)*
- *Not proof-reading to catch these and other mistakes*

## Curriculum Vitae

Full Name, Degree (MD, DO)  
 <enter Rank/Position>, Department of <enter dept>  
 St. Luke's University Health Network

**DATE:** <enter Month Day, Year>

### **CONTACT INFORMATION**

Business Address  
 Business Phone Number  
 Business Fax Number  
 Business Email  
 Foreign Languages (native, fluent, proficient, or working knowledge)

### **EDUCATION**

Year – Year	XXXXX College/University B.A., Major (any honors, cum laude, etc)	City, State
Year – Year	XXXXX Medical School M.D. Doctor of Medicine	City, State
Year – Year	XXXXX Graduate School Graduate Degree	City, State

### **POSTDOCTORAL TRAINING**

Year – Year	Intern, Department of Medicine Training Hospital, City, State
Year – Year	Resident, Department of Medicine Training Hospital, City, State
Year – Year	Chief Resident, Department of Medicine Training Hospital, City, State
Year – Year	Fellow, Division of XXXXX Training Hospital, City, State Focus: XXXXX Mentors: XXXXXX, XXXXXX

### **CERTIFICATION**

Year	XXXXX Medicine, American Board of Internal Medicine
Year	Subspecialty Board

### **MILITARY SERVICE**

Year – Present or Year      Rank, Location of Service

### **EMPLOYMENT HISTORY**

Year – Present      Title  
St. Luke's University Health Network, Bethlehem, PA

Year – Year      Title  
Hospital Center Network, City, State, Country

### **ACADEMIC APPOINTMENTS**

Year – Present      Assistant Professor, Department of Medicine, Division of XXXX  
Lewis Katz School of Medicine at Temple University

Year – Year      Other Professor, Department of Medicine  
XXXX College of Medicine

### **OTHER APPOINTMENT/EMPLOYMENT**

Year – Present      President, Society

Year – Year      Vice Chairman, Department of Medicine

### **PROFESSIONAL MEMBERSHIPS**

Year – Present      Type of membership

Year – Year      Past membership(s) – add more lines as necessary

### **HONORS & AWARDS**

Year      Name of award, awarding institution

### **ADMINISTRATIVE SERVICE**

#### Institutional Service

Year      List all committees serviced or chaired

Year      Include other special assignments, etc...  
Include outcome of your efforts.

Year      List significant administrative roles.  
Include outcome of your efforts.

#### Local Service

Year – Present      Name of organization  
Clearly identify your role

Year – Year      Examples: member, editor, examiner, grant reviewer, journal,  
manuscript  
reviewer, convener, *italicize journal names*

**National Service**

Year – Present

Name of organization  
Clearly identify your roleYear – Year  
manuscriptExamples: member, editor, examiner, grant reviewer, journal,  
reviewer, convener, *italicize journal names***TEACHING SERVICE**

Month Year – Month Year

Organization, activity, level, role

Month Year – Month Year

Organization, activity, level, role

**RESEARCH**

Month Year – Month Year

Sponsor Protocol Number: Study Title. Role:

Month Year – Month Year

Sponsor Protocol Number: Study Title. Role:

**PUBLICATIONS**Peer-reviewed original publicationsOther peer-reviewed publicationsInvited publicationsBooks or Book Chapters**INVITED LECTURES/PRESENTATIONS**National PresentationsRegional PresentationsLocal Presentations**VOLUNTARY PRESENTATIONS**Poster Presentations**MEDIA RESOURCES EDUCATIONAL MATERIALS**

1. Curricular resource, Lewis Katz School of Medicine at Temple University, URL here, created xxxx
2. Fellowship resource, created xxxx for xxxx Fellows, URL here

**MEDIA APPEARANCES**

1. None/Optional