DUKE UNIVERSITY MEDICAL CENTER

CURRICULUM VITAE

for

Permanent Record

and the

Appointments and Promotions Committee

 Date Prepared:

 (Use continuation pages when necessary.)

 Name (complete with degrees): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Primary academic appointment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Primary academic department (not DUAP): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary appointment (if any) - (department): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_

 Present academic rank and title (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date and rank of first Duke Faculty appointment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Medical Licensure: North Carolina License # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of License (Month/Day/Year): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Specialty certification(s) and dates (Month/Day/Year): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Place (include city/state/country): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Citizen of : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Visa status (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Education: Institution Date (Year) Degree

 High School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 College \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Graduate or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Professional

 School

 Professional training and academic career (chronologically, beginning with first postgraduate position):

 Institution Position/Title Dates

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Publications: (Do not include submitted papers or papers in preparation:

List separately those papers in press.) PLEASE NUMBER ALL ENTRIES SEQUENTIALLY (1# OLDEST, Label with PUB Med ID)

Do not use et al. List all authors in the publication

Author name must be bolded,

Date of the journal is required.

1. Refereed journals: (Refereed journals are scientific publications that have active editorial boards

 and a system of critical review of all submissions for publication.)

* + 1. Named author
		2. Study Group publications ( Multicenter trials that you were PI but not author)
		3. Letters
		4. Editorials,
1. Books: (Indicate authors or editor.)
2. Chapters in books:
3. Selected abstracts
4. Non-refereed publications: (Non-refereed publications refer to those which do not routinely use

 a system of critical review prior to publication; such articles are often solicited by the publisher.)

1. Print
2. Digital
3. Published scientific reviews for mass distribution)
4. Position, and background papers
5. Non-authored publications: (Faculty member formally acknowledged in the publication for her/his contributions.)
6. Other

 Consultant appointments: (Include US government, state, private organizations, etc.)

 Scholarly societies (Alpha Omega Alpha, Sigma Xi, Phi Beta Kappa; etc.)

Professional awards and special recognitions:

Editorial Experience

* 1. Editorial Boards
	2. Ad Hoc scientific review journals

 Organizations and participation: (Offices held, committee assignments, etc.)

 External support - gifts, grants, and contracts:

 Approximate

 PI % Effort Purpose Amount Duration

1. Past:

1. Present:
2. Pending:

 Mentoring activities

1. Faculty
2. Fellows, doctoral, post docs
3. Resident
4. Medical students

Education / Teaching activities (Residents, Medical students, CME)

1. Teaching and supporting Learners See form)
2. Development of courses/educational programs
3. Development of assessment tools and methods
4. Education management/ Leadership

Invited Lectures and Presentations

1. Named Lectures
2. Visiting Professorships
3. International Meetings
4. National Scientific Meetings (invited)
5. Instructional Courses, workshops, symposiums (National)
6. Posters (National meeting
7. Regional presentations and posters

 Clinical activity - type of practice and estimate of time commitment:

 Participation in academic and administrative activities of the University and Medical Center

1. Administrative positions
2. Committees
3. Leadership positions

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 Date Signature of Chair

Personal Information

Faculty members’ preferred familiar name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_