

## **SAMPLE CV FORMAT (Recommend 2 to 3 pages)**

PHYSICIAN NAME (MD, DO)

Address

City, State ZIP CODE

Email:

Cell: Pager: Home: Work:

Objective

Describe the objective in your field of medicine. Short statement - only two or three sentences. Include the type of practice setting that would best fit your future career in medicine.

Education

(No gaps in dates - list all training/programs most recent, chronological order)

Fellowship:

Name of Program/School/University

City, State

Dates of Attendance (including anticipated completion date)

Residency:

Name of Program/School/University

City, State

Dates of Attendance (including anticipated completion date)

Medical School:

Name of Program/School/University

City, State

Dates of Attendance

Undergraduate:

Name of Program/School/University

City, State

Dates of Attendance

Professional Experience

Dates: (m-y/m-y)

Employer/School/Contract

City, State

\* Brief description of duties

\* Skills utilized

Professional Affiliations

\* American College of Physicians

\* American Medical Association

\* American Academy of Your Specialty

### Medical Licenses / Board Certification / Other Certifications

- \* List states where you have a medical license - indicate if active / inactive / unrestrictive
- \* Board Certification / Eligible by Name of Licensing Board and date certified. If Board Eligible, list dates you expect to take Boards
- \* Other Certifications (BLS/ACLS Certifications, etc.)

### Research / Publications

- \*
- \*
- \*

### Major Accomplishments / Honors / Awards

- \* i.e., Chief Resident / Training Program / Dates
- \* Outstanding Awards
- \* Special Recognition

### Community Service / Board Memberships

- \*
- \*

### Languages Spoken

- \*
- \*
- \*

### Hobbies / Interests

- \*
- \*
- \*

### Personal

- \* Opportunity to add any personal statement you would like to share.  
(Optional)

### References

- \* Available upon request