**[NAME]**

[ADDRESS]

[EMAIL]

[PHONE #]

EDUCATION

**University of Washington School of Medicine,** Seattle, WA

Doctor of Medicine, expected graduation [DATE]

[PATHWAY], expected completion [DATE]

**[UNDERGRADUATE],** [LOCATION]

[DEGREE], [FIELD], [DATE]

Honors: [HONORS]

**[OTHER STUDY INSTITUTION],** [LOCATION]
[PROGRAM], [LOCATION], [DATE]

ACADEMIC/RESEARCH EXPERIENCE

**[PROGRAM TYPE],** [PROGRAM TITLE], [PROGRAM OVERSIGHT], [LOCATION], [DATE RANGE]

-[DESCRIPTION]

**[PROGRAM TYPE],** [PROGRAM TITLE], [PROGRAM OVERSIGHT], [LOCATION], [DATE RANGE]

-[DESCRIPTION]

PUBLICATIONS AND PRESENTATIONS

**[AUTHORS]** “[TITLE],” Presented at the [MEETING NAME], [LOCATION], [DATE].

[AUTHORS]. [TITLE] [[MANUSCRIPT TYPE]]. [LOCATION PUBLISHED]; [DATE]; [LOCATION].

LEADERSHIP

**[GROUP]**, [DATE RANGE]

**[GROUP]**, [POSITION], [DATE RANGE]

PROFESSIONAL MEMBERSHIPS

**[ASSOCIATION]**, [MEMBER STATUS], [DATE RANGE]

VOLUNTEER ACTIVITIES

**[EVENT],** [LOCATION], [DATE RANGE]

**[EVENT SITE],** [INTEREST GROUP], [LOCATION], [DATE RANGE]

**[INSTITUTION],** [LOCATION], [DATE RANGE]

-[DESCRIPTION]

AWARDS

**[HONORS SOCIETY],** [DATE]

**[AWARD],** [DATE]

INTERESTS

[ACTIVITIES]

[SOCIAL]

[OTHER LANGUAGES SPOKEN]