**UNIVERSITY OF WASHINGTON - WWAMI**

**SCHOOL OF MEDICINE CURRICULUM VITAE** **Please list ‘None’ or ‘N/A’ if not applicable.**

**Personal Data**

1. Legal Name -
2. *Optional* - Place of Birth and Citizenship

**Education**

* **University of Undergraduate**
	+ Indicate field of study, places, and dates, including month and year.
* **University of Graduate Degree**
	+ Indicate field of study, places, and dates, including month and year.

**Postgraduate Training**

* Internship, residencies and/or fellowships – place(s) and date(s).

**Faculty Positions Held**

* Rank and Department - place(s) and date(s).

**Hospital Positions Held**

* Place(s) and date(s) - do not duplicate Faculty Positions above.

**Current Employment**

* Place(s) and date(s) - do not duplicate Faculty or Hospital Positions above.

**Honors**

* Phi Beta Kappa, Sigma Xi, AOA, Prizes, RCDAs, Young Investigator Awards, Teaching Awards , International and national recognition should be called out. Include date(s) of award(s).

**Board Certification**

* General Medical and/or Specialty Boards - indicate initial date received, recertification and/or expiration dates.

**Current License(s) to Practice**

* State(s) and dates - indicate date received, recertification and/or expiration dates.

**Professional Organizations**

* Include date(s) of membership and/or office(s) held.

**Teaching Responsibilities**

* Examples of Teaching responsibility - List your teaching commitment (i.e., specific courses or roles/responsibilities) that you currently participate in or anticipate taking part of for the UW School of Medicine and Department.
	+ *Optional:* List recent CME, trainees during last 5 years (if primary mentor).