

CV Template

Name

Home Address

Cell (###) ### – ####, E-mail: -----@knights.ucf.edu

EDUCATION

Medical School (Month and year entered - present)

- Doctor of Medicine, anticipated May Year

Graduate Institution – *if you attended one* (Month and year started - Month and year graduated)

- Degree, Major

Undergraduate Institution (Month and year started - Month and year graduated)

- Degree, Major and Minor (if you had one), Honors (if any)

HONORS AND AWARDS

Medical School

Award Name, Month and year

- Description of award

Award Name, Month and year

- Description of award

Undergraduate University

Award Name, Month and year

- Description of award

Award Name, Month and year

- Description of award

EXTRACURRICULAR/COMMUNITY SERVICE ACTIVITIES

Medical School

Group or Activity Name, Position (*Month and year started – month and year finished*)

- Description of activity
- Description of your involvement

Group or Activity Name, Position (*Month and year started – month and year finished*)

- Description of activity
- Description of your involvement

Undergraduate University (include only if medically-relevant or significant)

Group or Activity Name, Position (*Month and year started – month and year finished*)

- Description of activity
- Description of your involvement

Group or Activity Name, Position (*Month and year started – month and year finished*)

- Description of activity
- Description of your involvement

WORK EXPERIENCE (if any)

Name of Company or institution

Position title (Month Year – Month Year)

- Description of duties

TEACHING EXPERIENCE

Name of institution or company

Position title (Month Year – Month Year)

- Description of duties and subjects taught

RESEARCH EXPERIENCE (list from most recent to oldest)

Title of project

Your role (Month Year – Month Year)

- Description of the project at Institution in City, State. Advisor: Name, Degree
- Overview, in broad terms, of what project involved

Title of your project

Your role (Month Year – Month Year)

- Description of the project at Institution in City, State. Advisor: Name, Degree
- Overview, in broad terms, of what project involved

PRESENTATIONS & PUBLICATIONS

List Authors in proper order (last name, first initial, no degree) with **your name in bold**. Title of presentation. Type of (oral or poster) presentation, Institution or meeting where presented, City, State. Date of presentation.

List Authors in proper order (last name, first initial, no degree) with **your name in bold**. Title of manuscript. Journal abbreviation Year; Volume(Issue):pages.

PROFESSIONAL MEMBERSHIPS

Group Name, Year joined – present

Group Name, Year joined – present

Group Name, Year joined – present

Group Name, Year joined – present

SKILLS AND INTERESTS

- Fluency in any languages
- Interesting hobbies
- Anything else interesting that you do