# Faculty CV Guide for the ACGME PIF

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **First Name:** |  | | | | **MI:** |  | **Last Name:** | |  | |
| **Present Position:** | |  | | | | | | | | |
| **Primary Degree Awarded:** | | |  | | | | | **Year Completed:** | | YEAR REQUIRED |
| **Secondary Degree Awarded:** | | |  | | | | | **Year Completed:** | | YEAR REQUIRED |
| **Type of Medical School\* :** | | | |  | | | | | | |
| **Medical School Name:** | | | |  | | | | | | |

**\*Type of Medical School List: SCHOOL OTHER THAN MEDICAL SCHOOL, US LCME-ACCREDITED, INTERNATIONAL, CANADIAN, OSTEOPATHIC MEDICAL SCHOOL, US NON-ACCREDITED MEDICAL SCHOOL**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Graduate Medical Education (Limit to 5 Entries)** | | | | | | | | | |
| **Graduate Medical Education Program Name:** | |  | | | | | | | |
| **Specialty/Field** |  | | | **Beginning**  **Date :** | | MONTH/YEAR REQUIRED | **Ending Date:** | | MONTH/YEAR REQUIRED |
| **Certification and Re- Certification Information** | | | | | | | | | |
| **Specialty** | | | **Certification Year** | | **Certification Status\*** | | | **Re-Certification Year**  **(If Applicable)** | |
|  | | | YEAR REQUIRED | | RESPONSE REQUIRED | | | YEAR REQUIRED | |
|  | | |  | |  | | |  | |

**\*Select for each certification status: Re-Certified, Original Certification Currently Valid, Certification Lapsed, Time Unlimited Certificate /No Re-Certification**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Current Licensure Data** | | | | | | | |
| **State** | | | **Date of Expiration** | | | | |
|  | | | MONTH/YEAR REQUIRED | | | | |
| **Academic Appointments -** List the past ten years, beginning with your current position. | | | | | | | |
| **Start Date** | **End Date** | **Description of Position(s) [150 Character Limit]** | | | | | |
| MONTH/YEAR REQUIRED | MONTH/YEAR REQUIRED |  | | | | | |
| **Concise Summary of Role in Program (300 Character Limit):** | | | | | | | |
| **Current Professional Activities / Committees** (Limit varies by specialty +) | | | | | | | |
| **Description:** | | | | **Beginning Date:** | YEAR REQUIRED | **Ending Date:** | YEAR REQUIRED |
| **Selected Bibliography -** Most representative Peer Reviewed Publications / Journal Articles (Limit varies by specialty +): | | | | | | | |
| **Selected Review Articles, Chapters and/or Textbooks** (Limit varies by specialty +): | | | | | | | |
| **Participation in Local, Regional, and National Activities / Presentations** (Limit varies by specialty +): | | | | | | | |

**+** The Limit is stated within the section edit link of the CV interface. The CV interface is available within ADS under the menu Update Program Info by selecting the link Update Faculty/CV. Select the CV icon from the right of the Faculty Roster Table to open the interface. The standard limit is ten entries for the past five years.

**Note: This guide is to facilitate obtaining information from faculty. This form should not be used to complete the Faculty CV requirement for the PIF.**