



CURRICULUM VITAE

Name

*{Please delete the red font italicized "instructions" from the final versions.}
 {A short, one-page research interest narrative can be appended to the end of the CV.}*

{All data must be presented in chronological order, oldest first.}

{Please remove all areas that are blank or do not apply.}

{Do not insert tables or use N/A.}

{Font should be Times or Arial and at least 11 pt.}

Date:

School:

Department/Program:

Current Title:

Business Address:

Business Telephone:

Business email Address:

Initial Appointment at LSUHSC Date:

Current Academic Rank:

Date of Appointment to Current Rank:

Military Service:

Education: *(include dates of attendance and/or month and year that degree was granted, or training was completed.)*

Undergraduate

Graduate/medical

Internship

Residency

Post-doctoral fellowships

Clinical fellowships

Other (e.g., JD, MPH, MBA, MHA, career development courses)

Certification: *(if applicable, ECFMG, USMLE, clinical specialty boards, etc.)*

Licensure: *(if applicable)*

State, license number, effective dates

Academic, Professional, and Research Appointments: *(i.e., employment history, chronological - oldest first)*

Awards and Honors: *(Include year(s) award received, awarding organization, title of the award, sabbaticals, etc., do not include teaching awards in this section, see below.)*

Teaching Awards: *(Include year(s) award received, awarding organization, title of the award, do not duplicate awards in the above section.)*

TEACHING EXPERIENCE AND RESPONSIBILITIES *(MUST include an overall narrative or brief description of activities in each relevant subcategory.)*

Course/Clerkship/Residency or Fellowship/CME Directorships *(Include dates of each directorship. If you have held course or program directorships at other schools where you worked previously, organize this list chronologically and separate each school.)*

Curriculum Development/Implementation *(If you developed curriculum at other schools where you worked previously, organize this list chronologically and separate each school.)*

Creation of Enduring Teaching Materials *(e.g., electronic materials [e.g., videos, interactive computer cases, printed and online courses, interactive PowerPoints, etc.] that can be used by other institutions or are repeatedly used by students and residents on a recurrent basis. Do not include routine PowerPoints that you have listed elsewhere [i.e., under formal lectures given]. NOTE: if the materials have undergone external peer review before being used in a national repository [e.g., Aquifer cases, DxR cases, TBLs submitted to the TBL collaborative] they can be included under scholarship.)*

Formal Course Responsibilities *(Lecture, lab, small group, TBL, etc.; include teaching activities in all schools and all levels, undergraduate, graduate, resident, fellow, and post-doctoral instruction. Please quantify your role in teaching by noting the number of hours/year and number of years involved in aggregate. Organize chronologically by school if previously employed elsewhere.)*

Departmental/Interdisciplinary Teaching Conferences *(e.g., Morning Report, Grand Rounds, Tumor Board, Departmental Seminar Series, Chairman's, or Chief's Rounds, etc.)*

Undergraduate, Medical, or Graduate Student Research Projects: *(as research advisor, major professor, or thesis advisor; do not list all residents supervised during career. Include dates and organize chronologically by school if previously employed elsewhere.)*

Formal Mentoring and Advisor: *(Includes only formal mentoring and advising meaning it is "structured and required." Informal and other mentoring and advising activities can be added as an addendum.)*

Thesis, Clinical Doctoral Projects, and/or Dissertation Committees:

Post-Doctoral or Post-Residency Fellows Trained: *(Include dates and organize chronologically by school if previously employed elsewhere.)*

RESEARCH AND SCHOLARSHIP *(List all categories chronologically with oldest first.)*

Grants and Contracts: *(Include the following: 1. Grant title, funding agency and grant number (if appropriate), 2. Include total funding award for grants, for clinical trial only: if an ongoing then \$ amount of direct costs of award, 3. Note role on grant or clinical trial; e.g., PI, co-PI, consultant, 4. Include your percentage of effort.)*

Funded (Include the following: 1. Grant title, funding agency and grant number (if appropriate), 2. . Include total funding award for grants, for clinical trial only: if an ongoing then \$ amount of direct costs of award, 3. Note role on grant or clinical trial, e.g., PI, co-PI, consultant, 4. Include your percentage of effort.)

Pending funding (Include the following: 1. Grant title, funding agency and grant number (if appropriate), 2. . Include total funding award for grants, for clinical trial only: if an ongoing then \$ amount of direct costs of award, 3. Note role on grant or clinical trial, e.g., PI, co-PI, consultant, 4. Include your percentage of effort.)

Recent non-funded applications (Include the following [last 3 years]: 1. Grant title, funding agency and grant number (if appropriate), 2. Include total funding award for grants, for clinical trial only: if an ongoing then \$ amount of direct costs of award, 3. Note role on grant or clinical trial, e.g., PI, co-PI, consultant, 4. Include your percentage of effort.)

Major Area of Research Interest: (This should be one paragraph, additional information can be appended at the end of the CV.)

Journal Publications: (Must segregate refereed and non-refereed papers; bold your own name; chronological order; differentiate between published, accepted for publication, and submitted for publication. Note if you are corresponding author via asterisk; Do not include works in progress that have not yet been submitted for publication. **Impact factor:** [place impact factor at the end of journal citation])

Refereed (Bold face your own name.)

Published:

Accepted:

Submitted:

Non-refereed (Bold face your own name.)

Published:

Accepted:

Submitted:

H-Index/indices: (List 1-3 and the citation database(s) used, include date.)

Books:

Book Chapters: (Bold face your own name; chronological order, oldest first)

Scientific Presentations/Published Abstracts/Oral Sessions and Posters: (Bold face your own name; chronological order, oldest first, segregate into categories of local, national, international; do not include presentations made by other colleagues, only those done by you.)

Published Abstracts/Proceedings

Scientific Presentations

Oral Sessions

Poster

Invited Presentations: (Include keynote and seminars/plenary lectureships, refresher courses, date of presentation MM/YR, etc.)

Videos, Electronic Media, and Multimedia:

Grant Reviewer: *(External NIH study section, foundations, government, professional organizations, etc.)*

Inventions and Patents:

Editorial Posts and Activities:

Journal Editor or Associate Editor: *(Include journal title, years of service, and role.)*

Reviewer: *(Include years of service as a reviewer, journal titles.)*

SERVICE AND ADMINISTRATION

University/Institutional Service: *(Note leadership responsibilities and include years of service, e.g., 2013- present.)*

LSUHSC (campus) committees

School committees

Departmental committees

Hospital committees

Special assignments – ad hoc task forces/working groups, projects, etc.

State/Regional Service: *(This section is reserved for special service to professional societies.)*

Professional society committees

Meeting chair or organizer

Leadership role

National Service: *(This section is reserved for special service to professional societies.)*

Professional society committees

Meeting chair or organizer

Leadership role

International Service: *(This section is reserved for special service to professional societies.)*

Professional society committees

Meeting chair or organizer

Leadership role

Clinical Service: *(Provide a brief narrative description that portrays your role in the clinical enterprise of the department or school if desired.)*

In-patient service activities *(Quantify if possible; include number of weeks per year and average number of hours per day. Include duration, i.e., “2009 to present”)*

Clinic coverage *(Quantify if possible; include number of clinics per week and duration, faculty practice.)*

Call *(Quantify if possible.)*

Membership in Professional Organizations: *(Include year(s) of membership.)*

Regulatory Agency/Accrediting Body Service:

Other Professional Service: *(Other activities not covered above.)*

Administrative Responsibilities: *(Must include some narrative description of responsibilities; include years of service in the administrative role.)*

LSUHSC

School

Departmental

Hospital

Interdisciplinary/other program (center or program)

Community Service Activities: *(Community service that helps promote the mission of the school is most highly valued and includes all community service activities.)*

Continuing Education Courses Attended: