**Name X Name**

City, State, Zip

Phone

Email

Use a font that is easy to read (e.g. sans serif fonts such as Calibri – shown here – or Ariel, or if you’d prefer, Times New Roman) All dates should be in reverse order i.e. newest first and right justified – to do this a 2 column table was created and the lines were removed. Keep the format consistent e.g. 05/2020 versus May 2020

# EDUCATION - Note: do not include high school information. Don’t forget to add dual degrees.

|  |  |
| --- | --- |
| Boston University Chobanian & Avedisian School of Medicine  Doctor of Medicine | anticipated 05/20\*\* |

|  |  |
| --- | --- |
| Undergraduate Institution, City, State Abbrev  Degree e.g. Bachelor of Science, *summa cum laude,* Biology  Minor (if applicable)  GPA (optional) | 20\*\* – 20\*\* |

# HONORS and AWARDS - Note: Split undergrad and medical school. Include professional awards e.g. Best poster, Dean’s list, honor societies etc.

|  |  |
| --- | --- |
| *Medical School*  Gold Humanism Honor Society (if applicable)  Alpha Omega Alpha Honor Medical Society (if applicable)  Award, Sponsor  *Undergraduate*  Award, Sponsor | Year  Year  Year  Year |

# PROFESSIONAL ASSOCIATIONS

|  |  |
| --- | --- |
| American Medical Association | 00/20\*\* - present |

# LICENSURE

|  |  |
| --- | --- |
| Step 1 – Pass  Step 2CK – consider including score if you have it | 06/20\*\*  anticipated 07/20\*\* |

# RESEARCH EXPERIENCE – If Research is not a major area of focus for you, this section should be your most prominent scholarly activity. You may substitute a different heading depending on your experience e.g. PUBLIC HEALTH EXPERIENCE, GLOBAL HEALTH EXPERIENCE, ADVOCACY.

|  |  |
| --- | --- |
| Department, Institution, City, State  Advisor: First & Last Name, Degree(s), Title (e.g. Assistant Professor)  Include a brief description (bullets OK, 5 lines maximum) of your work and skills (presentations and publications will be in a different section) | 00/20\*\* - 00/20\*\* |

# PUBLICATIONS – This is for peer-reviewed published and accepted publications. Abstracts go in a separate section. Any non-peer reviewed publications e.g. proceedings at meetings, book chapters, editorials, letters to the editor, professional or educational material, clinical guidelines or reports, thesis, websites or other media, etc. should be listed with the activity from which they are derived.

# If you hold PATENTS include these in their own section below publications

|  |
| --- |
| Authors. (Year). Title. Journal. Volume: Pages e.g. 20-24. DOI (if possible).  Note: use the author order that was published in the journal. You can use an asterisk to indication joint authorships – **bold** or underline your own name e.g. Dent, A.\*, **Prefect, F.**\* and Beeblebrox, Z. (Year). Title. Journal. Volume: Pages. \*indicates that both authors contributed equally to the work.  If the publication is accepted but not out yet, add *in press* to the end of the citation.  ERAS also includes the following 3 options for manuscripts: Provisional acceptance, Submitted and In progress. If you have manuscripts that fit one of these descriptions, you can add them here but put the status in (**bold**) at the end. |

# PRESENTATIONS - Separate into subheadings or indicate (Talks), (Posters) or (Abstracts) after the citation

|  |
| --- |
| *Talks*  Authors (**bold** or underline your name) (Year) Title. Meeting, Location, State (**Podium presentation**)  *Poster presentations*  Authors (**bold** or underline your name) (Year) Title. Meeting, Location, State  *Abstracts*  Authors (**bold** or underline your name) (Year) Title. Meeting, Location, State |

**LEADERSHIP EXPERIENCE**

If you include something here, do not also include in any other section

|  |  |
| --- | --- |
| Role, Organization, Institution, City, State  Include a brief description (bullets OK) of your duties and activities | 00/20\*\* - present |

**VOLUNTEER EXPERIENCE**

|  |  |
| --- | --- |
| Role, Organization, Institution, City, State  Include a brief description (bullets OK) of your duties and activities. Include Student group memberships here. | 00/20\*\* - 00/20\*\* |

**TEACHING EXPERIENCE**

|  |  |
| --- | --- |
| Role, Organization, Institution, City, State  Include a brief description (bullets OK) of your teaching including e.g. goals, student population, subjects taught. | 00/20\*\* - 00/20\*\* |

**WORK EXPERIENCE**

|  |  |
| --- | --- |
| Job title or Role, Organization, Institution or Employer, City, State  Include a brief description (bullets OK) of your role including responsibilities and any major achievements | 00/20\*\* - 00/20\*\* |

# LANGUAGES

|  |
| --- |
| Language – fluent, proficient, conversational or beginner (spoken, written, reading, interpreting) |

**SKILLS AND SPECIAL INTERESTS (OPTIONAL)**

Consider including extracurricular course worksuch as the Healer’s Art, Spectrum of Physician Advocacy.

You can also put something fun here that reflects your personality