# Weill Cornell Medical College *Curriculum* *Vitae* Form (Required Format for FACULTY Academic Staff)

|  |  |
| --- | --- |
| Signature (required): |  |
| Version date: |  |

1. **GENERAL INFORMATION**

**Required Information:**

|  |  |
| --- | --- |
| Name: First, Middle, Last |  |
| Office address: |  |
| Office telephone: |  |
| Office fax: |  |
| Home address: |  |
| Home telephone: |  |
| Cell phone: |  |
| Beeper: |  |
| Work Email:  Personal Email: |  |
| Citizenship: |  |
| If not a U.S. Citizen, do you have: | Immigrant visa (green card) ?  Non-immigrant Visa?  Type: |

Optional Information (not required but helpful):

|  |  |
| --- | --- |
| Birth date: see preparation guide |  |
| Birth place: |  |
| Marital status: |  |
| Race/Ethnicity: please refer to preparation guide |  |

1. **EDUCATIONAL BACKGROUND**
2. Academic Degree(s): B.A. and higher; institution name and location; dates attended; date of award. Expand the table as needed.

|  |  |  |  |
| --- | --- | --- | --- |
| Degree  (abbreviation) | Institution Name and Location | Dates attended | Year Awarded |
|  |  |  |  |
|  |  |  |  |
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1. Post-doctoral training (include residency/fellowships): In chronological order beginning with post-doctoral training positions; include full titles, ranks and inclusive dates held. Expand the tables as needed.

|  |  |  |
| --- | --- | --- |
| Title | Institution name and location | Dates held |
|  |  |  |
|  |  |  |
|  |  |  |

1. Continuing Medical Education Courses/Certificates

|  |  |  |
| --- | --- | --- |
| Certificate or Course | Institution Name and Location | Dates attended |
|  |  |  |
|  |  |  |
|  |  |  |

1. Other Educational Experiences

|  |  |  |
| --- | --- | --- |
| Description | Institution Name and Location | Dates attended |
|  |  |  |
|  |  |  |
|  |  |  |

1. **LICENSURE, BOARD CERTIFICATION, MALPRACTICE**
2. Licensure: Every physician appointed to the Hospital staff, except interns, and aliens in the US via non-immigrant visas, must have a New York State license or a temporary certificate in lieu of the license.

|  |  |  |  |
| --- | --- | --- | --- |
| a. State | Number | Date of issue | Date of last registration |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
| b. If no license:   1. 1. Do you have a temporary certificate? | Yes/No/NA |
| 1. Have you passed the examination for foreign medical school graduates? | Yes/No/NA |

|  |  |
| --- | --- |
| c. DEA number (optional): |  |
| d. NPI number (optional): |  |

1. Board Certification:

|  |  |  |
| --- | --- | --- |
| Full Name of Board | Certificate # | Dates of Certification (mm/dd/yyyy) –  Start and End Dates |
|  |  |  |
|  |  |  |
|  |  |  |

1. Malpractice Insurance:

|  |  |
| --- | --- |
| Do you have Malpractice Insurance? | Yes / No / Anticipated / N/A |
| Name of Provider: | |
| Premiums paid by (choose one):  Self  Group (name):  Institution (name): | |

1. **PROFESSIONAL POSITIONS AND EMPLOYMENT**
2. Academic positions (teaching and research):

|  |  |  |
| --- | --- | --- |
| Title | Institution name and location | Dates held |
|  |  |  |
|  |  |  |
|  |  |  |

1. Hospital positions (e.g., attending physician):

|  |  |  |
| --- | --- | --- |
| Title | Institution name and location | Dates held |
|  |  |  |
|  |  |  |
|  |  |  |

1. Other Employment:

|  |  |  |
| --- | --- | --- |
| Title | Institution name and location | Dates held |
|  |  |  |
|  |  |  |
|  |  |  |

1. **EMPLOYMENT STATUS (current or anticipated)**

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| --- |
| Name of Employer(s): |
| Employment Status (choose one, delete the others):  Full-time salaried by Weill Cornell  Full-time salaried by Cornell-affiliated hospital  Part-time salaried by Cornell  Part-time salaried by Cornell-affiliated hospital (show percentage of full time effort, e.g., 50%)  Voluntary (self-employed or member of a P.C.)  Other salaried  Other non-salaried  Sessional Weill Cornell |

1. **INSTITUTIONAL/HOSPITAL AFFILIATION**

|  |  |
| --- | --- |
| 1. Primary Hospital Affiliation: |  |
| 2. Other Hospital Affiliations: |  |
| 3. Other Institutional Affiliations: |  |

1. **PERCENT EFFORT AND INSTITUTIONAL RESPONSIBILITIES**

|  |  |  |
| --- | --- | --- |
| CURRENT % EFFORT | (%) | Does the activity involve WCM students/researchers? (Yes/No) |
| TEACHING |  |  |
| CLINICAL |  |  |
| ADMINISTRATIVE |  |  |
| RESEARCH |  |  |
| **TOTAL** | **100%** |  |

FOR NEW MEDICAL COLLEGE FACULTY: IT IS VERY HELPFUL TO HAVE THIS TABLE REPEATED, SO THAT THE COMMITTEE OF REVIEW CAN SEE THE EXPECTED RESPONSIBILITIES AND EFFORT AT WEILL CORNELL MEDICINE (WCM)

|  |  |  |
| --- | --- | --- |
| WCM ANTICIPATED % EFFORT | (%) | Does the activity involve WCM students/researchers? (Yes/No) |
| TEACHING |  |  |
| CLINICAL |  |  |
| ADMINISTRATIVE |  |  |
| RESEARCH |  |  |
| **TOTAL** | **100%** |  |

**INSTITUTIONAL RESPONSIBILITIES**

1. Teaching (e.g., specific teaching functions, courses taught, dates): For guidance refer to Teaching Metrics table ([http://weill.cornell.edu/handbook/ Appointment](http://weill.cornell.edu/handbook/%20Appointment) and Promotion of Faculty, page 2.84). You may report your teaching activities in the 4 areas of teaching shown below.

You may use instead the [Teaching Activities Report](#_Teaching_Activities_Report) template, or the [Educator Portfolio](#_Educator’s_Portfolio_Template) template if your area of excellence is in Educational Leadership (strongly encouraged). Then refer to your report here as an attachment (e.g., see attached), and attach it to the CV.

|  |  |
| --- | --- |
| **Didactic teaching**: (e.g., lectures, continuing medical education courses, grand rounds, professional development programs, seminars, tutorials) | |
|  | Dates |
| **Mentorship**: (e.g., mentor for medical student, graduate student, resident, clinical or postdoctoral research fellow or junior faculty projects; service as graduate student thesis advisor or committee member) | |
|  | Dates |
| **Clinical teaching**: (e.g., teaching in the clinic or hospital including bedside teaching, teaching in the operating room, preceptor in clinic) | |
|  | Dates |
| **Administrative teaching leadership role**: (e.g., residency or fellowship director,  course or seminar director or co-director) | |
|  | Dates |

1. Clinical care (duties, dates): To document your clinical activities you may use the table below.

You may use instead the [Clinical Portfolio template](#_Clinical_Portfolio_Template) when you have extensive clinical activities and accomplishments (strongly encouraged). Then refer to your report here as an attachment and attach it to the CV.

|  |  |
| --- | --- |
| Clinical Activities / Contributions | Dates |
|  |  |
|  |  |
|  |  |

1. Research (duties, dates): Describe your research interests, activities, and career trajectory using dates, in the table below. Prepare a [Statement of Key Contributions;](#_Statement_of_Key) refer to it here and attach it to the CV. You may annotate key grants and publications here also.

|  |  |
| --- | --- |
| Research Activity / Key Contributions | Dates |
|  |  |

1. Administrative Activities (duties, dates): Describe administrative activities in the table below. To document administrative activities more extensively use a supplemental statement, refer to it here and attach it to the CV.

|  |  |
| --- | --- |
| Administrative Activity | Date |
|  |  |

1. **RESEARCH SUPPORT**

**Past Research Support**: (Summarize)

|  |
| --- |
| 1. |
| 2. |
| 3. |

For **Current extramural and intramural research funding**, provide the following for each award:

1. Source, amount, and duration of support (dates)
2. Name of Principal Investigator
3. Individual's role in project, including percentage (%) effort

**Candidates are encouraged to annotate multi-investigator grants to clarify their role on the project (PI, Site PI, Project leader, Core director, etc.)**

**Current Research Support**: (duplicate table as needed)

|  |  |
| --- | --- |
| Source |  |
| Project Title |  |
| $ Amount |  |
| Duration (MM/YY) |  |
| Principal Investigator |  |
| Your Role in Project |  |
| % Effort |  |

1. **EXTRAMURAL PROFESSIONAL RESPONSIBILITIES**

i.e. - Journal Reviewer, Editorial Boards, Study Sections, Invited Presentations

|  |  |
| --- | --- |
| Activity / Responsibility | Dates |
|  |  |
|  |  |
|  |  |

1. **PROFESSIONAL MEMBERSHIPS**

Include medical and scientific societies.

|  |  |  |
| --- | --- | --- |
| Member/Officer/Fellow/Role | Organization | Dates |
|  |  |  |
|  |  |  |
|  |  |  |

1. **HONORS AND AWARDS**

|  |  |
| --- | --- |
| Name of award | Date awarded |
|  |  |
|  |  |
|  |  |

1. **BIBLIOGRAPHY**

Entries should follow standard journal format, listing all authors, complete titles and inclusive pagination. Please also provide a URL to each of your published works as found in a publicly available digital database such as PubMed or My Bibliography, which are maintained by the US National Library of Medicine.

Publications also may be annotated here (or in the Key Contributions Statement) to indicate the role of the candidate, where appropriate. This should be considered for co-first authorship, co-senior authorship, and in publications in which the candidate played an important role (leadership of a site, or methodology, etc.) that may not be apparent from the author order.

Number the entries and put your name in bold type. The listings must be organized in chronological order. Use the following categories:

1. Articles in professional peer-reviewed journals:
2. Reviews:
3. Books:
4. Chapters:
5. Case Reports: Optional, list 10 best or most recent
6. Other (media, DVD’s, etc.):
7. Abstracts: Optional, list 10-20 best or most recent only.
8. Presentations: Optional, **other than invited**. List 10-20 best or most recent only.
9. In review: manuscripts submitted or in preparation – list separately.