

**UNIVERSITY OF PUERTO RICO
MEDICAL SCIENCES CAMPUS
SCHOOL OF MEDICINE**

DEPARTMENT OF _____

Include
2 X 2
Photo
(OPTIONAL)

NOTE: TO BE SUBMITTED TYPEWRITTEN

CURRICULUM VITAE

NAME _____	SEX _____
DATE OF BIRTH _____	HOME ADDRESS _____
PLACE OF BIRTH _____	_____
MARITAL STATUS _____	_____
CHILDREN _____	TELEPHONE (HOME) _____
OFFICE ADDRESS _____	SOCIAL SECURITY NO. _____
_____	TELEPHONE (OFFICE) _____

EDUCATION AND DEGREES (CHRONOLOGICAL ORDER)

	<u>COLLEGE OR UNIVERSITY</u>	<u>DEGREE</u>	<u>YEAR OF GRADUATION</u>
1.			
2.			
3.			
4.			

	<u>MEDICAL SCHOOL (NAME OF INSTITUTION)</u>	<u>DEGREE</u>	<u>YEAR OF GRADUATION</u>
1.			
2.			

INTERNSHIP (Institutions and dates)

	<u>INSTITUTION</u>	<u>DATE</u>
1.		
2.		
3.		
4.		

RESIDENCY, FELLOWSHIP OR OTHER POSTGRADUATES TRAINING (Institutions and dates)

	<u>TYPE OF TRAINING</u>	<u>INSTITUTION</u>	<u>DATE</u>
1.			
2.			
3.			

LICENCES TO PRACTICE MEDICINE (Place, dates and numbers)

	<u>PLACE</u>	<u>LICENSE NUMBER</u>	<u>DATE</u>
1.			
2.			
3.			

MILITARY SERVICE (Type of experience and dates)

1.

SPECIALTY

1.

SUBSPECIALTY

1.

CERTIFICATION BY AMERICAN BOARD OF MEDICAL SPECIALTY (Include dates)

	<u>BOARD</u>	<u>DATE</u>
1.		
2.		
3.		

SPECIALTY COLLEGES (Includes dates of election or appointments)

	<u>COLLEGES</u>	<u>DATE OF ELECTION</u>
1.		
2.		
3.		

HOSPITAL AFFILIATION (Nature and dates)

	<u>HOSPITAL</u>	<u>DATE</u>
1.		
2.		
3.		

PROFESSIONAL EXPERIENCE

	<u>EMPLOYER</u>	<u>POSITION HELD</u>	<u>DATES</u>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

ACADEMIC APPOINTMENTS (Include all appointments ever held)

<u>RANKS</u>	<u>INSTITUTION</u>	<u>DATE</u>
1.		
2.		
3.		
4.		

OTHER APPOINTMENTS (Administrative, Consultative, Others)

<u>TITLE</u>	<u>DATE</u>
1.	
2.	
3.	

HONORS AND AWARDS

- 1.
- 2.
- 3.
- 4.

MEMBERSHIP IN MEDICAL, PROFESSIONAL OR SCIENTIFIC SOCIETIES (Positions held)

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

TEACHING EXPERIENCES (With interns, residents, medical students, graduates students, others)

- 1.
- 2.
- 3.

RESEARCH EXPERIENCE (Describe and include the title and year of investigation conducted)

- 1.
- 2.
- 3.

POSTGRADUATE OR GRADUATE COURSES, SEMINARS AND WORKSHOPS ATTENDED IN THE LAST FIVE YEARS (Title, place and dates)

	<u>TITLE</u>	<u>PLACE</u>	<u>DATE</u>
1.			
2.			
3.			
4.			

EXTRACURRICULAR ACTIVITIES (Community activities, special interests, talents, skills and hobbies)

- 1.
- 2.
- 3.
- 4.

PARTICIPATION IN SPECIAL COMMITTEES, BOARDS, ACADEMIC SENATE, ADVISORY COUNCIL IN THE LAST FIVE YEARS (Names and dates)

	<u>NAME</u>	<u>DATE</u>
1.		
2.		
3.		
4.		

PARTICIPATION IN NATIONAL OR INTERNATIONAL SCIENTIFIC MEETING OR SPECIAL LECTURES DURING THE LAST FIVE YEARS

<u>MEETING</u>	<u>TITLE</u>	<u>PLACE HELD</u>	<u>DATE</u>	<u>PRESENTER</u> <u>(YES / NO)</u>
1.				
2.				
3.				
4.				
5.				
6.				
7.				

LEARNING RESOURCES AUTHORED OR CO-AUTHORED (Video tapes, movies, self study units, othes)

	<u>TITLE</u>	<u>DATE</u>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		

THESIS AND SPECIAL REPORTS

	<u>TITLE</u>	<u>DATE</u>
1.		
2.		
3.		

BIBLIOGRAPHY (Please include all your publications specifying authors, titles, journal, volume, pages and year)

Example:

Moe, G.K., Abildskow, J.A., and Mendez, C. An Experimental Study of Conceales Conduction, Amer Heart J 67;338, 1974.

PLEASE LIST BOOKS FIRST, THEN FULL ARTICLES AND LAST, THE ABSTRACTS

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

PARTICIPATION IN PROJECTS, PROGRAMS, GRANTS, CONTRACTS (Title of Project, position held, dates, sources, and amount of funding if known)

LANGUAGES (Includes native language, other and level of command)

COMMAND OF LANGUAGES

Indicates level with numbers

	<u>SPEAKING</u>	<u>WRITING</u>	<u>COMPREHENSION</u>	
SPANISH				
ENGLISH				
OTHER				
OTHER				
OTHER				
	1. GOOD	2. FAIR	3. A LITTLE	4. NOT AT ALL

REFERENCES (List name and address of three persons who have knowlegde of your qualifications)

- 1.
- 2.
- 3.

DATE

SIGNATURE

DECLARATION

I hereby declare that the facts set forth on this Curriculum Vitae are true and complete to the best of my knowledge and by no means had been made an act of deceiving or misrepresenting.

You are hereby authorized to make any investigation of my personal history.

Signature

Date