

CURRICULUM VITAE – please add pages for any section if needed

Name (first, middle, last) _____ Date of preparation _____

1. Education

Undergraduate (MD or equivalent) Medical School /Degree obtained/year of graduation:

Residency program/University/year completed:

Other clinical training received (fellowships, other)/years:

Postgraduate research, education or other training received /ears:

Other diplomas, certifications, years achieved:

2. Qualifications

MCC or equivalent/year:

CSPO/other practice licences held currently, first years obtained:

RCPSC, CFPC or other (post MD) certifications/years achieved:

3. Clinical Practice appointments and experience: (List hospital, other clinical appointments, cross-appointments)

a. Current Appointment(s):

_____ Dates: _____ to _____

_____ Dates: _____ to _____

b. Previous Appointments:

_____ Dates: _____ to _____

_____ Dates: _____ to _____

_____ Dates: _____ to _____

_____ Dates: _____ to _____

4. Administrative positions, activities:

a. Current:

_____ Dates: _____ to _____

_____ Dates: _____ to _____

b. Previous:

_____ Dates: _____ to _____
_____ Dates: _____ to _____
_____ Dates: _____ to _____

5. Honours, Awards: title(s)/reason/ year:

6. Professional Affiliations, other Activities

Professional Associations/year started: _____

Other Professional Activities: _____

7. Other: Please describe any experiences, accomplishments, interests that may be relevant to your preceptor role:

