

Curriculum Vitae

Your Name, MD

(your titles)

Personal Information

Name: XXXX, MD

Work Address: XXXX Hospital
Department of Neurology
Street
City, State, ZIP
Phone: (111) 111-1111
Fax: (111) 111-1111

Home Address: Street
City, State, ZIP
Phone: (111) 111-1111

E-mail: (use university email, not awesomedude@yahoo.com)

Marital Status: (optional category)

Education

Fellowship: Clinical Neurophysiology 07/2012-06/2013
Department of Neurology
Hospital
City, State

Chief Resident: Department of Neurology 07/2011-06/2012
Hospital
City, State

Residency: Department of Neurology 07/2009-06/2012
Hospital
City, State

Internship: Department of Internal Medicine 07/2008-06/2009
Hospital
City, State

Medical School: University of xxx School of Medicine 08/2004-05/2008

	City, State Doctor of Medicine	08/2004-05/2006
Undergraduate:	University of Blah City, State B.A. in Biology	08/2000-05/2004

Employment History

Department of Neurology Hospital City, State	07/2008-Present
Moonlighting Hospital City, State	09/2012- Present
Research Assistant Department of Biochemistry University of Blah City, State	01/2002-05/2004

Licensure and Certification

American Board of Neurology and Psychiatry #xxxx	09/2012
State Medical License #	06/2008-Present
ACLS #xxx	06/2008-present

Hospital Privileges

XXXX Hospital City, State	07/2012-06/2013
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Professional Societies

American Academy of Neurology, Member	01/2009- Present
American Clinical Neurophysiology Society, Member	06/2012- Present

Honors/Awards

Resident Teaching Award	06/2010
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Department of Neurology
Hospital

Lectures

Juvenile Myoclonic Epilepsy
Neurophysiology Grand Rounds
Hospital
City, State

07/2010

Current Research

Can provide basic description of current research projects/interests.

Publications

Journals

Poster Presentations