**NAME** Address

 Email, Phone Number

EDUCATION

**University of Cincinnati, College of Medicine**, Cincinnati, OH

*Doctor of Medicine (M.D.),* Anticipated Graduation: (Month/Year)

**Undergraduate institution,** City, State Grad Month, Year

*Bachelor of Science in Biochemistry*

* Concentration (if any)
* Minor (if any)

Honors & Awards

Medical School Award, University of Cincinnati, College of Medicine

0/0000

* Awarded by X for Y (include a description if not obvious based on name of award)

Dean’s List (# of semesters), University Name

0/0000

Undergraduate Award, University Name

0/0000

* Awarded by X for Y

Certifications & Licensure

**Basic Life Support (BLS**); *American Heart Association* (provider) Expiration date - 0/0000

**Emergency Medical Technician (EMT) License,** *Ohio* Expiration date – 0/000

Grants & Fellowships

Name of Grant or Fellowship (e.g. summer research fellowship) 0/0000

* Awarded by X for Y (leave the description of the actual research for the “Research” section)

PROFESSIONAL DEVELOPMENT
Name of Grant or Fellowship (e.g. summer research fellowship) 01/0000

* Awarded by X or Y (leave the description of the actual research for the “Research section)

VOLUNTEER EXPERIENCE

**Position** 0/0000-Present

*Organization*/Location

* Your responsibilities/activities

**Position** 0/0000-0/0000

Organization/Location

* Your responsibilities/activities

 **Position, Office/Program** 0/0000-0/0000

Undergraduate Institution

* Brief description of your specific responsibilities, if not obvious based on role

Teaching & MENTORING

**Position**, Name of Institution/Organization 0/0000-0/0000

* Brief description of your specific responsibilities

CLINICAL WORK EXPERIENCE

**Job Title**, Organization, City, State 0/0000-0/0000

* Brief description of your specific responsibilities

additional work EXPERIENCE

**Job Title**, Organization, City, State 0/0000-Present

* Brief description of your specific responsibilities

**Job Title**, Organization, City, State 0/0000-0/0000

* Brief description of your specific responsibilities

Research Experience

**Position** 0/0000-0/0000

Institution/Department

Principal Investigator/Preceptor

* Title of Project(s)
* Brief description of your specific responsibilities

Publications & Presentations

**Publication**

(Formal citation, refer to the PowerPoint and Citation Guide)

**Poster or Oral Presentation**

(Formal citation, refer to the PowerPoint and Citation Guide)

PROFESSIONAL MEMBERSHIPS

Name of National Organization (spell-out, no acronyms) 0/0000-Present

Name of National Organization 0/0000-Present

LANGUAGES

EXTRACURRICULAR ACTIVITIES

Hobbies & Interests

* Hobby #1, Hobby #2, Hobby #3