**First Name Last Name**

Address

Cell Phone #

Email Address

**­­**

**EDUCATION**

|  |  |  |
| --- | --- | --- |
| Year – Year | M.D., expected June YEAR | The City University of New York (CUNY) School of Medicine, New York, NY |
| Year – Year | B.S., Biomedical Science | Sophie Davis Biomedical Education Program, The City College of New York, New York, NY   * GPA: \_\_; (Latin Honors if appropriate) * Dean’s List (years if appropriate) * Other Academic awards if appropriate |

**HONORS AND AWARDS**

|  |  |
| --- | --- |
| Month Year | Name of Award |
|  |  |

**RESEARCH EXPERIENCE**

|  |  |
| --- | --- |
| Month/Year – Month/Year | **Position** |
|  | Title |
|  | Location (e.g., CUNY School of Medicine) |
|  | Department |
|  | Preceptor: |
|  | Project Description |
| Month/Yr – Month/Yr | **Position** |
|  | Project Title |
|  | Location |
|  | Department |
|  | Preceptor: |
|  | Project Description |

**PUBLICATIONS/ABSTRACTS**

* Authors (Last name, First Initial such as Smith, J, Williams, A). Year. Title of paper. Journal Name volume: first page-last page

**PRESENTATIONS**

* Authors (Last name, First Initial such as Smith, J, Williams, A.) Title of the Poster. Name of the meeting. Date of presentation (Month, Year). Location (City, State).

**LEADERSHIP**

|  |  |
| --- | --- |
| Year – Year | Title: Description |
| Year – Year | Title: Description |
| Year – Year | Title: Description |

**CLINICAL EXPERIENCE/INTERNSHIPS**

|  |  |
| --- | --- |
| Month/Yr – Month/Yr | Location:  Description |
| Month/Yr – Month/Yr | Location:  Description |
| Month/Yr – Month/Yr | Location:  Description |

**COMMUNITY SERVICE/VOLUNTEER WORK**

|  |  |
| --- | --- |
| Year - Year | **Title:**  **Location:**  **Description:** |
| Year – Year | **Title:**  **Location:**  **Description:** |

**ORGANIZATIONS/PROFESSIONAL MEMBERSHIPS**

|  |  |
| --- | --- |
| Year – Year | Name of Organization |
| Year – Year | Name of Organization |
|  |  |

**WORK EXPERIENCE**

|  |  |
| --- | --- |
| Month/Yr – Month/Yr | **Position Title**  **School/Company**  **Address** |
| Month/Yr – Month/Yr | **Key Responsibilities** |
|  |  |
|  |  |

**LANGUAGES AND SKILLS**

**CERTIFICATIONS**

* Title of certification, Date