**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