**Faculty Curriculum Vitae TEMPLATE**

**Program:** Enter name of program

**Complete** ARC-PA Faculty Curriculum Vitae TEMPLATE for the program director, *medical director* and *principal faculty*.

CV’s to be available on site for *instructional faculty* should use the institution’s academic format.

**Date Form Completed:** Click here to enter a date

|  |  |  |
| --- | --- | --- |
| Last Name: Last name | MI: MI | First Name: First name |
| **Academic Credentials:** Credentials |
| **\*Position in Program:** Position | % FTE: % FTE |

**Contact Information**

|  |
| --- |
| **Complete Program Office Mailing Address** |
| Program name |
| Institution |
| Address 1 |
| Address 2 |
| City, State, Zip |
| **Daytime phone:** xxx-xxx-xxxx  |
| **Email at program:** Email address  |

**Education** Include baccalaureate, professional education (to include PA), and graduate academic education. Please list from most recent to earliest.

| **Institution** | **Course of Study** | **Credential/Degree Earned** | **Year Awarded** |
| --- | --- | --- | --- |
| Institution | Course of study | Credential earned | Year |
| Institution | Course of study | Credential earned | Year |
| Institution | Course of study | Credential earned | Year |
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| Institution | Course of study | Credential earned | Year |
| Institution | Course of study | Credential earned | Year |

**Graduate Medical Education / Postgraduate Clinical PA Program Education** (include all physician or physician assistant residencies and fellowships) Please list from most recent to earliest.

| **Institution** | **Specialty** | **Credential/Degree Earned** | **Year Awarded** |
| --- | --- | --- | --- |
| Institution | Specialty | Credential earned | Year |
| Institution | Specialty | Credential earned | Year |
| Institution | Specialty | Credential earned | Year |
| Institution | Specialty | Credential earned | Year |
| Institution | Specialty | Credential earned | Year |
| Institution | Specialty | Credential earned | Year |
| Institution | Specialty | Credential earned | Year |
| Institution | Specialty | Credential earned | Year |

| **Academic Appointments -** List the past five positions, **beginning with your current position**.  |
| --- |
| **Start Date** | **End Date** | **Institution Name and Description of Position(s)** |
| xx/xx/xxxx | xx/xx/xxxx | Institution Name and Description |
| xx/xx/xxxx | xx/xx/xxxx | Institution Name and Description |
| xx/xx/xxxx | xx/xx/xxxx | Institution Name and Description |
| xx/xx/xxxx | xx/xx/xxxx | Institution Name and Description |
| xx/xx/xxxx | xx/xx/xxxx | Institution Name and Description |
| xx/xx/xxxx | xx/xx/xxxx | Institution Name and Description |

| **Non-Academic Positions -** List the past five positions beginning with your current position |
| --- |
| **Start Date** | **End Date** | **Institution Name and Description of Position(s)** |
| xx/xx/xxxx | xx/xx/xxxx | Institution Name and Description |
| xx/xx/xxxx | xx/xx/xxxx | Institution Name and Description |
| xx/xx/xxxx | xx/xx/xxxx | Institution Name and Description |
| xx/xx/xxxx | xx/xx/xxxx | Institution Name and Description |
| xx/xx/xxxx | xx/xx/xxxx | Institution Name and Description |
| xx/xx/xxxx | xx/xx/xxxx | Institution Name and Description |

| **Certifying Body** (abbreviation acceptable) | **Initial Certification Year** | **Next Re-Certification Year** |
| --- | --- | --- |
| Certifying body | Year | Year |
| Certifying body | Year | Year |
| Certifying body | Year | Year |
| Certifying body | Year | Year |
| Certifying body | Year | Year |

| **Licensure Information** |
| --- |
| **Title** | **State** | **Date of Expiration** |
| Title | State | xx/xx/xxxx |
| Title | State | xx/xx/xxxx |
| Title | State | xx/xx/xxxx |
| Title | State | xx/xx/xxxx |
| Title | State | xx/xx/xxxx |

Other: Click here to enter text