

Medical University of South Carolina
College of Medicine
ABBREVIATED CURRICULUM VITAE

Date: _____

Name: _____
Last First Middle

Citizenship and/or Visa Status: _____

Office Address: _____ Telephone: _____

Education: (*Baccalaureate and above*)

<u>Institution</u>	<u>Years attended</u>	<u>Degree/Date</u>	<u>Field of Study</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Graduate Medical Training: (*Chronological*)

<u>Place</u>	<u>Dates</u>
Internship _____	_____
_____	_____

<u>Place</u>	<u>Dates</u>
Residencies or Postdoctoral: _____	_____
_____	_____
_____	_____
_____	_____

Board Certification: _____ Date: _____
_____ Date: _____
_____ Date: _____

Licensure: _____ Date: _____
_____ Date: _____
_____ Date: _____

Faculty appointments: (*Begin with initial appointment*)

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

First Appointment to MUSC: Rank _____ Date: _____