

CURRICULUM VITAE SAMPLE

NAME AND CONTACT INFORMATION

*Include updated contact information and an e-mail address.
If applicable, please include information regarding nationality/visa status.*

EDUCATION

*Undergraduate
Graduate/Medical School
USMLE scores
Internship
Radiology Residency*

If applicable, please include information regarding ECFMG status.

AWARDS/HONORS/PROFESSIONAL MEMBERSHIPS

In chronological order. If none, use NA.

RESEARCH EXPERIENCE

In chronological order. If none, use NA.

ABSTRACTS

In chronological order. If none, use NA.

PUBLICATIONS

In chronological order. If none, use NA.

HOBBIES, LANGUAGES AND OTHER INTERESTS

ADDITIONAL INFORMATION

The above template may not be appropriate for some specific achievements/activities you would like to mention. If you wish, place this information here.

RESIDENCY DIRECTOR

Please include your residency director's name and telephone number.