**Curriculum Vitae**

**[Title] [Given Name] [Family Name]**

**[Professional Title]**

Note: Record level details are generally denoted only once for each section. If there are multiple subsections, please use the same format unless noted otherwise.

**A. Date Curriculum Vitae is Prepared: [Year Month Day]**

**B. Biographical Information**

Primary Office [Institution]  [Street Address]  [City], [Province], [County]  [Postal Code] Telephone [Telephone Number] Cellphone [Cell Phone Number] Fax [Fax Number] Email [Email Address]

**1. EDUCATION**

**Degrees**

[Presented in reverse chronological order]

[Start – End Dates] [Degree], [Subject/Discipline], [Department], [Institution/Organization], [City], [Province/State], [Country], Supervisor(s): [Supervisor(s)]

**Postgraduate, Research and Specialty Training**

[Presented in reverse chronological order]

[Start – End Dates] [Title/Position], [Subject/Discipline], [Department/Program], [Institution/Organization], [City], [Province/State], [Country], Supervisor(s): [Supervisor(s)]

**Qualifications, Certifications and Licenses**

[Presented in reverse chronological order]

[Start – End Dates] [Title], [Specialty], [Institution/Organization], [City], [Province/State], [Country], License / Membership #: [License/ Membership Number]

**2. EMPLOYMENT**

**Current Appointments**

[Presented in reverse chronological order]

[Start – End Dates] [Title/Position], [Division], [Department,] [Faculty/ School], [Institution/Organization], [City], [Province], [Country].

*Description.*

**Previous Appointments**

CLINICAL

[Presented in reverse chronological order]

[Start – End Dates] [Title/Position], [Division], [Department,] [Faculty/ School], [Institution/Organization], [City], [Province], [Country].

*Description.*

CONSULTING

HOSPITAL

RESEARCH

UNIVERSITY

UNIVERSITY – CROSS APPOINTMENT

UNIVERSITY – RANK

WORK INTERRUPTIONS

[OTHER POSITION TYPE]

**3. HONOURS AND CAREER AWARDS**

**Distinctions and Research Awards**

INTERNATIONAL

Received

[Presented in reverse chronological order]

[Start – End Dates] **[Name of Award]**, [Role], [Institution/Organization], [City], [Province/ State], [Country]. ([Award Type , Specialty: [Specialty])

*Description. Total Amount: [Total Amount] [Currency]*

Nominated

[Presented in reverse chronological order]

[Start – End Dates] **[Name of Award]**, [Role], [Institution/ Organization], [City], [Province/ State], [Country]. ([Award Type], (i.e., Credential, Distinction, or Research Award), Specialty: [Specialty])

*Description. Total Amount: [Total Amount] [Currency]*

NATIONAL

Received

Nominated

PROVINCIAL/ REGIONAL

Received

Nominated

LOCAL

Received

Nominated

**Teaching Awards**

INTERNATIONAL

Received

[Presented in reverse chronological order]

[Start – End Dates] **[Name of Award]**, [Role], [Division], [University Department], [Faculty], [Institution/Organization], [City], [Province/ State], [Country]. (Primary Audience, Year/Stage, Specialty: [Specialty])

*Description. Total Amount: [Total Amount] [Currency]*

 Nominated

[Presented in reverse chronological order]

[Start – End Dates] **[Name of Award]**, [Role], [Division], [University Department], [Faculty], [Institution/ Organization], [City], [Province/ State], [Country]. (Primary Audience, Year/Stage, Specialty: [Specialty])

*Description. Total Amount: [Total Amount] [Currency]*

NATIONAL

Received

Nominated

PROVINCIAL/ REGIONAL

Received

Nominated

LOCAL

Received

Nominated

**Student/Trainee Awards**

INTERNATIONAL

Received

[Presented in reverse chronological order]

[Start – End Dates] **[Name of Award]**, [Specialty], [Role], Awardee Name: [Student Name]. [Institution/ Organization], [City], [Province/ State], [Country].

*Description. Total Amount: [Total Amount] [Currency]*

 Nominated

[Presented in reverse chronological order]

[Start – End Dates] **[Name of Award]**, [Specialty], [Role], Awardee Name: [Student Name]. [Institution/ Organization], [City], [Province/ State], [Country].

*Description. Total Amount: [Total Amount] [Currency]*

NATIONAL

Received

Nominated

PROVINCIAL/ REGIONAL

Received

Nominated

LOCAL

Received

Nominated

**4. PROFESSIONAL AFFILIATIONS AND ACTIVITIES**

**Professional Associations**

[Presented in reverse chronological order]

[Start – End Dates] **[Role]**, [Association Name], [Membership Number]

**Administrative Activities**

INTERNATIONAL

[Institution/Organization name]

[Presented in reverse chronological order under individual institutions/organizations]

[Start – End Dates] **[Role]**, [Committee Name], [Faculty], [University Department], [Division], [Primary Audience], [City], [Province], [Canada].

*Description.*

NATIONAL

PROVINCIAL / REGIONAL

LOCAL

**Peer Review Activities**

ASSOCIATE OR SECTION EDITING

[Presented in reverse chronological order]

[Role]

[Start – End Dates] [Institution/Organization], [Journal/Section], Number of Reviews: [Number of Reviews]

EDITORIAL BOARDS

GRANT REVIEWS

MANUSCRIPT REVIEWS

PRESENTATION REVIEWS

[OTHER ACTIVITY TYPE]

**Other Research and Professional Activities**

RESEARCH PROJECT

[Presented in reverse chronological order]

[Start – End Dates] **[Role]**. [Title]. [Institution/ Organization], [City], [Province], [Country]. Supervisor(s): [Supervisor(s) Name]. Collaborators: [Collaborators Name]

[*Description*].

thesis project

[OTHER ACTIVITY TYPE]

**C. Academic Profile**

**1. RESEARCH STATEMENTS**

[Presented in reverse chronological order]

[Start – End Dates] [Title/Subject].

[Description].

[Impact].

**2. TEACHING PHILOSOPHY**

[Free text field]

**3. CREATIVE PROFESSIONAL ACTIVITIES STATEMENT**

[Introduction of CPA (free text field)]

**D. Research Funding**

**1. Grants, Contracts and Clinical Trials**

**PEER-REVIEWED GRANTS**

FUNDED

[Presented in reverse chronological order]

[Start – End Dates] **[Role]**. [Name of Grant]. [Funding Source]. [Funding Program Name]. [Grant/Account Number]. Principal Investigator: [Last Name, First Name(s)]. Collaborators: [Name(s)]. [Amount] [Currency]. [[Funding Type]] *Description*.

AWARDED BUT DECLINED

[Presented in reverse chronological order]

[Start – End Dates] **[Role]**. [Name of Grant]. [Funding Source]. [Funding Program Name]. [Grant/Account Number]. Principal Investigator: [Last Name, First Name(s)]. Collaborators: [Name(s)]. [Amount] [Currency]. [[Funding Type]] *Description*.

**NON-PEER-REVIEWED GRANTS**

[Presented in reverse chronological order]

FUNDED

AWARDED BUT DECLINED

**2. SALARY SUPPORT AND OTHER FUNDING**

**Personal Salary Support**[Presented in reverse chronological order]

[Start – End Dates] [Funding Title]. [Funding Source]. [Amount] [Currency]. [City], [Province], [Country]. (Specialty: [Specialty]).

**Trainee Salary Support**

[Start – End Dates] [Funding Title]. Trainee Name: [Trainee Name]. [Funding Source]. [Amount] [Currency]. [City], [Province], [Country]. (Specialty: [Specialty]).

**Other Funding**

**E. Publications**

**1. MOST SIGNIFICANT PUBLICATIONS**

[Presented in reverse chronological order]

1. [Author(s) - ***CV holder’s name bolded***]. [Article Title]. [Journal Name]. [Year] [Month] [Day];[Volume]([Issue]):[Page Range]. [Rest of Citation]. Available from: [URL]. [Status - *only if “In Press”*]. Impact Factor [Impact Factor] (Trainee publication, [Trainee Details] - *only if it is a trainee publication*). **[Role]**.

*Most significant publication details*.

**2. PEER-REVIEWED PUBLICATIONS**

**Journal Articles**

[Presented in reverse chronological order]

1. [Author(s) - ***CV holder’s name bolded***]. [Article Title]. [Journal Name]. [Year] [Month] [Day];[Volume]([Issue]):[Page Range]. [Rest of Citation]. Available from: [URL]. [Status - *only if “In Press”*]. Impact Factor [Impact Factor] (Trainee publication, [Trainee Details] - *only if it is a trainee publication*). **[Role]**.

**Case Reports**

1. [Author(s) - ***CV holder’s name bolded***]. [Report Title]. [Edition]. [City] (Canada): [Publisher]; [Year] [Month] [Day]. [# of pages] p. [Report #]. [Rest of Citation]. Available from: [URL]. [Status - *only if “In Press”*]. Impact Factor [Impact Factor] (Trainee publication, [Trainee Details] - *only if it is a trainee publication*). **[Role]**.

**Books**

1. [Author(s) - ***CV holder’s name bolded***]. [Book Title]. [Edition]. [Editors], editor(s). [Volume]. [City] ([(Country)]): [Publisher]; [Year]. [# of pages] p. [Rest of Citation]. Available from: [URL]. [Status - *only if “In Press”*]. Impact Factor [Impact Factor] (Trainee publication, [Trainee Details] - *only if it is a trainee publication*). **[Role]**.

**Books Edited**

[Same citation format as “Books”]

**Book Chapters**

1. [Author(s) - ***CV holder’s name bolded***]. [Chapter Title]. In: [Editors], editor(s). [Book Title]. [Edition]. [Volume]. [City] [(Country)]: [Publisher]; [Year]. p. [Page Range]. [Rest of Citation]. Available from: [URL]. [Status - *only if “In Press”*]. Impact Factor [Impact Factor] (Trainee publication, [Trainee Details] - *only if it is a trainee publication*). **[Role]**.

**Manuals**

1. [Author(s) - ***CV holder’s name bolded***]. [Manual Title]. In: [Editors], editor(s). [Name of Journal, Book, etc. where it was published]. [Edition]. [Volume]. [City] [(Country)]: [Publisher]; [Year]. [# of pages] p. [Rest of Citation]. Available from: [URL]. Impact Factor [Impact Factor] (Trainee publication, [Trainee Details] - *only if it is a trainee publication*). **[Role]**.

**Editorials**

[Same citation format as “Journal Articles”]

**Commentaries**

[Same citation format as “Journal Articles”]

**Letters to Editor**

[Same citation format as “Journal Articles”]

**Monographs**

1. [Author(s) - ***CV holder’s name bolded***]. [Title]. [Journal Name]. [Year] [Month] [Day]. [Rest of Citation]. (Trainee publication, [Trainee Details] - *only if it is a trainee publication*). **[Role]**.

**Multimedia**

[Same citation format as “Monographs”]

**In Preparation**

1. [Author(s) - ***CV holder’s name bolded***]. [Paper Title]. [Editors], editor(s). [Year]. [#of pages] p. [Rest of Citation]. Available from: [URL]. (Trainee publication, [Trainee Details] - *only if it is a trainee publication*). **[Role]**.

**Clinical Care Guidelines**

1. [Contributors - ***CV holder’s name bolded***]. [Title]. [City] (Canada): [Publisher]; [Year] [Month]. [Rest of Citation]. Available from: [URL]. Impact Factor [Impact Factor] (Trainee publication, [Trainee Details] - *only if it is a trainee publication*). **[Role]**.

**Journal Issues**

1. [Author(s) - ***CV holder’s name bolded***]. [Issue Title]. [Journal Name]. [Year] [Month] [Day]; [Volume]([Issue]). [# of pages] p. [Rest of Citation]. Available from: [URL]. Impact Factor [Impact Factor] (Trainee publication, [Trainee Details] - *only if it is a trainee publication*). **[Role]**.

**Magazine Entries**

1. [Author(s) - ***CV holder’s name bolded***]. [Article Title]. [Magazine Name]. [Year] [Month] [Day]; [Volume]([Issue]):[Page Range]. [Rest of Citation]. Available from: [URL]. Impact Factor [Impact Factor] (Trainee publication, [Trainee Details] - *only if it is a trainee publication*). **[Role]**.

**Newspaper Articles**

1. [Author(s) - ***CV holder’s name bolded***]. [Article Title]. [Newspaper name] ([Edition]). [Year] [Month] [Day]; [Section]:[Page Range]. [Rest of Citation]. Available from: [URL]. Impact Factor [Impact Factor] (Trainee publication, [Trainee Details] - *only if it is a trainee publication*). **[Role]**.

**Online Resources**

1. [Author(s) - ***CV holder’s name bolded***]. [Title]. [Editors], editor(s). [City] [(Country)]: [Publisher]; [Year] [Month] [Day]. [Rest of Citation]. Available from: [URL]. Impact Factor [Impact Factor] (Trainee publication, [Trainee Details] - *only if it is a trainee publication*). **[Role]**.

**Other Publications**

[Same citation format as “Monographs”]

**3. NON-PEER-REVIEWED PUBLICATIONS**

[Same citation format as Peer-Reviewed Publications]

**Journal Articles**

**Case Reports**

**Books**

**Books Edited**

**Book Chapters**

**Manuals**

**Editorials**

**Commentaries**

**Letters to Editor**

**Monographs**

**Multimedia**

**In Preparation**

**Clinical Care Guidelines**

**Journal Issues**

**Magazine Entries**

**Newspaper Articles**

**Online Resources**

**Other Publications**

**4. SUBMITTED PUBLICATIONS**

[Same citation format as Peer-Reviewed Publications]

**Journal Articles**

**Case Reports**

**Books**

**Books Edited**

**Book Chapters**

**Manuals**

**Editorials**

**Commentaries**

**Letters to Editor**

**Monographs**

**Multimedia**

**Clinical Care Guidelines**

**Journal Issues**

**Magazine Entries**

**Other Publications**

**F. Intellectual Property**

**1. Patents**

[Presented in reverse chronological order]

[Date of Issue] **[Title]**. [Status], Filing Date: [Year] [Month]. Patent #: [Patent #], [State/Province], Canada. Joint Holder Name(s): [Joint Holder Names]. *[Brief Description]*.

**2. Copyrights**

[Date of Issue] **[Title]**. [Status - *Applied or Granted*], Filing Date: [Year] [Month]. Copyright #: [Copyright #], [State/Province], Canada. Joint Holder Name(s): [Joint Holder Names]. *[Brief Description]*.

**3. Licenses**

[Date of Issue] **[Title]**. [Status - *Applied or Granted*], Filing Date: [Year] [Month]. License #: [License #], [State/Province], Canada. Joint Holder Name(s): [Joint Holder Names]. *[Brief Description]*.

**4. Disclosures**

[Date of Issue] **[Title]**. [Status - *Applied or Granted*], Filing Date: [Year] [Month]. Disclosure #: [Disclosure #], [State/Province], Canada. Joint Holder Name(s): [Joint Holder Names]. *[Brief Description]*.

**5. Trademarks**

[Date of Issue] **[Title]**. [Status - *Applied or Granted*], Filing Date: [Year] [Month]. Trademark #: [Trademark #], [State/Province], Canada. Joint Holder Name(s): [Joint Holder Names]. *[Brief Description]*.

**6. Other**

[Date of Issue] **[Title]**. [Status - *Applied or Granted*], Filing Date: [Year] [Month]. #: [#], [State/Province], Canada. Joint Holder Name(s): [Joint Holder Names]. *[Brief Description]*.

**G. Presentations and Special Lectures**

**1. International**

**Invited Lectures and Presentations**

[Presented in reverse chronological order]

[Date] **[Presentation Role]**. [Title]. [Organizer]. [City], [State/Province], [Country]. Presenter(s): [Presenter(s)]. [Description/Contribution Value]. Available from: [URL]. (Trainee Presentation - *only if it is a trainee presentation*).

**Presented Abstracts**

[Same format as “Invited Lectures and Presentations”]

**Presented and Published Abstracts**

[Date] **[Presentation Role]**. [Title]. [Organizer]. [City], [State/Province], [Country]. Presenter(s): [Presenter(s)]. [Description/Contribution Value]. Available from: [URL]. (Trainee Presentation - *only if it is a trainee presentation*)  *Publication Details:* [Author(s)]. [Title]. [Journal Name]. [Year] [Month] [Day];[Volume]([Issue]):[Page Range]. [Rest of Citation]. **[Publication Role]**.

**Media Appearances**

[Date] **[Presentation Role]**. [Topic]. Interviewer: [Interviewer]. [Program], [Network]. [City], [State/Province], [Country]. Presenter(s): [Presenter(s)]. [Description/Contribution Value]. End date: [Year] [Month] [Day]. Available from: [URL]. (Trainee Presentation - *only if it is a trainee presentation*).

**Other Presentations**

[Same format as “Invited Lectures and Presentations”]

**2. National**

**Invited Lectures and Presentations**

**Presented Abstracts**

**Presented and Published Abstracts**

**Media Appearances**

**Other Presentations**

**3. Provincial/ Regional**

**Invited Lectures and Presentations**

**Presented Abstracts**

**Presented and Published Abstracts**

**Media Appearances**

**Other Presentations**

**4. Local**

**Invited Lectures and Presentations**

**Presented Abstracts**

**Presented and Published Abstracts**

**Media Appearances**

**Other Presentations**

**H. Teaching and Design**

*Please see the Teaching and Educational Report for full details.*

[Introduction to Teaching and Education Report]

**1. Innovations and Development in Teaching and Education**

[Presented in reverse chronological order]

[Start – End Dates] [Title], [Primary Audience], [Faculty], [University Department], [Division], [Institution/ Organization] *[Description]. [Impact].*

**I. Research Supervision**

**1. Primary or co-supervision**

**Multilevel Education**

[Presented in reverse chronological order]

[Start – End Dates] **[Role]**, [Year/Stage - *if applicable*]. [Supervisee Name], [Graduate Unit], [Collaborative Program]. Supervisee Position: [Supervisee Position], Supervisee Institution: [Supervisee Institution]. *[Research Project Title]*. *[Group Supervision – if applicable], [Non-thesis Project – if applicable]*. Awards: [Supervisee’s Awards Attained]. Supervisor(s): [Supervisor(s)]. Collaborator(s): [Collaborators]. Completed [year student completed degree - *if applicable*]

**Undergraduate Education**

**Graduate Education**

**Undergraduate MD**

**Postgraduate MD**

**Continuing Education**

**Faculty Development**

**Patient and Public Education**

**Postdoctoral Research Fellow (PhD)**

**Research Associate**

**Clinical Research Fellow (MD)**

**Other**

1. **OTHER SUPERVISION**

**Multilevel Education**

**Secondary Supervisor**

[Presented in reverse chronological order]

[Start – End Dates] **[Year/Stage]**. [Supervisee Name], [Graduate Unit], [Collaborative Program]. Supervisee Position: [Supervisee Position], Supervisee Institution: [Supervisee Institution]. *[Research Project Title]*. *[Group Supervision – if applicable], [Non-thesis Project – if applicable]*. Awards: [Supervisee’s Awards Attained]. Supervisor(s): [Supervisor(s)]. Collaborator(s): [Collaborators]. Completed [year student completed degree - *if applicable*]

**Thesis Committee Member**

**Thesis Examiner**

**Qualifying/Reclass Examiner**

**Other**

**Undergraduate Education**

**Graduate Education**

**Undergraduate MD**

**Postgraduate MD**

**Continuing Education**

**Faculty Development**

**Patient and Public Education**

**Postdoctoral Research Fellow (PhD)**

**Research Associate**

**Clinical Research Fellow (MD)**

**Other**

**J. Creative Professional Activities**

**1. Professional Innovation and Creative Excellence** [Presented in reverse chronological order]

[Start – End Dates] [Title],  [Description]  [Impact]

**2. Contributions to the Development of Professional Practices**

**3. Exemplary Professional Practice**