

**First Name Last Name**  
Address  
Cell Phone #  
CUNY School of Medicine 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)

### **HONORS AND AWARDS**

Month/Year	Name of Award
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### **RESEARCH EXPERIENCE**

Month/Yr – Month/Yr	<b>Position:</b> <b>Project Title:</b> <b>Institution:</b> <b>Department:</b> <b>Research Mentor:</b> <b>Project Description:</b>
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Month/Yr – Month/Yr	<b>Position:</b> <b>Project Title:</b> <b>Institution:</b> <b>Department:</b> <b>Research Mentor:</b> <b>Project Description:</b>
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### **PEER-REVIEWED MANUSCRIPTS**

1. Authors (Last name, First Initial, such as Smith, J, Williams, A). Title of paper. Date. Journal Name volume: first page – last page.

**[Example:** Marchell TC, Lewis DD, Croom K, Lesser ML, Murphy SH, Reyna VF, Frank J, Staiano-Coico L. The slope of change: an environmental management approach to reduce drinking on a day of celebration at a US college. J Am Coll Health. 2013;61(6):324-34. doi: 10.1080/07448481.2013.788008. PMID: 23930747; PMCID: PMC3744126.]

### **PRESENTATIONS & ABSTRACTS**

1. 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	<b>Title:</b> <b>Description:</b>
Year – Year	<b>Title:</b> <b>Description:</b>

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:**  
                                 **School/Company:**  
                                 **Key Responsibilities:**

Month/Yr – Month/Yr                   **Position:**  
                                 **School/Company:**  
                                 **Key Responsibilities:**

#### **LANGUAGES AND SKILLS**

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#### **CERTIFICATIONS**

• Title of certification, Date