

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	Position: Project Title: Institution: Department: Research Mentor: Project Description:
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Month/Yr – Month/Yr	Position: Project Title: Institution: Department: Research Mentor: Project Description:
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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	Title: Description:
Year – Year	Title: Description:

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