# [YOUR FULL NAME]

[City, Country] | Currently in [Country / City]
Phone / WhatsApp: [+00 000 000 0000] | Email: [yourname@email.com]
LinkedIn (optional): [linkedin.com/in/yourname]

## PROFESSIONAL SUMMARY

Recent medical graduate (Class of [Year]) with completed internship and hands-on clinical experience across [Internal Medicine and allied specialties] in a [high-volume tertiary care] setting. Skilled in patient evaluation, [basic procedures], and inpatient management under supervision. Currently preparing for [USMLE Step 2 CK] and seeking clinical exposure in the United States to further develop patient-centered care skills and transition into [Internal Medicine] residency training.

*Keep to 3–4 lines. Replace the specialty with the one you are targeting.*

## AVAILABILITY

[Currently in the United States / Available to travel], available preferably in [Month(s)].

## EDUCATION

**[Degree, e.g. Bachelor of Medicine, Bachelor of Surgery (MBBS)]**
[Medical School Name], [University], [Country]
Graduated: [Year]

## USMLE STEPS

- Step 1: [Passed / Not yet taken / Scheduled for Month Year]
- Step 2 CK: [Passed – Score: 000 / Scheduled for Month Year / In preparation (Expected: Month Year)]
- Step 3: [Passed / Not yet taken / Planned for Month Year]
- ECFMG Certification: [Certified / Pending]

*Only list what is true today. Programs verify exam status.*

## CLINICAL EXPERIENCE

**[House Officer (Intern) / Resident / Medical Officer]**
**[Hospital Name], [City, Country] | [Year or Month Year – Month Year]**
Completed a [one-year rotating internship] in a [tertiary care teaching hospital] with exposure to inpatient and outpatient management.

**[Internal Medicine] ([3] months)**

- Conducted comprehensive patient evaluations including history, physical examination, and preliminary management planning under supervision
- Managed inpatient cases and followed disease progression, laboratory results, and treatment response
- Assisted in emergency management of acute medical conditions

**[Pediatrics] ([3] months)**

- Evaluated pediatric patients in outpatient and inpatient settings
- Monitored growth parameters and assisted in management of common pediatric conditions

**[General Surgery] ([3] months)**

- Assisted in pre-operative and post-operative patient care
- Participated in minor procedures and wound management

**[Urology / Another Specialty] ([3] months)**

- Assisted in [catheterization, procedural care, and inpatient management]

**[Other Rotation] ([3] months)**

- [Describe what you did in one line, starting with an action verb]

*Add or remove rotations to match yours. Only list what you actually did, and say 'assisted' where you assisted.*

## CORE CLINICAL SKILLS

- History taking and physical examination
- [IV cannulation, venipuncture]
- [Foley catheterization, NG tube placement]
- [Wound suturing]
- [Assisted procedures: e.g. ascitic tap]
- [Emergency and trauma care support]

## CERTIFICATIONS

- [Continuing Medical Education (CME) Certificate]
- [Other course, e.g. BLS / ACLS / Simulation training]

## VOLUNTEER EXPERIENCE

**[Organization / Society Name] – [Hospital or Institution]**

- [e.g. Conducted patient education initiatives and participated in blood donation drives]

## CLINICAL INTERESTS

[Internal Medicine] | [Cardiology] | [Gastroenterology] | [Evidence-Based Medicine]

## EXTRACURRICULAR ACTIVITIES

- [Sport / Team and level, e.g. Intercollegiate]
- [Debates & Public Speaking]
- [Event Organization]

## LANGUAGES

- [English] – [Fluent]
- [Native language] – [Native]
- [Other] – [Level]

## REFERENCES

1. **Dr. [Full Name]**
[Title, e.g. Head of Department & Professor of Medicine]
[Institution], [City]
[Qualifications]
Email: [email@example.com] | Phone: [optional]

2. **Dr. [Full Name]**
[Title, e.g. Head of Department & Professor of Medicine]
[Institution], [City]
[Qualifications]
Email: [email@example.com] | Phone: [optional]

3. **Dr. [Full Name]**
[Title, e.g. Head of Department & Professor of Medicine]
[Institution], [City]
[Qualifications]
Email: [email@example.com] | Phone: [optional]

4. **Dr. [Full Name]**
[Title, e.g. Head of Department & Professor of Medicine]
[Institution], [City]
[Qualifications]
Email: [email@example.com] | Phone: [optional]

*Use 2–4 referees who know your clinical work. Ask their permission first. Or write 'Available upon request'.*

# How to use this template (delete this page before sending)

**Follow me on Instagram @drbilalaslam_** — I share observership guidance, CV guidelines, visa guidance and more for international medical graduates. Use promo **IMP6BILAL** to avail upto 1**5% discounts** on all **Uworld** Qbanks and Medical library and goodluck for your preparation 🫶🏽❤️

Link: https://uworldllc.sjv.io/vDvNyj

- **Replace everything in blue [brackets].** Change the text color to black once you're done.
- **Keep it to 1–2 pages.** Delete any section that doesn't apply instead of leaving it empty.
- **Be accurate about exam status.** Programs verify it. Write the real dates for Step 1 / Step 2 CK.
- **Use action verbs and be honest about your role:** 'Assisted', 'Performed under supervision', 'Managed'.
- **Tailor the summary and clinical interests** to the specialty and the physician you are contacting.
- **Use a professional email address** (name-based) and a phone number with WhatsApp if you use it.
- **Save and send as PDF** named like FirstName_LastName_CV.pdf. Don't send a phone photo or screenshot.
- **Proofread twice,** and have someone else read it. Typos stand out in a short document.
- **Get referees' permission** before listing them, and give them a copy of your CV.

