

**UNIVERSITY OF PUERTO RICO
MEDICAL SCIENCES CAMPUS**

SCHOOL OF _____

DEPARTMENT OF _____

CURRICULUM VITAE

NOTE: TO BE SUBMITTED TYPEWRITTEN

NAME:	
OFFICE ADDRESS:	HOME ADDRESS:
EMAIL (UPR):	TELEPHONE (home):
EMAIL (other):	TELEPHONE (office and cell phone):

EDUCATION AND DEGREES (Chronological order)

COLLEGE OR UNIVERSITY	DEGREE	YEAR OF GRADUATION
1.		
2.		
3.		
4.		

GRADUATE TRAINING (NAME OF INSTITUTION)	DEGREE	SPECIALTY	YEAR OF GRADUATION
1.			
2.			

INTERNSHIP - IF APPLICABLE (Institutions and dates)

INSTITUTION	DATE
1.	
2.	
3.	
4.	

RESIDENCY, FELLOWSHIP OR OTHER POSTGRADUATES TRAINING - IF APPLICABLE

(Institutions and dates)

TYPE OF TRAINING	INSTITUTION	DATE	AREA OF STUDY
1.			
2.			
3.			

MENTION SPECIALTY OR SUBSPECIALTY IN YOUR PROFESSION

(If more than one, add them to list)

1. SPECIALTY:
2. SUBSPECIALTY:

LICENSES TO PRACTICE PROFESSION - IF APPLICABLE (Places, dates and number)

NAME OF INSTITUTION CONFERRING LICENSE/COUNTRY	LICENSE NUMBER	DATE
1.		
2.		
3.		

MILITARY SERVICE - IF APPLICABLE (Type of experience and dates)

EXPERIENCE	DATES
1.	
2.	
3.	
4.	
5.	

PROFESSIONAL BOARD CERTIFICATION BY SPECIALTY AND SUBSPECIALTY - IF APPLICABLE
(Include dates)

BOARD	DATE	EXPIRATION DATE
1.		
2.		
3.		

SPECIALTY COLLEGES (Includes dates of election or appointments)

COLLEGES	DATE OF ELECTION
1.	
2.	
3.	

HOSPITAL AFFILIATION - IF APPLICABLE (Nature and dates)

HOSPITAL	DATES
1.	
2.	
3.	

PROFESSIONAL EXPERIENCE

EMPLOYER	POSITION HELD	DATES
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		

ACADEMIC APPOINTMENTS (Include all appointments ever held)

RANKS	INSTITUTION	DATES
1.		
2.		
3.		
4.		

OTHERS APPOINTMENTS (Administrative, Consultative, Others)

TITLE	DATE
1.	
2.	
3.	

HONORS AND AWARDS (Include dates)

HONORS / AWARDS	DATES
1.	
2.	
3.	

MEMBERSHIP IN PROFESSIONAL OR SCIENTIFIC SOCIETIES/ORGANIZATIONS

(Include leadership appointments or positions held)

MEMBERSHIP	LEADERSHIP / POSITION HELD	DATES
1.		
2.		
3.		
4.		

TEACHING EXPERIENCES

TEACHING EXPERIENCES	SUPERVISOR POSITIONS HELD	CATEGORY (undergraduate, graduate, clinical, others)	DATES
1.			
2.			
3.			
4.			
5.			
6.			
7.			

RESEARCH EXPERIENCES (Describe and include the title and year of investigation conducted)

RESEARCH EXPERIENCES (title)	SUBSIDED (by whom)	DATES	PUBLISHED
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

POSTGRADUATE OR GRADUATE COURSES, SEMINARS AND WORKSHOPS ATTENDED IN THE LAST FIVE YEARS (Title, place and dates)

TITLE	PLACE	DATE
1.		
2.		
3.		
4.		

EXTRACURRICULAR ACTIVITIES (Community activities, special interests, talents, skills and hobbies)

- 1.
- 2.
- 3.
- 4.

PARTICIPATION IN SPECIAL COMMITTEES, BOARDS, ACADEMIC SENATE, ADVISORY COUNCIL OR OTHER – IN UPR, OTHER ACADEMIC INSTITUTIONS, IN PUERTO RICO OR ABROAD, IN THE LAST FIVE YEARS (Names and dates)

NAME	DATES
1.	
2.	
3.	
4.	

PARTICIPATION IN NATIONAL OR INTERNATIONAL SCIENTIFIC MEETINGS OR SPECIAL LECTURES DURING THE LAST FIVE YEARS

MEETING	TITLE	PLACE HELD	DATE	PRESENTOR (yes or no)
1.				
2.				
3.				
4.				
5.				
6.				
7.				

LEARNING RESOURCES AUTHORED OR CO-AUTHORED

(Video, tapes, movies, self-study units, others)

TITLE	DATES
1.	
2.	
3.	
4.	
5.	

6.	
7.	
8.	
9.	

THESIS AND SPECIAL REPORTS

TITLE	DATES
1.	
2.	
3.	

BIBLIOGRAPHY

(Please include all your publications specifying authors, titles, journal, volume, pages and year)

Example:

Moe, G.K., Abildskow, J.A., and Mendez, C. An Experimental Study of Concealers Conduction, Amer Heart J 67; 338, 1974.

PLEASE LIST BOOKS FIRST, THEN FULL ARTICLES AND LAST, ABSTRACTS

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

PARTICIPATION IN PROJECTS, PROGRAMS, GRANTS, CONTRACTS

TITLE OF PROJECT	POSITION HELD	DATE	SOURCE	AMOUNT OF FUNDING (if known)
1.				
2.				
3.				
4.				
5.				
6.				
7.				

LANGUAGES (Includes native language, other and level of command)

Indicates level with number:

➤ 1 - Good 2 - Fair 3 - A little 4 - Not at all

COMMAND OF LANGUAGES			
LANGUAGE	SPEAKING	WRITING	COMPREHENSION
SPANISH			
ENGLISH			
OTHER			
OTHER			
OTHER			

REFERENCES (List name, address and email of three persons who have knowledge of your qualifications)

NAME	ADDRESS	EMAIL
1.		
2.		
3.		

DECLARATION

I hereby declare that the facts set forth on this Curriculum Vitae are true and complete to the best of my knowledge and by no means have been made as an act of deceiving or misrepresenting.

You are hereby authorized to make any investigation of my personal history.

SIGNATURE

DATE

Approved by the Medical Sciences Campus Administrative Board in its ordinary meeting on August 25, 2015, as it is stated on the Certification Number 02, 2015-16, JA-RCM.

NBJ:NJAS:ynr December 2016