**Career Documentation**

**CURRICULUM VITAE**

Curriculum Vitae: An account of one’s career and qualifications

**BIOGRAPHICAL**

|  |  |
| --- | --- |
| **Name:** | **Birth Date**: |
| **Home Address:** | **Social Security #**: |
| **Business Address:** | **E-mail Address:** |
| **Business Phone:** | **Cellular Phone:** |
| **Fax:** |  |

**EDUCATION**

List all post-secondary education completed in reverse order:

* Institution name
* Institution address
* Degree earned, year of graduation/completion
* Concentration of study
* Dates attended

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| --- | --- | --- | --- |
| **Dates Attended** |  | **Degree and Year Earned** |  |
|  | | **Concentration of Study** |  |
| **Institution** |  |
| **Institution Address** |  |

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| --- | --- | --- | --- |
| **Dates Attended** |  | **Degree and Year Earned** |  |
|  | | **Concentration of Study** |  |
| **Institution** |  |
| **Institution Address** |  |

**LICENSURE AND CERTIFICATION**

List all licenses and certifications you hold. Include:

* Licensing or certifying organization (state board, professional organization, etc.)
* License or certificate number
* Dates

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| **Certifying Organization** | **License / Certificate Number** | **Dates Valid** |
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| --- | --- | --- |
| **Certifying Organization** | **License / Certificate Number** | **Dates Valid** |
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\*Maintain separate hard copy files of all certificate and license information

**PROFESSIONAL EXPERIENCE**

List relevant work experience including positions which are academic, clinical, consultative, administrative, and CI experience. List information in reverse chronological order and include:

* Dates
* Title
* Organization name
* Address
* Supervisor’s name and telephone
* Job responsibilities/accomplishments
  + Direct patient care responsibilities
    - Types of patient/client and diagnoses/treatments
    - Total clinical hours
  + Indirect patient care responsibilities
    - Administration
    - Education
    - Research
    - Special assignments/projects

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| **Dates** |  | **Title** |  |
|  | | **Organization Name** |  |
| **Address** |  |
| **Description**   * **Direct Patient Care** * **Indirect Patient Care** |  |
| **Supervisor Name/Telephone** |  |

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| --- | --- | --- | --- |
| **Dates** |  | **Title** |  |
|  | | **Organization Name** |  |
| **Address** |  |
| **Description**   * **Direct Patient Care** * **Indirect Patient Care** |  |
| **Supervisor Name/Telephone** |  |

**PROFESSIONAL DEVELOPMENT\***

Include professional development/continuing education completed. List information in reverse chronological order:

* Workshop title / CE title
* Date(s)
* Location (City, State)
* Number of Continuing Education Units (CEUs)
* Presenter
* Sponsor and address
* Length of presentation

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| --- | --- | --- | --- |
| **Date(s)** |  | **Title** |  |
| **CEUs** |  | **City, State** |  |
|  | | **Sponsor & Address** |  |
| **Presenters** |  |

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| --- | --- | --- | --- |
| **Date(s)** |  | **Title** |  |
| **CEUs** |  | **City, State** |  |
|  | | **Sponsor & Address** |  |
| **Presenters** |  |

\*It is essential to maintain a permanent record of your CE documentation. Documentation includes course title, description, objectives, schedule and certificate of completion.

**TEACHING ACTIVITIES**

**COLLEGE / UNIVERSITY COURSES\***

* Course Title
* Date
* Location
* College/University
* Length of presentation
* Number of continuing education units/contact hours
* Topic, description & objectives for all portions you presented

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| --- | --- | --- | --- |
| **Date** |  | **Course Title** |  |
| **Credit Hours** |  | **Location** |  |
|  | | **College/University** |  |
| **Length of Course** |  |
| **Topic (if different from course title)** |  |
| **Description & Objectives** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** |  | **Title** |  |
| **Credit Hours** |  | **Location** |  |
|  | | **College/University** |  |
| **Length of Course** |  |
| **Topic (if different from course title)** |  |
| **Description & Objectives** |  |

\*Maintain separate records of involvement in student clinical education (names of students, dates of affiliation, level, and area of practice)

**POST-GRADUATE CONTINUING EDUCATION\***

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** |  | **Title** |  |
| **CEUs** |  | **Location** |  |
| **Contact Time with Learners\*\*** |  | **Sponsor** |  |
|  | | **Topic, Description and Objectives** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** |  | **Title** |  |
| **CEUs** |  | **Location** |  |
| **Contact Time with Learners\*\*** |  | **Sponsor** |  |
|  | | **Topic, Description and Objectives** |  |

\*It is essential to keep a permanent record of your presentation(s). Documentation includes all of the above plus summary of participant evaluations.

\*\*Contact time is the actual amount of time that you are presenting and/or interacting with the learners.

**CLINICAL INSTRUCTION**

List roles/activities related to clinical education of PT’s and PTA’s at all levels of education.

* Dates
* Role/position
* Summarized data
  + Number of students
  + Level of instruction
  + Duration of affiliation

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| --- | --- | --- |
| **Dates** | **Role** | **Summarized Data (yearly basis)** |
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\*Maintain separate records of involvement in student clinical education (names of students, dates of affiliation, level, and area of practice)

**COMMUNITY-BASED EDUCATION**

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| --- | --- | --- | --- |
| **Date** |  | **Title** |  |
|  | | **Location** |  |
| **Sponsor** |  |
| **Length of Presentation** |  |
| **Description** |  |

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| --- | --- | --- | --- |
| **Date** |  | **Title** |  |
|  | | **Location** |  |
| **Sponsor** |  |
| **Length of Presentation** |  |
| **Description** |  |

**SCHOLARLY ACTIVITIES**

**PROFESSIONAL PRESENTATIONS**

Include platform or poster presentations at professional meetings and invited lectureships such as McMillan Lecture or Maley Lecture:

* Title of presentation
* Date
* Location
* Length of presentation
* Brief description
* Sponsors

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| --- | --- | --- | --- |
| **Date** |  | **Title** |  |
|  | | **Location** |  |
| **Sponsor** |  |
| **Length of Presentation** |  |
| **Description** |  |

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| --- | --- | --- | --- |
| **Date** |  | **Title** |  |
|  | | **Location** |  |
| **Sponsor** |  |
| **Length of Presentation** |  |
| **Description** |  |

**PUBLICATIONS**

* Authorship of book chapters, peer reviewed journal articles, research abstracts, reviews or commentaries and case study or case study reports.
  + Use AMA format for full bibliographic reference
  + A useful website for AMA citation styles is: <http://healthlinks.washington.edu/hsl/styleguides/ama.html>

Sample AMA format citation for Journal Article:

Noonan V, Dean E:  Submaximal exercise testing: clinical application and interpretation.***Phys Ther*** 2000 Aug;80(8):782-807

* Professional activities related to scholarship includes grant proposals, writings you have edited such as books, peer reviewed journals, and submissions to outcomes database such as Hooked on Evidence, and manuscript reviews. List in reverse chronological order:
  + Role (editor, reviewer, board member, grant writer)
  + Title of work
  + Author (if applicable)
  + Publication date
  + Provide bibliographic reference or brief description of work

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| --- | --- |
| **Role** |  |
| **Title of Work** |  |
| **Author** |  |
| **Publication Date** |  |
| **Bibliographic Reference/Brief Description** |  |

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| **Role** |  |
| **Title of Work** |  |
| **Author** |  |
| **Publication Date** |  |
| **Bibliographic Reference/Brief Description** |  |

**RESEARCH ACTIVITIES**

List current research projects:

|  |  |  |
| --- | --- | --- |
| **Title** | **Description** |  |
|  | **Length of Project** |  |
| **Responsibility Within Project** |  |
| **Funding Source** |  |
| **Amount of Funding** |  |

|  |  |  |
| --- | --- | --- |
| **Title** | **Description** |  |
|  | **Length of Project** |  |
| **Responsibility Within Project** |  |
| **Funding Source** |  |
| **Amount of Funding** |  |

**PROFESSIONAL MEMBERSHIP & ACTIVITIES**

List all professional or scientific societies that you are a member of. Include the following:

* Dates
* Association or society name
* Membership status
* Indicate if you held a position in addition to being a member and the years you held position
* Brief description of accomplishments

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| **Dates** |  | **Association/Society** |  |
|  | | **Membership Status** |  |
| **Positions/Offices Held and Dates** |  |
| **Brief Description of Accomplishments** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Dates** |  | **Association/Society** |  |
|  | | **Membership Status** |  |
| **Positions/Offices Held and Dates** |  |
| **Brief Description of Accomplishments** |  |

**PROFESSIONAL SERVICES**

List committee membership, association activities, content expert/consultant, or other profession related activities. Information listed should be organized in reverse chronological order and include:

* Dates
* Position held/title
* Committee name/organization
* Description (bulleted)
  + Accomplishments

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| --- | --- | --- | --- |
| **Dates** |  | **Title/Position** |  |
|  | | **Committee Name/Organization** |  |
| **Description** |  |
| **Accomplishments** |  |

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| --- | --- | --- | --- |
| **Dates** |  | **Title/Position** |  |
|  | | **Committee Name/Organization** |  |
| **Description** |  |
| **Accomplishments** |  |

**HONORS/AWARDS**

List honors and awards you have received throughout your educational and professional work experiences. Examples of this may be university dean’s list, professional or academic fraternities, and organization recognition. Information to include is:

* School/organization bestowing honors/awards
* Brief description of award
* Date received

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| --- | --- | --- | --- |
| **Date Received** |  | **School / Organization** |  |
|  | | **Description of Honor/Award** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date Received** |  | **School / Organization** |  |
|  | | **Description of Honor/Award** |  |

**UNIQUE QUALIFICATIONS**

List any additional qualifications you possess that may compliment your professional knowledge and skills such as sign language, fluency in a foreign language, and advanced computer literacy.