

*Disclaimer: Store this template in your files and create your own document using "save as" and renaming with your name CV. This CV template is only a guideline. Alter, rearrange or delete sections as appropriate. List section contents in reverse chronological order, with most current information at the beginning of each section. Remember to remove this disclaimer and instructions imbedded within the template.*

**NAME** (*First name Middle Initial. Last Name*)

Address:

Telephone:

Email:

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**EDUCATION**

*Month Yr - Present* Skaggs School of Pharmacy and Pharmaceutical Sciences  
University of California, San Diego  
Doctor of Pharmacy Candidate; Expected graduation: *Month Yr*

*Month Yr – Month Yr* Undergraduate School  
City, State  
Degree and major

**CERTIFICATIONS AND LICENSES**

*Year – Year* (examples: Basic Life Support, Immunization Certification, CA State Board of Pharmacy Intern License Number)

**WORK EXPERIENCE** (*most recent listed first*)

*Month Yr – Month Yr* Intern Pharmacist, Company Name  
City, State  
• Specific tasks/responsibilities

**RESEARCH EXPERIENCE** (*include T-32 and senior projects*)

*Month Yr – Month Yr* Your position  
Name of preceptor, location  
Project details

**ADVANCED PHARMACY PRACTICE EXPERIENCES**

*Month Yr – Month Yr* Experience Title  
Location  
Preceptor(s)  
• Brief description of activities

**INTRODUCTORY PHARMACY PRACTICE EXPERIENCES**

*Month Yr – Month Yr* Experience Title  
Location  
Preceptor(s)  
• Brief description of activities

*First Name Middle Initial. Last Name*  
*Curriculum vitae*

### **TEACHING EXPERIENCE**

*Month Yr – Month Yr*      Position, Course, Instructor, School  
    • Specific tasks/responsibilities

### **HONORS AND AWARDS** (*include T-32, scholarships and leadership awards*)

*Month Yr*                      Name of award or honor

### **PROFESSIONAL ORGANIZATION SERVICE**

*Month Yr – Month Yr*      Your position, the organization (and school)  
    • Specific tasks/responsibilities

### **OTHER LEADERSHIP POSITIONS**

*Month Yr – Month Yr*      Position, Organization (and school)  
    • Specific tasks/responsibilities

### **COMMUNITY SERVICE**

*Month Yr – Month Yr*      Position (*examples Student Pharmacist Volunteer,*  
*UCSD Student Run Free Clinic, Senior Health Education Event*),  
location City, State  
    • Specific tasks/responsibilities

### **PROFESSIONAL AND CLINICAL PRESENTATIONS** (*include school posters here*)

*Month Yr*                      Name of presentation  
                                    Audience  
                                    Location

### **PROFESSIONAL MEMBERSHIPS**

*Year - Year*                      Organization

### **PROFESSIONAL MEETINGS ATTENDED**

*Month Yr*                      Professional Meeting Name, City, State

### **OTHER EXTRACURRICULAR ACTIVITIES**

*Month Yr*

*First Name Middle Initial. Last Name*  
*Curriculum vitae*

## **PUBLICATIONS**

### **Journal Articles**

1. Proper Citation

### **Abstracts and Posters at Professional Meetings**

1. Authors, Title, Meeting (Use proper citation for abstracts)

### **Newsletter Articles**

1. Proper citation

## **SKILLS**

List of skills (languages, computer experience...)

## **REFERENCES** (*List 2-3*)

(Name)

(Title)

(Address)

(Phone)