# Guide to Completing the Weill Cornell Medical College Curriculum vitae Form

[For Faculty and Non-Faculty Academic Staff]

For all YES/NO responses, please type “YES” or “NO” in the space below the question.

**NAME:** Provide your full name: First, Middle, Last, and suffixes**.**

**SIGNATURE:** The CV must be signed where shown at the top of the first page. A wet signature is the most appropriate and acceptable. A good, clean, legible image of a wet signature is acceptable. A *bona fide* electronic signature is acceptable. A font used to look like a signature is not acceptable.

**DATE OF PREPARATION:** Use the date on which the information in your CV is current.

1. **PERSONAL DATA**

This section contains required information. The responses should be straightforward. Please complete it accurately.

**Office address, telephone number:** This information is helpful, as it may be used to send you official information. Please provide accurate and complete information: street, building, suite, room number, etc.; include zip code (or country code).

**Home address, cell phone, and email addresses:** Please provide this information accurately and completely. If there is an apartment number or floor associated with your address, please show it. Provide a stable, permanent personal email address if possible.

**Eligibility to work in the U.S.:**. If your eligibility to work in the U.S. is based on an employment visa, and you are a visa holder, your appointment is contingent upon maintaining valid visa status. Provide the type of non-immigrant visa, e.g., H1B, J1, F1, B1 etc. If your visa is pending, state the anticipated type as “visa pending” or “visa application in process”.

1. **EDUCATION**

**Academic Degree(s)**

**Degree: from academic institutions – Colleges, Schools, Universities – conferring academic degrees.** Enter the **name(s)** of each **academic degree**, (Bachelor degrees and above only) **and where possible please include field of study (i.e., Psychology, Pharmacology, etc.)**. Abbreviated degree names, such as B.A., M.D., Ph.D., M.B.B.S., are acceptable but if your degree is unusual or its abbreviation is ambiguous, please provide the full degree name.

Medical degrees vary throughout the world. Some medical schools confer the Bachelor of Medicine degree to physicians (B.M.), others confer Bachelor of Medicine and Bachelor of Surgery (M.B.,B.S.) degrees, etc. If you hold a B.M., M.B.,B.S., or a medical degree other than M.D., record the degree you hold.

The OFA uses the FAIMER database to verify the degrees offered by Medical Schools throughout the world ([www.faimer.org](http://www.faimer.org)). Under certain conditions, when your medical degree is not M.D., you may ask New York State to have your degree conferred to the M.D. degree. For more information, contact the New York State Department of Education (518-474-3817, ext. 400).

**Other Educational Experiences**

Show here other educational experiences where an academic degree was not conferred. You may choose to use this section to cover any gaps in your CV (e.g. taking required science courses before attending medical school, etc.).

1. **POSTDOCTORAL TRAINING (include residency/fellowships)**

**Please provide all the information requested as follows:**

**Title: (including residency/fellowships).** Show here internships, residencies, fellowships and postdoctoral training received after your doctorate. Please list your postdoctoral training positions, and the area of training (i.e. molecular biology or information science), in chronological order. Include full titles, and the name and location (city, state, country) of the institution where training took place. Please list when the training began and when it ended, e.g., July 2000 – June 2001.

**Institution name and location:** Please enter accurately and completely the full name, and location – city, state, country – of each relevant institution. Avoid abbreviations. State the official name of the Medical School, for example, Harvard Medical School (not Harvard University). Please use the current name of the institution.

**Dates:** Please show the date range during which you attended the institution, from beginning to end.

1. **PROFESSIONAL POSITIONS AND EMPLOYMENT**

**Academic Appointments** *(Teaching and research, i.e. Instructor, Assistant Professor, etc.)*

Title Institution, city, state Dates (mm/yy – mm/yy)

List teaching and research positions held at academic institutions: Colleges, Universities, Research Institutes, etc. Appropriate for this section are faculty appointments, e.g., Assistant Professor of Medicine, and other academic appointments, such as Research Scientist. Please do not include hospital or administrative appointments in this section. These may be entered below. Please include your full title; the institution’s full name and location (city, state, country); and the inclusive dates you held the position, e.g., July 1999 – June 2005.

**Hospital Appointments** *(Clinical, i.e., Assistant Attending, Attending, etc.)*

Title Institution, city, state Dates (mm/yy – mm/yy)

List hospital positions, such as attending positions - assistant attending, associate attending, or attending physician - or other comparable hospital positions (e.g. consultant, specialist, professional associate, independent health care professional, nurse practitioner, physician assistant, etc.). Please do not list administrative positions here, such as Director, Vice-President, etc. Please include the full title(s); the institution’s full name and location (city, state, country); and the inclusive dates you held the position, e.g., July 2000 – June 2004.

**Other Professional Positions & Employment** *(Industry, private practice, etc.)*

Title Institution, city, state Dates (mm/yy – mm/yy)

List any other employment for which you were compensated, full-time or part-time. Please show here positions that are not postdoctoral training, not academic appointments. not hospital appointments. Here you may list administrative employment, other non-academic employment, or consulting positions.

1. **LICENSURE, BOARD CERTIFICATION**

This section – Licensure, Board Certification, Malpractice – is pertinent to physicians and other practicing health care professionals. If you are a researcher or early-career physician for whom the information does not apply, note N/A or Not applicable for each item, and leave the format of the section intact.

**Licensure**

*(Every physician appointed to a Hospital staff, except interns, and aliens in the US via non-immigrant visas, must have a New York State license or a temporary certificate in lieu of the license.)*

The statement above appears in the CV form to ensure that those being recommended for appointment to the New York-Presbyterian Hospital staff (“Hospital staff” above) recognize the licensure requirement for their hospital privileges.

**Provide Licensing State; License Number; Date of issue; Date of last registration**

**DEA number: (optional)**

**NPI number: (optional)**

**If no license:**

* + - 1. Do you have a temporary certificate? YES or NO
			2. Have you passed the examination for foreign medical school graduates? YES or NO

**Board Certification: Full Name of Board; Certificate #; Dates (MM/DD/YY – MM/DD/YY)**

List the full name of the Certifying Board, i.e. American Board of Internal Medicine. Please do not abbreviate or conjoin board names. Show each certification and the conferring Board separately. List the certificate number and the dates the certification is valid (issued/reissued-end date). Please use a full date: Month, Day, and Year.

**F. INSTITUTIONAL/HOSPITAL AFFILIATION**

For those in clinical practice who have attending privileges or other professional designations at New York-Presbyterian Hospital and/or at other hospitals, show your hospital affiliations here. For non-clinical individuals, show your institutional affiliation(s) other than Weill Cornell Medical College. The Institutional/Hospital Affiliation information is important relative to your academic appointment as it may have an impact on the type of appointment you are eligible for. If you have no Hospital or other institutional affiliations, denote this with N/A or Not Applicable.

**Primary Hospital Affiliation**

For example: NewYork-Presbyterian Hospital

**Other Hospital Affiliations**

For example: Memorial Hospital, Memorial Sloan-Kettering Cancer Center; Hospital for Special Surgery; etc.

**Other Institutional Affiliations**

For Example: National Institutes of Health; Public Health Research Institute, etc.

**G. EMPLOYMENT STATUS**

Because a Weill Cornell Medical College (“Medical College”) academic appointment type is dependent upon employment status, particularly for faculty members who come to the Medical College through affiliate hospitals, it is important for us to ask about employment status.

Provide the name of your current employer. If you are currently unemployed, state so. It is permissible to list Weill Cornell Medicine as your employer in cases where employment by the Medical College is anticipated, but list Weill Cornell Medicine in those cases as “upon approval” or “expected”. Do not use the name of the mentor or faculty member at the Medical College with whom you may be working; indicate the institution as your employer. Please do not use abbreviations.

Choose an employment status by simply typing in the status based on the choices below (or use another description if one available does not fit). Delete the remaining, inapplicable choices for clarity.

**Name of Current Employer(s):**

For example: Weill Cornell Medical College; New York Hospital Queens; etc.

**Current Employment Status:** (*Please* *choose one, list here, delete the others*)

Full-time salaried by Weill Cornell Medicine

Full-time salaried by Cornell-affiliated hospital

Part-time salaried by Cornell (show percentage of full time effort, e.g., 50%)

Part-time salaried by Cornell-affiliated hospital (show percentage of full time effort, e.g., 50%)

Voluntary (self-employed or member of a P.C.)

Other salaried

Other non-salaried

Sessional Weill Cornell Medicine

If not currently employed by Weill Cornell Medicine, do you anticipate being employed by WCM? Yes/No

**H. HONORS, AWARDS**

**Name of Award Organization Date Awarded (yyyy)**

This is another key section for demonstrating your local, regional, national and international reputation among peers, students, patients, colleagues and others. Examples include teaching awards, research awards, best-paper awards, book awards, membership in honorific societies, etc. You could also include here entries in *Who’s Who*, *Best Of* listings, etc.

**I. PROFESSIONAL MEMBERSHIPS**

*(Please include medical and scientific societies.)*

For individuals in the early stages of their careers, there may be relatively few or no entries here. However, for mid-career and senior faculty members, this section is a key place to demonstrate the extent to which you participate in extramural activities as they relate either to service in your particular professional community and peer recognition of your expertise.

1. **PERCENT EFFORT**

Provide the percentage of your time devoted to these four areas of professional activity. Complete the table(s) and respond to the questions regarding Medical College students/researchers. Determine your percent effort as the percent of your total effort (work week) devoted to each of the areas. If you are new to Weill Cornell, use two tables: one for your current situation and one for your anticipated effort at the Medical College. If you are part-time at Weill Cornell (Adjunct, Visiting, Courtesy), base the percentage on your overall effort.

1. **EDUCATIONAL CONTRIBUTIONS**

All faculty members are expected to teach and evaluated for teaching.

List here the types of teaching you have done and are currently doing. This may include classes you teach or have taught; seminars or lectures; bedside, operating room or clinic teaching and supervision; or leadership roles in education and training. Show your role in multidisciplinary courses or in course development. Be sure to include dates of participation in each teaching entry you create; use inclusive dates with a start and end date. You may also list continuing education and professional education and community education or patient outreach in this section. Please make sure to include the institution where these activities are performed.

If your area of excellence is Educational Leadership, you **must** instead complete the Educator Portfolio. Then, refer to your report here as an attachment (e.g. see attached), and attach it to the CV.

*Please include title/audience/dates as applicable for each prompt below. Please list only teaching activities at WCM, any of its affiliates, your currently employed institution and previously employed institutions here.*

**Didactic teaching** *(lectures, seminars, tutorials, professional development programs*

**Clinical teaching** *(bedside teaching, teaching rounds, teaching in operating room, precepting in clinic, morning report, etc.)*

**Administrative teaching** *(leadership role as residency or fellowship director, course or seminar series director or co-director at WCM and previously employed institutions))*

**Continuing education and professional education** *(role and scope of activity)*

**Community education or patient outreach** *(medical journalism and media presentations such as television and radio appearances that educate the public about medicine, health or biomedical sciences)*

**L.** **CLINICAL PRACTICE, INNOVATION, and LEADERSHIP**

**Clinical Practice**

*Please include duration, i.e., year(s) of practice, name and location of practice, type of activity, level of activity (e.g., sessions, days or hours per week or month).* *Examples include attending on inpatient units, ambulatory practice, performing procedures.*

**Clinical Innovations**

*Please include date innovation launched, title/location of innovation, role and short description of the influence on clinical care or practice management. Examples include development of innovative approaches to diagnosis, treatment or prevention of disease, applications of technologies, and/or models of care delivery.*

**Clinical Leadership**

*Include year(s), leadership role, and description of activity/program, i.e. director/head of service/clinic or procedure area.*

**M. RESEARCH**

**Research Activities** *In a paragraph or bullet points (up to 300 words), please highlight your research interests and activities, including relevant dates. Please do not include research support/funding, but may list IRB protocols (both active and inactive).*

**Research Support**

Please clearly show past, current, and pending research in separate lists.

**Summarize** past research support: award, dates, and role

**List the following** for current extramural and intramural research funding:

Source *(funding agency – federal, i.e. NIH, DoD, NSF; Foundation i.e. Bill and Melinda Gates Foundation; industry, i.e. Company; type of grant)*; Project title; Annual Direct Cost (as dollars); Duration of support (dates, formatted MM/YYYY to MM/YYYY)

Name of Principal Investigator

Percent Effort\*\*

[*Note: \*\*current total grant percent effort should not exceed 98%. Please contact the Office of Sponsored Research Administration,* [*https://research.weill.cornell.edu*](https://research.weill.cornell.edu)*, for more information should you require clarification on this recommendation.*]

*Please annotate multi-investigator, program project, center grants (P50 etc.) and sponsored clinical trials to clarify your role on the projects (PI, site PI, project leader,* co-PI *core director, etc.).*

**Past (Completed) Funding**

*Please summarize as for current projects: source-type, duration, your role.*

**Pending Funding**

*Please summarize as for current projects: source-type, duration, your role.*

**Patents & Inventions**

*Please include inventors, title of invention and patent number.*

**N. MENTORING**

Mentorship is a longitudinal, collaborative learning relationship to help the mentee or protégé succeed. Mentoring can be provided within many formats, including one-to-one, small groups, or large group workshops or lectures, which cover any topic directly related to the mentee’s career development.

*Please list trainees and faculty that you have formally supervised both at home institution(s) and for extramural organizations, etc. Individuals listed in this section should be those supervised in a research, teaching or clinical setting. List only those on whose careers you have had a substantial impact. Do not indicate those for whom you have provided general career advice. This section may be annotated to provide more information.*

*If this is the candidate’s first faculty appointment at WCMC, please list mentoring contributions at institutions where the candidate previously held a faculty position.*

**Current Mentees**

The information below is included in the CV as a table with two columns. The first column contains the prompts and the second column should be used to enter the information requested. The columns can be made visible by simply hitting the TAB button once on your keyboard. Each mentee’s information should be listed in a separate table. Blank tables can be copied and pasted:

Name of Mentee (first, middle, last, and degree, if applicable);

Site/Position (i.e. graduate student, WCM student, or postdoctoral associate, TDI (Tri-Institutional Therapeutics Discovery Institute));

Mentoring Period *(mm/yyyy-mm/yyyy)*;

Project/Accomplishments\*\* (*\*\*Please list publications, awards, grants, development of new clinical programs or course, and other scholarly products arising directly from the mentoring activity (if applicable); indicate shared publications by numbered entries in this CV.);*

Expected outcomes: earning a degree; academic appointment or promotion; grants, publications,

*Type of Supervision (Research, clinical, teaching, leadership).*

**Past Mentees:**

Name (first, middle, last, and degree, if applicable);

Site/Position (i.e. graduate student, WCM, or postdoctoral associate, TDI);

Mentoring Period *(mm/yyyy-mm/yyyy)*;

Project/Accomplishments\*\* (*\*\*Please list publications, awards, grants, development of new clinical programs or course, and other scholarly products arising directly from the mentoring activity (if applicable); indicate shared publications by numbered entries in this CV.);*

Current Position: where is the mentee now in their career? Mentee’s current position?

*Type of Supervision (Research, clinical, teaching, leadership)*

**O. INSTITUTIONAL LEADERSHIP ACTIVITIES**

Please list activities at WCM and affiliates, NYP, and previously employed institutions, including division or department positions, directorships, deanships, chairmanships on major institutional committee

**P. INSTITUTIONAL ADMINISTRATIVE ACTIVITIES**

This section is intended to record administrative activities at all employed institutions. It should include names of committees, roles, and dates (please add locations (i.e. institution) for your administrative duties. Examples of such committees include IRB (institutional review board), data safety monitoring (DSMC), protocol review and monitoring (PRMC), institutional animal care and use (IACUC), General Faculty Council, Mentoring Academy Council. The duties listed in this section should be institutional, and not administrative duties related to professional societies, or other extramural activities, which are best listed under Section Q, Extramural Professional Responsibilities.

**Q. EXTRAMURAL PROFESSIONAL RESPONSIBILITIES**

This is a broadly defined category that is very useful in demonstrating academic and service engagement outside the site of primary activity. Populated with a variety of academic activities such as service on committees in professional societies, member of grant review boards and study sections, scientific advisory board for foundations, journal editor or reviewer, consultancy, volunteer work, community service, etc., this section documents your reputation as an expert outside of the Medical College. Entries under each category are grouped as regional, national and international to align with metrics for appointment and promotion. Complete for those in which you participate. Include name of the committee, your role in the committee, the organization, and dates of your participation.

**Leadership in Extramural Organizations**

**Service on Boards and/or Committees**

**Grant Reviewing/Study Sections**

**Editorial Activities**

**R. INVITED PRESENTATIONS**

List extramural invited activities such as presentations, grand rounds, research seminars, and lectures at meetings of professional organizations. Group these activities into regional, national, and international categories, based on your geographic location and/or the scope of the organization for which you are presenting.

For example, for a faculty member based at 1300 York, a Grand Rounds presentation at NYU School of Medicine would be listed in “Regional”. A visiting professorship at the University of Texas Medical Branch at Galveston would be listed in “National”. An invited lecture at the annual meeting of the International Society of Travel Medicine, even if hosted in NYC, would be listed in “International”.

**S. BIBLIOGRAPHY**

For recent graduates, and those recommended for appointment to associate positions (Clinical Associate) or trainee positions, there may be few or no entries in the bibliography. If there are no entries, note it by marking the section as “N/A”.

For senior level appointments and promotions (associate professor, professor, tenure), this section of the CV form is particularly important. Please complete this section carefully. Errors or incomplete information may cause delays, confusion, or other undesirable consequences in the evaluation process. Review your entries carefully to be certain to include all of the information indicated in the example of a citation format below. Include all authors, do not omit volume or issue numbers, page numbers, dates, journal name, etc. Number the entries, and use bold type for your name so that the placement of your name in the authorship is clear to reviewers.

List entries in chronological order within the following categories:

1. **Peer-reviewed Research Articles:** List articles that have been published, are in press, or accepted only. Articles that are submitted, in review or in preparation for publication should be listed under section S.8, below.

This section is for bona fide peer-reviewed publications. Unreviewed preprints, invited articles, commentaries, certain types of letters, and other publications that represent scholarship, but are not peer reviewed, can be listed in Section S.5, below.

Entries should follow standard journal format, listing all authors, complete titles, volume and issue number (if applicable), and inclusive pagination. *(E.g., Doe J, Ford A, Smith J. Measuring the activities of daily living. N England J Med 1994; 331(4):778-84.)*

1. **Reviews and Editorials:**
2. **Books:**
3. **Chapters:**
4. **Non-peer-reviewed Research Publications:** You may include unreviewed preprints, invited articles, commentaries, certain types of letters, and publications in non-peer reviewed journals.
5. **Case Reports** (optional, or list 10 best):
6. **Guidelines:**
7. **In review:** manuscripts that have been submitted or are in preparation. These should be listed under separate headings.
8. **Abstracts** (Optional, list 10-20 best or most recent only)
9. **Other (media, podcasts, etc.):** use this subsection to list other types of scholarly work. This could include electronic-only publications, such as podcasts, radio or television interviews

**Recognition of Exemplary Service during the COVID-19 Pandemic**

This is a supplemental section. Please complete if relevant or DELETE entirely.

Faculty across all missions are encouraged to provide below an optional narrative, not to exceed one page, of their performance of unusual and exemplary service during the COVID-19 pandemic. This may include such activities as increased clinical service or redeployment to areas outside of their basic expertise, transformation of laboratory activities in support of COVID-19-related research, development of new educational curricula to enable remote electives and on-line learning.

**Weill Cornell Medical College, Cornell University**

**Faculty Curriculum Vitae Template**

**General Instructions:**

* **Do not delete or omit “not applicable” subsections. Simply indicate “N/A” if something is not applicable to you.**
* **Do not change the format of the CV.**
* **Do not write in bold or capital letters.**
* **Date Format: Use the US date format convention: Month/Day/Year (ex. 12/25/2008 or Dec 25, 2008) or Month/Year and consistently use the same format all throughout.**
* **Avoid gaps.**
* **Do not duplicate entries. Include an item or activity only once in the CV, even if it may apply to more than one section or subsection.**
* **Define abbreviations when first used within each section.**
* **Report the activities in chronological order (from oldest to most recent) all throughout the CV.**

**Name:**

**Signature:**

**Date of Preparation:**

1. **PERSONAL DATA**

|  |  |
| --- | --- |
| Office address: |  |
| Office telephone: |  |
| Office fax: |  |
| Home address: |  |
| Cell phone: |  |
| Email address - Work: |  |
| Email address - Personal: |  |
| Is your eligibility to work in the U.S. based on an employment visa?: | Yes/No |
| If yes, please provide Visa type (Example: J-1, H-1B, E-3, TN, etc.):  |  |

1. **EDUCATION**

**Academic Degree(s)** (*Bachelor’s and higher)*

|  |  |  |  |
| --- | --- | --- | --- |
| Degree, include field of study | Institution name, city and state | Dates attended(mm/yyyy-mm/yyyy) | Year Awarded |
|  |  |  |  |

**Other Educational Experiences** (i.e., certificates, etc). Show here other educational experiences where an academic degree was not conferred. You may choose to use this section to cover any gaps in your CV (e.g. taking required science courses before attending medical school, etc.).

|  |  |  |
| --- | --- | --- |
| Description | Institution Name & Location | Dates attended (mm/yy – mm/yy) |
|  |  |  |

1. **POSTDOCTORAL TRAINING** *(Include residency/fellowships)*

|  |  |  |
| --- | --- | --- |
| Title, include area of training | Institution, city and state | Dates *(mm/yy - mm/yy)* |
|  |  |  |

1. **PROFESSIONAL POSITIONS & EMPLOYMENT**

**Academic Appointments** *(Teaching and research, i.e. Instructor, Assistant Professor, etc.)*

|  |  |  |
| --- | --- | --- |
| Title | Institution, city and state | Dates *(mm/yy - mm/yy)* |
|  |  |  |

**Hospital Appointments** *(Clinical, i.e., Assistant Attending, Attending, etc.)*

|  |  |  |
| --- | --- | --- |
| Title | Institution, city and state | Dates *(mm/yy - mm/yy)* |
|  |  |  |

**Other Professional Positions & Employment** *(Industry, private practice, etc.)*

|  |  |  |
| --- | --- | --- |
| Title | Institution, city and state | Dates *(mm/yy - mm/yy)* |
|  |  |  |

1. **LICENSURE, BOARD CERTIFICATION**

**Licensure:** *Every physician appointed to the NYP Hospital staff, except interns, and aliens in the US via non-immigrant visas, must have a New York State license or a temporary certificate in lieu of the license.*

|  |  |  |  |
| --- | --- | --- | --- |
| State | Number | Date of issue*(mm/dd/yyyy)* | Date of last registration*(mm/dd/yyyy) – (mm/dd/yyyy)* |
|  |  |  |  |

|  |  |
| --- | --- |
| DEA number: (optional) |  |
| NPI number: (optional) |  |

**If no license:**

* + - 1. Do you have a temporary certificate? YES or NO
			2. Have you passed the examination for foreign medical school graduates? YES or NO

**Board Certification**

|  |  |  |
| --- | --- | --- |
| Full Name of Board | Certificate # *(indicate if board eligible)* | Dates of Certification *(mm/dd/yyyy) – (mm/dd/yyyy)* |
|  |  |  |

1. **INSTITUTIONAL/HOSPITAL AFFILIATION**

|  |  |
| --- | --- |
| Primary Hospital Affiliation: |  |
| Other Hospital Affiliations: |  |
| Other Institutional Affiliations: |  |

1. **EMPLOYMENT STATUS**

**Name of Current Employer(s):**

**Current Employment Status:** (*Please* *choose one, list here, delete the others*)

Full-time salaried by Weill Cornell

Full-time salaried by Cornell-affiliated hospital

Part-time salaried by Cornell (show percentage of full time effort, e.g., 50%)

Part-time salaried by Cornell-affiliated hospital (show percentage of full time effort, e.g., 50%)

Voluntary (self-employed or member of a P.C.)

Other salaried

Other non-salaried

Sessional Weill Cornell

If not currently employed by Weill Cornell Medicine, do you anticipate being employed by WCM? Yes/No

1. **HONORS, AWARDS**

|  |  |  |
| --- | --- | --- |
| *Name of award* | *Organization* | *Date awarded (yyyy)* |
|  |  |  |

1. **PROFESSIONAL ORGANIZATIONS AND SOCIETY MEMBERSHIPS**

*(Please include medical and scientific societies.)*

|  |  |
| --- | --- |
| *Organization* | *Date (yyyy-yyyy)* |
|  |  |

1. **PERCENT EFFORT AND INSTITUTIONAL RESPONSIBILITIES**

*(When not yet at WCM, report activities at current site; when already at WCM, report only WCM activities.)*

|  |  |  |
| --- | --- | --- |
| **Current Site Activity** *(if not WCM)* | **Percent Effort (%)** | **Does the activity involve Weill Cornell students/research trainees? (Yes/No)** |
| Teaching |  |  |
| Clinical |  |  |
| Administrative |  |  |
| Research |  |  |
| **Total** | **100%** |  |

|  |  |  |
| --- | --- | --- |
| **Weill Cornell Activity** *(Current or Anticipated)* | **Percent Effort (%)** | **Does the activity involve Weill Cornell students/research trainees? (Yes/No)** |
| Teaching |  |  |
| Clinical |  |  |
| Administrative |  |  |
| Research |  |  |
| **Total** | **100%** |  |

1. **EDUCATIONAL CONTRIBUTIONS**

*Please include title/audience/dates as applicable for each prompt below. Please list only teaching activities at WCM, any of its affiliates, your currently employed institution and previously employed institutions here. If your area of excellence is Educational Leadership, you* ***must*** *instead complete the Educator Portfolio. Then, refer to your report here as an attachment (e.g. see attached), and attach it to the CV.*

**Report the activities in chronological order (from oldest to most recent).**

**Didactic teaching** *(lectures, seminars, tutorials,)*

*

**Clinical teaching** *(bedside teaching, teaching rounds, teaching in operating room, precepting in clinic, morning report, etc.)*

*

**Administrative teaching** *(leadership role as residency or fellowship director, course or seminar series director or co-director at WCM and previously employed institutions)*

*

**Continuing education and professional education as teacher** *(role and scope of activity)*

*

**Community education or patient outreach** *(medical journalism and media presentations such as television and radio appearances that educate the public about medicine, health or biomedical sciences)*

1. **CLINICAL PRACTICE, INNOVATION, and LEADERSHIP**

**Clinical Practice**

*Please include duration, i.e., year(s) of practice, name and location of practice, type of activity, level of activity (e.g., sessions, days or hours per week or month).* *Examples include attending on inpatient units, ambulatory practice, performing procedures.*

*

**Clinical Innovations**

*Please include date innovation launched, title/location of innovation, role and short description of the influence on clinical care or practice management. Examples include development of innovative approaches to diagnosis, treatment or prevention of disease, applications of technologies, and/or models of care delivery.*

*

**Clinical Leadership**

*Include year(s), leadership role, and description of activity/program, i.e. director/head of service/clinic or procedure area.*

*
1. **RESEARCH**

**Research Activities:** *In a paragraph or bullet points (up to 300 words), briefly highlight your various research interests and activities (similar to Biosketch). List IRB protocols (both active and inactive) here.* You may also refer to your “Statement of Key Contributions” and attach it. *Use the subsection below to record Research Support.*

**Research Support:**

**Current Research Funding**

*Duplicate table below as needed. For each funding vehicle, please include the following:*

|  |  |
| --- | --- |
| Award Source:*(funding agency – federal, foundation, industry; type of grant)\** |  |
| Project title: |  |
| Annual direct costs: |  |
| Duration of support:*(mm/yyyy-mm/yyyy)* |  |
| Name of Principal Investigator: |  |

|  |  |
| --- | --- |
| Your role\*  |  |

|  |  |
| --- | --- |
| Your percent (%) effort: |  |
| The major goals of this project are: |  |

*\*Please annotate multi-investigator, program project, center grants (P50 etc.) and sponsored clinical trials to clarify your role on the projects (PI, site PI, project leader, co-PI, co-investigator, core director, etc.).*

**Past (Completed) Funding**

*Please summarize as for current projects: source-type, project title, dates, your role.*

*

**Pending Funding**

*Please summarize as for current projects: source-type, project title, dates, your role.*

*

**Patents & Inventions**

*Please include inventors, title of invention and patent number.*

*
1. **MENTORING**

Mentorship is a longitudinal, collaborative learning relationship to help the mentee or protégé succeed. Mentoring can be provided within many formats, including one-to-one, small groups, or large group workshops or lectures, which cover any topic directly related to the mentee’s career development.

*Please list trainees and faculty that you have formally supervised* both at home institution(s) and for extramural organizations, etc*. Individuals listed in this section should be those supervised in a research, teaching or clinical setting. List only those on whose careers you have had a substantial impact. Do not indicate those for whom you have provided general career advice. This section may be annotated to provide more information.*

*If this is the candidate’s first faculty appointment at WCMC, please list mentoring contributions at institutions where the candidate previously held a faculty position.*

**Current Mentees:**

*Duplicate table below as needed. For each mentee, please include the following:*

|  |  |
| --- | --- |
| *Name* |  |
| *Site/Position* |  |
| Expected Period *(mm/yyyy-mm/yyyy)* |  |
| *Project/Accomplishments\*\** |  |
| *Goals/expected Outcomes* |  |
| *Type of Supervision (Research, clinical, teaching, leadership)* |  |

**Past Mentees:**

*Duplicate table below as needed. For each mentee, please include the following:*

|  |  |
| --- | --- |
| *Name* |  |
| *Site/Position* |  |
| *Mentoring Period (mm/yyyy-mm/yyyy)* |  |
| *Project/Accomplishments\*\*,* |  |
| *Current Position* |  |
| *Type of Supervision (Research, clinical, teaching, leadership)* |  |

*\*\*Please list publications, awards, grants, development of new clinical programs or course, and other scholarly products arising directly from the mentoring activity (if applicable); indicate shared publications by numbered entries in this CV.*

**Institutional Training Grants and Mentored Trainee Grants** *Duplicate table below as needed. Examples include serving as PI or Mentor on T32, K01, K08, K23 or other mentored grants.*

|  |  |
| --- | --- |
| Award Source:*(funding agency, type of grant)* |  |
| Project title: |  |
| Duration of support:*(mm/yyyy-mm/yyyy)* |  |

**Other mentoring activities** *Describe activity; indicate dates.*

1. **INSTITUTIONAL LEADERSHIP ACTIVITIES**

*Please list activities at WCM and affiliates, NYP, and previously employed institutions, including division or department positions, directorships, deanships, chairmanships on major institutional committees.*

|  |  |  |
| --- | --- | --- |
| *Role(s)/Position* | *Institution/Location* | *Dates (yyyy-yyyy)* |
|  |  |  |
|  |  |  |

1. **INSTITUTIONAL ADMINISTRATIVE ACTIVITIES**

*List administrative activities/service to WCM and affiliates, NYP, and previously employed institutions, such as service on Departmental/Divisional committees or membership on institutional committees. Examples of institutional committees include WCM Admissions Committee, Institutional Review Board (IRB), Institutional Animal Care and Utilization Committee (IACUC), Data Safety and Monitoring Committees (DSMC), and Protocol Review and Monitoring Committee (PRMC), Credentials Committee, Patient Quality and Safety, Malpractice Committee.*

|  |  |  |
| --- | --- | --- |
| *Name of Committee*  | *Role (i.e., member, secretary, etc.)* | *Dates (yyyy-yyyy)* |
|  |  |  |
|  |  |  |

1. **EXTRAMURAL PROFESSIONAL RESPONSIBILITIES**

**Leadership in Extramural Organizations**

|  |  |  |
| --- | --- | --- |
| *Organization* | *Role (i.e.,* *officer, secretary, chair, etc.)* | *Dates (yyyy-yyyy)* |
|  |  |  |

**Service on Boards and/or Committees**

Regional

|  |  |  |  |
| --- | --- | --- | --- |
| *Name of Committee* | *Role (i.e., member, fellow, etc.)* | *Organization Institution/Location* | *Dates (yyyy-yyyy)* |
|  |  |  |  |

National

|  |  |  |  |
| --- | --- | --- | --- |
| *Name of Committee* | *Role (i.e., member, fellow, etc.)* | *Organization Institution/Location* | *Dates (yyyy-yyyy)* |
|  |  |  |  |

International

|  |  |  |  |
| --- | --- | --- | --- |
| *Name of Committee* | *Role (i.e., member, fellow, etc.)* | *Organization Institution/Location* | *Dates (yyyy-yyyy)* |
|  |  |  |  |

**Grant Reviewing/Study Sections**

|  |  |  |
| --- | --- | --- |
| *Role(s)* | *Organization Name* | *Dates (yyyy-yyyy)* |
|  |  |  |

**Editorial Activities**

Journal Reviewing/ad hoc reviewing

|  |  |
| --- | --- |
| *Journal / Organization Name* | *Dates (yyyy-yyyy)* |
|  |  |

Editor/Co-Editor

|  |  |
| --- | --- |
| *Books / Textbooks / Journals / Organization Name* | *Dates (yyyy-yyyy)* |
|  |  |

Editorial Board Membership

|  |  |
| --- | --- |
| *Board / Organization Name* | *Dates (yyyy-yyyy)* |
|  |  |

1. **INVITATIONS TO SPEAK/PRESENT**

*(Please list extramural invited activities such as presentations, grand rounds, research seminars, and lectures at meetings of professional organizations.)*

**Regional\***

|  |  |  |
| --- | --- | --- |
| *Title* | *Institution/Location* | *Dates (yyyy)* |
|  |  |  |

**National\***

|  |  |  |
| --- | --- | --- |
| *Title* | *Institution/Location* | *Dates (yyyy)* |
|  |  |  |

**International\***

|  |  |  |
| --- | --- | --- |
| *Title* | *Institution/Location* | *Dates (yyyy))* |
|  |  |  |

\**Categorize your entries based on your geographic location and/or the scope of the organization for which you are presenting.*

1. **BIBLIOGRAPHY**

*Entries should follow standard journal format, listing all authors, complete titles and inclusive pagination. Please also include PMCID: PMC number (or DOI number).*

***Bold your name*** *wherever it appears in the author list. Publications also may be annotated here (or in the Statement of Key Contributions) to indicate the role of the candidate, where appropriate. This should be considered for co-first authorship, co-senior authorship, and in publications in which the candidate played an important role (leadership of a site, or methodology, etc.) that may not be apparent from the author order. Indicate if you are a co-first-author or co-senior author with an annotation*.

*Number the entries. The listings must be organized by category, preferably**in* ***chronological*** *order (most recent last). Use the following categories:*

1. Peer-reviewed Research Articles:
2. Reviews and Editorials:
3. Books:
4. Chapters:
5. Non-peer-reviewed Research Publications:
6. Case Reports *(optional, or list 10 best)*:
7. Guidelines *(if not listed above)*:
8. In review *(manuscripts submitted or in preparation – list separately)*:
9. Abstracts *(optional, list 10-20 best or most recent only)*:
10. Other *(media, podcasts, etc.)*:

**Recognition of Exemplary Service during the COVID-19 Pandemic**

Please complete if relevant or DELETE entirely.

Faculty across all missions are encouraged to provide below an optional narrative, not to exceed 1 page, of their performance of unusual and exemplary service during the COVID-19 pandemic. This may include such activities as increased clinical service or redeployment to areas outside of their basic expertise, transformation of laboratory activities in support of COVID-19-related research, development of new educational curricula to enable remote electives and on-line learning.

|  |
| --- |
|  |