

ABBREVIATED CURRICULUM VITAE



Name:

Professional Title:

Organization:

Address1:

Address2:

E-Mail:

Main Daytime Phone:

Pager:

Mobile Phone:

24 Hour Phone:

Evening Phone:

Fax:

AFFILIATIONS

Facility Name	Department Name	Facility/Department Address

EDUCATION

University/School/Program	Degree/Certificate	Specialty	Year Completed

PROFESSIONAL EXPERIENCE

Job Title	Institution	Year Started	Year Completed

LICENSE DETAILS

Type of License	If Other, Type of License	License Issuer	Professional License Number	Country	State, Province or Region	Expiration Date

ABBREVIATED CURRICULUM VITAE



Name:

Professional Title:

Organization:

Address1:

Address2:

E-Mail:

Main Daytime Phone:

Pager:

Mobile Phone:

24 Hour Phone:

Evening Phone:

Fax:

RESEARCH EXPERIENCE

Study Type (Check all that apply):

Academic

Industry

Investigator-Initiated

Government

Other / Please specify:

Clinical Study Phases (Check all that apply):

I

II

III

IV

Therapeutic Areas of Expertise:

Therapeutic Area	Sub-Therapeutic Area

Total Clinical Research Experience:

Therapeutic Area	Sub-Therapeutic Area	Number of completed studies	Number of ongoing studies

Good Clinical Practice (GCP) Training Details:

Training Provider	Title of Training	Version	Date Completed	Status

By signing this form, I confirm that the information provided on this Abbreviated CV is accurate and reflects my current employment and qualifications:

Signature: _____ Date: _____