CURRICULUM VITAE

CONTENT ORGANIZATION

I. GENERAL INFORMATION
Office Address, Email, Telephone, Fax
Professional Licensure, Board Certification, Research Certification

II. EDUCATION
Undergraduate (chronological from past to present)
Professional/Graduate

III. PROFESSIONAL EXPERIENCES
Military/Government Service (if applicable)

IV. ACADEMIC APPOINTMENTS
Faculty, Visiting Professorships (chronological from past to present)

V. ADMINISTRATIVE APPOINTMENTS

VI. HOSPITAL or CLINICAL APPOINTMENTS

VII. CONSULTING ACTIVITY
Local, State/Regional, National/International

VIII. TEACHING ACTIVITY
University Faculty, Professional Faculty

IX. ADVISING ACTIVITY
Student Advising, Directed Student Learning, Thesis & Dissertation, Referee for Academic Appointment, Promotion or Tenure

X. SERVICE ACTIVITY
University, College, Medical Center, Department
Memberships, Positions Held, Advisory Groups, Review Panels, Editorial Boards, Journal Peer-Reviewing, Media Contributions, Professional Development

XI. SPECIAL ASSIGNMENTS

XII. HONORS & AWARDS

XIII. SCHOLARLY ACTIVITY
Publications, Abstract Presentations, Sponsored Research Projects, Grant & Contract Activities, Non-Sponsored Research Projects, Other Creative/Intellectual Activities and Contributions

XIV. SPEAKING ENGAGEMENTS
Local, State/Regional, National/International

XV. OTHER ACTIVITIES

CURRICULUM VITAE

Of
Name, degrees
Month, Year

I. GENERAL INFORMATION

Office Address Division . . .
Department of . . .
Street, Bldg/Room
City, State, Zip Code
Telephone #

Email email address

ORCID: identification #

State Licensure: 1994 Kentucky #xxxx

Specialty Board Certification, American Board of Periodontics
(mm/yyyy date; Recertification mm/yyyy date)

EDUCATION

08/85-05/88	University of Missouri
08/90-05/94	University of Kentucky, College of Dentistry, Lexington, Kentucky, Doctor of Dental Medicine

POST-GRADUATE TRAINING

07/94-06/95	Dental General Practice Residency, U.S.A.F. Wright-Patterson Medical Center, Dayton, Ohio.

II. EDUCATION

Undergraduate [oldest at top, newest at bottom]

XXX College or University
City, State
mm/yyyy-mm/yyyy Degree, Major, Honors

Professional/Graduate [oldest at top, newest at bottom]

XXX Medical School or Graduate School
City, State
mm/yyyy-mm/yyyy Degree, Major, Honors [if in progress, expected date of degree]

Post-Graduate [oldest at top, newest at bottom]

XXX Medical Center or University Department/Center
City, State
mm/yyyy-mm/yyyy [Specify type of] Internship

XXX Medical Center or University Department/Center
City, State
mm/yyyy-mm/yyyy [Specify type of] Residency [if in progress, expected completion]

XXX Medical Center or University Department/Center
City, State
mm/yyyy-mm/yyyy [Specify type of] Fellowship [if in progress, expected completion]

III. PROFESSIONAL EXPERIENCES [oldest at top, newest at bottom]

XXX Medical Center or University #1
City, State
mm/yyyy-mm/yyyy Position/Title, Department/Center, full-time or part-time
mm/yyyy-mm/yyyy Position/Title, Department/Center, full-time or part-time

XXX Medical Center or University #2
City, State
mm/yyyy-mm/yyyy Position/Title, Department/Center, full-time or part-time
mm/yyyy-mm/yyyy Position/Title, Department/Center, full-time or part-time

IV. ACADEMIC APPOINTMENTS [specify tenure/non-tenure track, academic/non-academic, full-time or part-time]

Faculty [oldest at top, newest at bottom]

XXX University/College #1
City, State
mm/yyyy-mm/yyyy Assistant Professor of Xxx, Xxx Title Series, non-tenure-track, academic, part-time
mm/yyyy-mm/yyyy Associate Professor of Xxx, Xxx Title Series, tenure-track, full-time

XXX University/College #2
City, State
mm/yyyy-mm/yyyy Role/Position, non-tenure-track, non-academic, part-time

XXX University/College #3
City, State
mm/yyyy-mm/yyyy Professor of Xxx, Xxx Title Series, tenure-track, full-time

Visiting Professorships [oldest at top, newest at bottom]

XXX University/Medical Center #1
City, State
mm/yyyy **Grand Rounds**: "Title of Talk"

XXX University/Medical Center #2
City, State
mm/yyyy **Grand Rounds**: "Title of Talk"
mm/yyyy Resident Conference: "Title of Talk"
mm/yyyy Resident Conference: "Title of Talk"

V. ADMINISTRATIVE APPOINTMENTS [oldest at top, newest at bottom; specify full-time or part-time]

XXX Medical Center or University #1
Department/Center
City, State
mm/yyyy-mm/yyyy Position/Title, full-time or part-time

VI. HOSPITAL or CLINICAL APPOINTMENTS [oldest at top, newest at bottom; specify full-time or part-time]

XXX Medical Center or University #1
Department/Center
City, State
mm/yyyy-mm/yyyy Position/Title, full-time or part-time

XXX Medical Center or University #2
Department/Center
City, State
mm/yyyy-mm/yyyy Position/Title, full-time or part-time

VII. CONSULTING ACTIVITIES [oldest at top, newest at bottom in each section]

Local

[Specify] Company/Organization/University #1
City, State
mm/yyyy-mm/yyyy Position/Title/Role/Nature of Work
mm/yyyy-mm/yyyy Position/Title/Role/Nature of Work [different role]

[Specify] Company/Organization/University #2
City, State
mm/yyyy-mm/yyyy Position/Title/Role/Nature of Work

State/Regional

[Specify] Company/Organization/University
City, State
mm/yyyy-mm/yyyy Position/Title/Role/Nature of Work

National/International

[Specify] Company/Organization/University
City, State
mm/yyyy-mm/yyyy Position/Title/Role/Nature of Work

VIII. TEACHING ACTIVITIES [oldest at top, newest at bottom in each section; use for students, residents, fellows, continuing education programs]

University Faculty

XXX University/Medical Center #1
City, State
mm/yyyy-mm/yyyy Course/Program/Lectures #1 [including Course #, type of students]
mm/yyyy-mm/yyyy Course/Program/Lectures #2 [including Course #, type of students]

XXX University/Medical Center #2
City, State
mm/yyyy-mm/yyyy Course/Program/Lectures #1 [including Course #, type of students]

Professional Course/Program Faculty

XXX Organization/Society/Company
City, State

mm/yyyy-mm/yyyy Course/Program/Lectures #1
mm/yyyy-mm/yyyy Course/Program/Lectures #2

IX. ADVISING ACTIVITIES [oldest at top, newest at bottom in each section]

Student Advising

XXX University/Medical Center #1
City, State
mm/yyyy-mm/yyyy Role/Student's Name/Type/Year/Department/Hrs [specify activities] #1
mm/yyyy-mm/yyyy Role/Student's Name/Type/Year/Department/Hrs [specify activities] #2

XXX University/Medical Center #2
City, State
mm/yyyy-mm/yyyy Role/Student's Name/Type/Year/Department [specify activities] #1
mm/yyyy-mm/yyyy Role/Student's Name/Type/Year/Department [specify activities] #2

Directed Student Learning/Mentoring

XXX University/Medical Center
City, State
mm/yyyy-mm/yyyy Role/Student's Name/Type/Year/Department/Credit Hrs [specify project]

Thesis & Dissertation

XXX University/Medical Center
City, State
mm/yyyy-mm/yyyy Role/Student's Name/Type/Year/Department/Program/Credit Hrs [specify topic]

Invited Referee for Academic Appointment, Promotion or Tenure [do not name candidate]

XXX University/Medical Center #1
City, State
mm/yyyy Recommendation for Promotion to Rank of XXX [specify rank]
mm/yyyy Recommendation for Appointment at Rank of XXX [specify rank]

XXX University/Medical Center #2
City, State
mm/yyyy Recommendation for Tenure at Rank of XXX [specify rank]
mm/yyyy Recommendation for Promotion to Rank of XXX [specify rank]

X. SERVICE ACTIVITY [oldest at top, newest at bottom in each section]

Profession

Memberships

mm/yyyy-mm/yyyy Name of Sponsoring Board/Organization/Professional or Scientific Society
mm/yyyy-mm/yyyy Name of Sponsoring Board/Organization/Professional or Scientific Society

Positions Held

Local

Name of Agency/Board/Organization/Society #1
mm/yyyy-mm/yyyy Role (Member/Chair), Name of Committee #1
mm/yyyy-mm/yyyy Role (Member/Chair), Name of Committee #2

Name of Agency/Board/Organization/Society #2
mm/yyyy-mm/yyyy Role (Member/Chair), Name of Committee #1
mm/yyyy-mm/yyyy Role (Member/Chair), Name of Committee #2

State/Regional

Name of Agency/Board/Organization/Society #1
mm/yyyy-mm/yyyy Role (Member/Chair), Name of Committee #1
mm/yyyy-mm/yyyy Role (Member/Chair), Name of Committee #2

Name of Agency/Board/Organization/Society #2
mm/yyyy-mm/yyyy Role (Member/Chair), Name of Committee #1
mm/yyyy-mm/yyyy Role (Member/Chair), Name of Committee #2

National/International

Name of Agency/Board/Organization/Society #1
mm/yyyy-mm/yyyy Role (Member/Chair), Name of Committee #1
mm/yyyy-mm/yyyy Role (Member/Chair), Name of Committee #2

Name of Agency/Board/Organization/Society #2
mm/yyyy-mm/yyyy Role (Member/Chair), Name of Committee #1
mm/yyyy-mm/yyyy Role (Member/Chair), Name of Committee #2

Advisory Groups

Name of Agency/Board/Company/Group/Organization/Society

mm/yyyy-mm/yyyy Role (Member/Chair), Name of Committee #1
mm/yyyy-mm/yyyy Role (Member/Chair), Name of Committee #2

Review Panels

Name of Agency/Board/Organization/Society

mm/yyyy-mm/yyyy Position/Role
mm/yyyy-mm/yyyy Position/Role

Editorial Boards

mm/yyyy-mm/yyyy Name of Journal/Publisher #1
mm/yyyy-mm/yyyy Name of Journal/Publisher #2

Journal Peer-Reviewing

mm/yyyy-mm/yyyy Name of Journal/Publisher #1
mm/yyyy-mm/yyyy Name of Journal/Publisher #2

Media Contributions [when interviewed; self-authored lay press in **. . .**]

Name of Organization/Television-Radio Station/Newsprint/Internet

mm/yyyy-mm/yyyy Topic, Media Type, City, State, Interviewer's Name #1
mm/yyyy-mm/yyyy Topic, Media Type, City, State, Interviewer's Name #2

University [include Senate, Councils]

XXX University
City, State

Administration

mm/yyyy-mm/yyyy Role (Member/Chair), Name of Committee #1
mm/yyyy-mm/yyyy Role (Member/Chair), Name of Committee #2
mm/yyyy Recommendation for Promotion to Rank of XXX [specify rank]
mm/yyyy Recommendation for Tenure at Rank of XXX [specify rank]

Education & Research

mm/yyyy-mm/yyyy Role (Member/Chair), Name of Committee #1
mm/yyyy-mm/yyyy Role (Member/Chair), Name of Committee #2

College [include Councils, DCB]

XXX University/Medical Center
City, State

Administration & Clinical Operations

mm/yyyy-mm/yyyy Role (Member/Chair), Name of Committee #1
mm/yyyy-mm/yyyy Role (Member/Chair), Name of Committee #2
mm/yyyy Recommendation for Appointment at Rank of XXX [specify rank]
mm/yyyy Recommendation for Tenure at Rank of XXX [specify rank]

Education & Research

mm/yyyy-mm/yyyy Role (Member/Chair), Name of Committee #1
mm/yyyy-mm/yyyy Role (Member/Chair), Name of Committee #2

Medical Center

XXX University/Medical Center
City, State

Administration & Clinical Operations

mm/yyyy-mm/yyyy Role (Member/Chair), Name of Committee #1
mm/yyyy-mm/yyyy Role (Member/Chair), Name of Committee #2

Education & Research

mm/yyyy-mm/yyyy Role (Member/Chair), Name of Committee #1
mm/yyyy-mm/yyyy Role (Member/Chair), Name of Committee #2

Department

XXX University/Medical Center
Department of XXX
City, State

Administration & Clinical Operations

mm/yyyy-mm/yyyy Role (Member/Chair), Name of Committee #1
mm/yyyy-mm/yyyy Role (Member/Chair), Name of Committee #2
mm/yyyy Recommendation for Appointment at Rank of XXX [specify rank]
mm/yyyy Recommendation for Promotion to Rank of XXX [specify rank]

Education & Research

mm/yyyy-mm/yyyy Role (Member/Chair), Name of Committee #1
mm/yyyy-mm/yyyy Role (Member/Chair), Name of Committee #2

XI. SPECIAL ASSIGNMENTS

Mm/yyyy Describe particulars in detail

XII. HONORS & AWARDS [specify nature/meaning of each; academic, professional, honorary, not grants; oldest at top, newest at bottom]

yyyy	Type of Honor/Award #1, Sponsoring Organization/Society/ University
yyyy	Type of Honor/Award #2, Sponsoring Organization/Society/ University

XIII. SCHOLARY ACTIVITY

A. PUBLICATIONS [oldest at top, newest at bottom in each section; number each within each section; published or accepted for publication/in press; NOT in preparation; follow AMA format]

Peer-Reviewed Original Research in Professional, Scientific or Educational Journals

1. Author(s) [bold your name]. Title. Journal. Year; Volume: Pages.
EX: Wilcox RV, **Bones DR**. Shifting roles and synthetic women in Star Trek: the next generation. Stud Pop Culture. 1991; 13: 53-65; E-pub 1990 Jan 5.

Non-Peer-Reviewed Articles, Editorials, Reviews in Professional, Scientific or Educational Journals

1. Author(s) [bold your name]. Title. Journal. Year;Volume:Pages.
EX: Wilcox RV, **Bones DR**. Shifting roles and synthetic women in Star Trek: the next generation. Stud Pop Culture. 1991;13:53-65;E-pub 1990 Jan 5.

Books, Book Chapters, Monographs

1. Author(s) [bold your name]. *Title of Book*, #ed (if not 1st edition). City, State: Publisher; Year.
EX: Okuda M, **Okuda D**. *Star Trek Chronology: The History of the Future*. New York: Pocket Books; 1993.

2. Author(s) [bold your name]. Title of Chapter. In: Name of Editor(s), eds. *Title of Book*, #ed (if not 1st edition). City, State: Publisher; Year: Pages.
EX: **James NE**. Two sides of paradise: the Eden myth according to Kirk and Spock. In: Palumbo D, ed. *Spectrum of the Fantastic*, 3rd ed. Westport, CT: Greenwood; 1988: 219- 223.

Letters, Book Reviews, Lay Press

1. Author(s) [bold your name]. Title. Journal/Newspaper. Date; Volume: Pages.
EX: **Di Rado A**. Trekking through college: classes explore modern society using the world of Star trek. Los Angeles Times. March 15, 1995: A3.

Electronic Media

1. Authors [bold your name]. Title. Name of Website. Year;Volume:Pages. URL.
EX: Lynch T. DSN trials and tribble-ations review. Psi Phi: Bradley's Science Fiction Club Web
site. 1996. http://www.bradley.edu/campusorg/psiphi/DS9/ep/503r.htm.
EX: McCoy LH, **Bones DR**. Respiratory changes in Vulcans during pon farr. *J Extr Med* [serial online]. 1999;47:237-247. http://infotrac.galegroup.com/itweb/nysl_li_liu.

B. ABSTRACTS AND CONFERENCE PROCEEDINGS

1. Authors [bold your name]. Title. Name of Journal/Website. Year;Volume:Pages. URL. EX: **Miles FS.** An NF1 Regulatory Element Identified in the HSV-1 LAT Promoter. J Dent Res 74(SI)20(#72), 1995.

Local/State/Regional Meetings

1. Month Year. Authors [bold your name]. Title. Name of organization/society/ symposium. City, State. Podium (XXX name of presenter if other than yourself). ***Award***/citation, if any.

2. Month Year. Authors [bold your name]. Title. Name of organization/society/ symposium. City, State. Scientific Exhibit. ***Award***/citation, if any.

3. Month Year. Authors [bold your name]. Title. Name of organization/society/ symposium. City, State. Poster. ***Award***/citation, if any.

National/International Meetings

1. Month Year. Authors [bold your name]. Title. Name of organization/society/ symposium. City, State. Poster. ***Award***/citation, if any.

2. Month Year. Authors [bold your name]. Title. Name of organization/society/ symposium. City, State. Educational Exhibit. ***Award***/citation, if any.

C. SPONSORED RESEARCH PROJECTS, GRANT & CONTRACT ACTIVITIES
[oldest at top, newest at bottom in each section; include Pending]

Active

Project Title: Name of Project #1
Project Number: Assigned #, e.g., IRB
Principal Investigator(s): Name and Degree
Role in Project: Role/Function (e.g., Co-Investigator, Key Personnel)
Effort: xx %
Institution/University: Where Part or All of Work Performed
Source of Funding: Name of Sponsor (Intramural or Extramural?)
Duration of Project: mm/yyyy-mm/yyyy
Total Award: $XXX [or Pending]
Grant Number: Account #

Project Title: Name of Project #2
Project Number: Assigned #, e.g., IRB
Principal Investigator(s): Name and Degree
Role in Project: Role/Function (e.g., Co-Investigator, Key Personnel)
Effort: xx %
Institution/University: Where Part or All of Work Performed
Source of Funding: Name of Sponsor (Intramural or Extramural?)
Duration of Project: mm/yyyy-mm/yyyy
Total Award: $XXX [or Pending]
Grant Number: Account #

Inactive

Project Title: Name of Project #1
Project Number: Assigned #, e.g., IRB
Principal Investigator(s): Name and Degree
Role in Project: Role/Function (e.g., Co-Investigator, Key Personnel)
Effort: xx %
Institution/University: Where Part or All of Work Performed
Source of Funding: Name of Sponsor (Intramural or Extramural?)
Duration of Project: mm/yyyy-mm/yyyy
Total Award: $XXX [or Pending]
Grant Number: Account #

Project Title: Name of Project #2
Project Number: Assigned #, e.g., IRB
Principal Investigator(s): Name and Degree
Role in Project: Role/Function (e.g., Co-Investigator, Key Personnel)
Effort: xx %
Institution/University: Where Part or All of Work Performed
Source of Funding: Name of Sponsor (Intramural or Extramural?)
Duration of Project: mm/yyyy-mm/yyyy
Total Award: $XXX [or Pending]
Grant Number: Account #

D. NON-SPONSORED RESEARCH PROJECTS [oldest at top, newest at bottom in each section]

Active

Project Title: Name of Project #1
Project Number: Assigned #, e.g., IRB
Principal Investigator(s): Name and Degree
Role in Project: Role/Function
Date Started: mm/yyyy
Date To Be Completed: mm/yyyy
Institution/University: Where Part or All of Work Performed

Title: Name of Project #2
Project Number: Assigned #, e.g., IRB
Principal Investigator(s): Name and Degree
Role in Project: Role/Function
Date Started: mm/yyyy
Date To Be Completed: mm/yyyy
Institution/University: Where Part or All of Work Performed

Inactive

Project Title: Name of Project #1
Project Number: Assigned #, e.g., IRB
Principal Investigator(s): Name and Degree
Role in Project: Role/Function
Date Started: mm/yyyy
Date Completed: mm/yyyy
Institution/University: Where Part or All of Work Performed

Title: Name of Project #2
Project Number: Assigned #, e.g., IRB
Principal Investigator(s): Name and Degree
Role in Project: Role/Function
Date Started: mm/yyyy
Date Completed: mm/yyyy
Institution/University: Where Part or All of Work Performed

E. OTHER CREATIVE ACTIVITIES [oldest at top, newest at bottom; include innovative materials, clinical protocols, institutional packages, modules, computer programs, innovative teaching materials, patented and copyrighted intellectual property; describe where work used and by whom]

Name of Agency/Board/Organization/Society #1

mm/yyyy-mm/yyyy Title of Work/Nature of Activity/Purpose/Product #1
mm/yyyy-mm/yyyy Title of Work/Nature of Activity/Purpose/Product #2

Name of Agency/Board/Organization/Society #2
mm/yyyy-mm/yyyy Title of Work/Nature of Activity/Purpose/Product #1
mm/yyyy-mm/yyyy Title of Work/Nature of Activity/Purpose/Product #2

XIV. SPEAKING ENGAGEMENTS [Invited lectureships, panel sessions; oldest at top, newest at bottom in each section]

Local

XXX University/Medical Center/Organization/Society #1
City, State
mm/yyyy Forum/Session/Conference: "Title of Talk" #1
mm/yyyy Forum/Session/Conference: "Title of Talk" #2

XXX University/Medical Center/Organization/Society #2
City, State
mm/yyyy Forum/Session/Conference: "Title of Talk"

State/Regional

XXX University/Medical Center/Organization/Society #1
City, State
mm/yyyy Forum/Session/Conference: "Title of Talk"

XXX University/Medical Center/Organization/Society #2
City, State
mm/yyyy Forum/Session/Conference: "Title of Talk" #1
mm/yyyy Forum/Session/Conference: "Title of Talk" #2

National/International

XXX University/Medical Center/Organization/Society #1
City, State
mm/yyyy Forum/Session/Conference: "Title of Talk"

XXX University/Medical Center/Organization/Society #2
City, State
mm/yyyy Forum/Session/Conference: "Title of Talk

XV. OTHER ACTIVITIES / PROFESSIONAL DEVELOPMENT

[oldest at top, newest at bottom; writing board examinations, curricular design committees]

Name of Agency/Board/Organization/Society #1

mm/yyyy-mm/yyyy Role/Position/Title of Work/Nature of Activity/Purpose

mm/yyyy-mm/yyyy Role/Position/Title of Work/Nature of Activity/Purpose

Name of Agency/Board/Organization/Society #2

mm/yyyy-mm/yyyy Role/Position/Title of Work/Nature of Activity/Purpose

mm/yyyy-mm/yyyy Role/Position/Title of Work/Nature of Activity/Purpose