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# PharmPAC Fillable CV Template

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## User Guide

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Career and Professional  
Development Committee

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## Introduction

The purpose of this document is to assist U.S. Public Health Service Pharmacists to format their curriculum vitae to the standard format.

This guide has been developed to assist the user should questions arise. Please feel free to reach out the Career and Professional Development Committee with any questions, concerns, constructive criticism or compliments.

The template is best viewed in Adobe Reader X or higher. Please visit the Adobe website to download the latest version.

A special thanks to the following officers who aided in the development of this tool:


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# COVER PAGE

## PERFORMANCE AND CONTACT INFORMATION (cover)

	<b>CURRICULUM VITAE</b> <b>PHARMACY CATEGORY</b>	<input type="text" value="First M.I. Last"/>	<input type="text" value="PHS # Pharmacist"/>
		<input type="text" value="Employee ID"/>	<input type="text" value="Date"/>
<b>COVER SHEET</b>			
<b>PERFORMANCE</b>			
<input checked="" type="checkbox"/>	Type content here (limit 1 page total for the cover sheet)		
<input checked="" type="checkbox"/>	Type content here (limit 1 page total for the cover sheet)		
<input checked="" type="checkbox"/>	Type content here (limit 1 page total for the cover sheet)		
<input type="button" value="Add"/>			

### Required information

- List your leadership attributes and PHS mission contributions (major publications/presentations, i.e. APhA, COA, agency/program conference, etc.)
  - List honor/unit awards: award title (from whom i.e. PHS [e.g., OSM, CM, AM, CIT, OUC, UC], Army, Division, Institute, and Agency [including non-DHHS agencies], and professional organization awards [APhA], and recognition such as letters of commendation), short description if applicable: List all the years received
- \* Include exceptional capability promotion  
{leadership attributes, i.e. influencing, operating, and improving the mission of the PHS}  
{list each award in order of precedence, i.e. individual honor awards to unit awards}

### Helpful Hints

- This is a free text section
- Self-explanatory
- Dashes (-) can be used as an introduction to each line.
- Bold and Underlining can be used with control functions (Bold: Control B Underline: Control U)
- Select date obtained from the calendar (does not need to be the exact date)

## EDUCATION, TRAINING and PROFESSIONAL DEVELOPMENT (cover)

<b>EDUCATION, TRAINING and PROFESSIONAL DEVELOPMENT</b>			
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<input checked="" type="checkbox"/>	Type content here (limit 1 page total for the cover sheet)		
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### Required information

- List advance degrees, certifications, credentialing achieved: Year acquired
- List other public health training/experience: Date, if appropriate  
{MPH, MHA, post BS PharmD, public health training/experience, i.e. OFRD, Bioterrorism Preparedness, Healthy People 2010}

### Helpful Hints

- This is a free text section
- Dashes (-) can be used as an introduction to each line.
- Bold and Underlining can be used with control functions (Bold: Control B Underline: Control U)
- Select date obtained from the calendar (does not need to be the exact date)

**Certification/Credentialing: Basic** (e.g. certificate programs: diabetes, immunization, anticoagulation, IHS local clinical pharmacy specialist; computer programming; FDA Level I investigator, etc.)

**Intermediate** (e.g., pharmacy residency certificate; pharmacy residency director certificate; documentation as a trainer or instructor for anticoagulation, lipid management, smoking cessation; IHS National Clinical Pharmacy Specialist Certification; Level II FDA certification, etc.) **Advanced** (e.g. Board Certification - Board of Pharmaceutical Specialties or Commission for Certification in Geriatric Pharmacy; recognized national specialist determined by preset peer reviewed criteria - Level III FDA investigator certification)

## CAREER PROGRESSION and POTENTIAL (cover)

CAREER PROGRESSION and POTENTIAL	
X	Type content here (limit 1 page total for the cover sheet)
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Add	

### Required information

- Assignments, Billet, agency. City, State: Dates present
- Mobility – Geographic and/or Programmatic
- State either Regular or Reserve Corps: Year assimilated
- Collateral Duties /Billet Addendums
- List readiness deployments/TDYs: Year

{list each geographical move/job progression in reverse chronological order – most recent first}

### Helpful Hints

- This is a free text section
- Dashes (-) can be used as an introduction to each line.
- Bold and Underlining can be used with control functions (Bold: Control B Underline: Control U)
- Select date obtained from the calendar (does not need to be the exact date)

## CHARACTERISTICS of CAREER OFFICER and SERVICE to the CORPS (cover)

CHARACTERISTICS of CAREER OFFICER and SERVICE to the CORPS	
X	Type content here (limit 1 page total for the cover sheet)
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Add	

### Required information

- List any involvement with PharmPAC, JOAG, MOLC, APAOC i.e. member, Years of membership
- List BOTC/IOTC training

### Helpful Hints

- This is a free text section
- Dashes (-) can be used as an introduction to each line.
- Bold and Underlining can be used with control functions

- List recruitment activities, i.e. Associate Recruiter Lead, Recruiter, formal/informal recruitment activities
- List mentoring activities, i.e. One-on-one mentoring, group mentoring
- List Professional Organization activities, i.e. Active member at the regional, national, or international level
- List service awards/training ribbon (from whom i.e. PHS, Army, Navy, Air Force, Marines, Coast Guard, NOAA) Year awarded
- List other official PHS activities: Year, if appropriate {PHS Service Awards, i.e. special assignment, isolated hardship, hazardous duty, NEPA/CRSA}  
 {PHS activities, i.e. PHS Administrative Boards, Honor Guard, PHS Ensemble, Aide-de-Camp, Transformation workgroups}

(Bold: Control B Underline: Control U)

--Select date obtained from the calendar (does not need to be the exact date)

## READINESS (cover)

**READINESS**

Readiness Status:  Primary Deployment Role:

Basic Qualified  
Exempt  
Not Ready

**READINESS**

Readiness Status:  Primary Deployment Role:

Mental Health  
Nurse  
Nurse Practitioner  
Occupational Health/Industrial Hygiene  
Operations  
Optometrist  
Pharmacist  
Physician  
Physician Assistant

## Required information

- Readiness status: (officers can meet this standard by meeting all of the requirements of the "OFRD Basic Level" of readiness that are in place for the OFRD program as referenced in the Manual Circular, "PHS Readiness Standards")
- Deployment role: (refer to OFRD webpage)


## Helpful Hints

--Select appropriate designation from both drop down menus

## Note:

- Do your best to keep all of your summarized information on one page.
- Do not use a font smaller than 10 point.
- Dashes (-) can be used as an introduction to each line.
- Bold and Underlining can be used with control functions:  
 (Bold: Control B Underline: Control U)

# BODY OF CV

	<b>CURRICULUM VITAE</b> <b>PHARMACY CATEGORY</b>	<input type="text"/>	<input type="text"/> First M.I. Last	<input type="text"/> PHS #	<input type="text"/> Pharmacist
		<input type="text"/>	<input type="text"/> Employee ID	<input type="text"/> Date	
<b>CURRICULUM VITAE</b>					
<input type="text"/> Current Agency Address and Phone Number					

## Required information

Rank  
 Name  
 PHS number  
 Employee ID number (from Direct Access)  
 Date  
 Current agency address and phone number

## Helpful Hints

-- This is a free text section  
 -- Self-explanatory

## Education:

EDUCATION	
<input type="checkbox"/>	<input type="text"/> Enter education here. Add rows as necessary.
<input type="checkbox"/>	<input type="text"/> Enter education here. Add rows as necessary.
<input type="checkbox"/>	<input type="text"/> Enter education here. Add rows as necessary.
<input type="button" value="Add"/>	

## Required information

Residency/Board Certification/etc.  
 Program.: Date achieved  
 Degree(s)  
 University/college. City, State. : Date achieved  
 {list all college degrees and extensive training}

## Helpful Hints

First Box –  
 --Select degree from the drop down menu (use more than one line if multiple degrees).

Second Box –  
 -- This is a free text section  
 -- Self-explanatory

Third Box—  
 --Select date obtained from the calendar (does not need to be the exact date)

## Experience:

EXPERIENCE		Start	End
<input type="checkbox"/> IHS	<input type="text"/> Enter experience here. Add rows as necessary.	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> CDC	<input type="text"/> Enter experience here. Add rows as necessary.	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> DHS	<input type="text"/> Enter experience here. Add rows as necessary.	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> DoD			
<input type="checkbox"/> REA			
<input type="checkbox"/> EPA			
<input type="checkbox"/> FDA			
<input type="checkbox"/> HRSA			
<input type="checkbox"/> IHS	<input type="text"/> payments/training here. Add rows as necessary.	<input type="text"/>	<input type="text"/>

EXPERIENCE		Start	End
X	IHS	Enter experience here. Add rows as necessary.	
X		Enter experience here. Add rows as necessary.	
X		Enter experience here. Add rows as necessary.	
Add			
<b>READINESS</b> Readiness Status:			
X	Enter deployment here. Add rows as necessary.		
X	Enter deployments/training here. Add rows as necessary.		

EXPERIENCE		Start	End
X		Enter experience here. Add rows as necessary.	
X		Enter experience here. Add rows as necessary.	
X		Enter experience here. Add rows as necessary.	
Add			
<b>READINESS</b>			

### Required information

Agency

Duty site

Dates assigned

Staff/Chief Pharmacist (position title) (billet) describe position.

-Other duties involved.

Collateral duties (minimum of 2 for O-4 and above) collateral description.

\* Highlight your achievements/outcomes, leadership attributes, and mission contributions.

\* Clearly indicate the level of responsibility of each position.

\* Include permanent assignments and any assignment in an acting capacity where personnel orders were issued or the assignment lasted more than 90 days.

{list each job in reverse chronological order – most recent first}

### Helpful Hints

-List each job in reverse chronological order – most recent first

--First Box – select agency

--Second Box – select BILLET of job description

--Third Box – Enter Experience

-this is a free text box

--Fourth Box – Enter Start Date

-select date obtained from the calendar (does not need to be the exact date)

--Fifth Box – Enter Stop Date

-select date obtained from the calendar (does not need to be the exact date)

-if current position enter "Present"

### Readiness:

READINESS	
Readiness Status:	
X	Enter deployments/training here. Add rows as necessary. Delete row if not appropriate.
X	Enter deployments/training here. Add rows as necessary. Delete row if not appropriate.
X	Enter deployments/training here. Add rows as necessary. Delete row if not appropriate.
Add	

### Required information

- Readiness status: (officers can meet this

### Helpful Hints

--Self-explanatory



standard by meeting all of the requirements of the “OFRD Basic Level” of readiness that are in place for the OFRD program as referenced in the Manual Circular, “PHS Readiness Standards”)

- Deployment role: (refer to OFRD webpage)

--Select readiness status

--Select date attended from the calendar (does not need to be the exact date)

Significant training: {especially public health initiatives}Year trained

Deployments: Date(s) deployed

{include all activities i.e. DMAT, NPRT, NMRT, and VMAT}

## **Awards and Honors:**

PHS AWARDS		Date Awarded
X	Enter PHS awards here. Add rows as necessary.	
X	Enter PHS awards here. Add rows as necessary.	
X	Enter PHS awards here. Add rows as necessary.	
Add		
NON-PHS AWARDS		Date Awarded
X	Enter non-PHS awards here. Add rows as necessary. Enter "Not Applicable" if appropriate.	
X	Enter non-PHS awards here. Add rows as necessary. Enter "Not Applicable" if appropriate.	
X	Enter non-PHS awards here. Add rows as necessary. Enter "Not Applicable" if appropriate.	
Add		

### **Required information**

Award title (from whom i.e. PHS [e.g., OSM, CM, AM, CIT, OUC, UC], Army, Division, Institute, and Agency [including non-DHHS agencies], and professional organization awards [APhA], and recognition such as letters of commendation), short description if applicable.  
Year received

- \* Include exceptional capability promotion
- \* Supporting documents should be in your eOPF
- \* {list awards in reverse chronological order}

### **Helpful Hints**

--List each award in reverse chronological order – most recent first  
--First Box – select type of award received  
--Second Box – enter very brief description of award  
--Third Box-- select date awarded from the calendar (does not need to be the exact date)

Non-PHS awards  
--Self-explanatory  
--select date awarded from the calendar (does not need to be the exact date)  
--if not applicable please state and subsequent delete rows

## **PHS Support Activities:**

PHS SUPPORT ACTIVITIES		Start	End
X	Enter PHS support activities here. Add rows as necessary.		
X	Enter PHS support activities here. Add rows as necessary.		
X	Enter PHS support activities here. Add rows as necessary.		
Add			

### Required information

#### Activity: Years of service

\* i.e. PharmPAC, JOAG, MOLC, membership/support, Mentoring, Aide-de-Camp, Associate Recruiter, short TDYs, etc.

{include year of participation and any official position you held}

### Helpful Hints

- This is a free text section
- Self-explanatory
- Select date of activity from the calendar (does not need to be the exact date)

### Professional Memberships and Activities:

PROFESSIONAL MEMBERSHIPS and ACTIVITIES		Start	End
X	Enter professional memberships and activities here. Add rows as necessary.		
X	Enter professional memberships and activities here. Add rows as necessary.		
X	Enter professional memberships and activities here. Add rows as necessary.		
<input type="button" value="Add"/>			

### Required information

Program/association  
Special duty/committee involvement and accomplishments

{list active memberships only}

\* may list previous membership(s) to reflect accomplishments or any official position you held

### Helpful Hints

- This is a free text section
- Self-explanatory
- Select dates of active membership from the calendar (does not need to be the exact date)

### Presentations and Publications:

PRESENTATIONS and PUBLICATIONS		
X	<input type="text"/>	Enter presentation/publication here. Add rows as necessary.
X	<input type="text"/>	Enter presentation/publication here. Add rows as necessary.
<input type="button" value="Add"/>		

Page 2 of 3

### Required information

"Title." organization to whom presented. Month, year. City, state. (presentation format)

Author. Title. Journal. Year; volume: page(s). (publication format)

- \* note poster presentations here as well, after title please include (poster)
- o Early in career, staff presentations may be listed. As career progresses, list presentations to larger audiences i.e. city, state, national level

{list in reverse chronological order}

### Helpful Hints

- List each presentation in reverse chronological order – most recent first
- First Box – select type of presentation
- Second Box – enter description of presentation
- Third Box-- select date presented from the calendar (does not need to be the exact date)

## **License:**

LICENSE(S)	
X	<input type="text"/> Enter license number here. Add rows as necessary.
X	<input type="text"/> Enter license number here. Add rows as necessary.
X	<input type="text"/> Enter license number here. Add rows as necessary.
<input type="button" value="Add"/>	

### **Required information**

State registered. License #

### **Helpful Hints**

--Select licensure state from the drop down menu  
--Enter license number in the next field

## **Certifications and Special Skills:**

CERTIFICATIONS, SIGNIFICANT TRAINING and SPECIAL SKILLS	
X	<input type="text"/> Enter certifications and special skills here. Add rows as necessary. Enter "Not Applicable" if appropriate.
X	<input type="text"/> Enter certifications and special skills here. Add rows as necessary. Enter "Not Applicable" if appropriate.
X	<input type="text"/> Enter certifications and special skills here. Add rows as necessary. Enter "Not Applicable" if appropriate.
<input type="button" value="Add"/>	

### **Required information**

Diabetes Educator; passed national exam.  
Mass Vaccinator; attended weekend training.  
BLS, ACLS, PALS, etc.  
Diving, pilot, etc.

### **Helpful Hints**

--Self-explanatory  
--Select date obtained from the calendar (does not need to be the exact date)

{list anything you feel is pertinent to the Corps}  
{specify the type of certification or certificate received,  
i.e. type of training involved}

\* Board certifications are also listed under Education.

## **Community Service:**

COMMUNITY SERVICE	
X	<input type="text"/> Enter community service here. Add rows as necessary. Enter "Not Applicable" if appropriate.
X	<input type="text"/> Enter community service here. Add rows as necessary. Enter "Not Applicable" if appropriate.
X	<input type="text"/> Enter community service here. Add rows as necessary. Enter "Not Applicable" if appropriate.
<input type="button" value="Add"/>	

### **Required information**

- Type of involvement  
- non-PHS activities  
\* some activities may require Outside Approval  
{list services that are no more than 5 years old}

### **Helpful Hints**

--Self-explanatory  
--Select date obtained from the calendar (does not need to be the exact date)