# PharmPAC Fillable CV Template

## User Guide

Career and Professional Development Committee

#### 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:

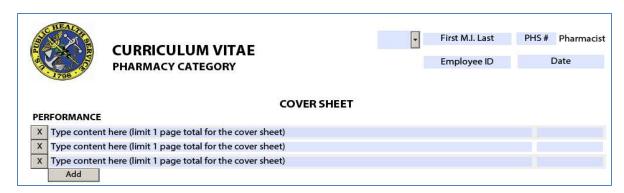
CAPT Terry Harrison
CAPT Aaron Sigler
CDR Kofi Ansah
CDR Troy Benardo
CDR Anne Marie Bott
CDR Dean Goroski
CDR Shary Jones
CDR Spencer Salis
CDR Ermias Zerislassie
LCDR Benjamin Bishop
LCDR Liatte Krueger
LCDR Janice Maniwang
LT Garrette Martin-Yeboah
LT Eric Wong

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#### **COVER PAGE**

#### PERFORMANCE AND CONTACT INFORMATION (cover)



#### 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)

EDUCATION, TRAINING and PROFESSIONAL DEVELOPMENT	
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Add	

#### Required information

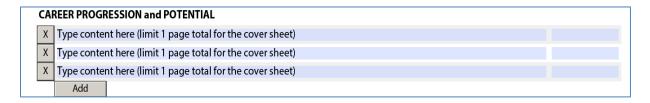
- List advance degrees, certifications, credentialing achieved: Year acquired
- List other public health training/experience: Date, if appropriate

{MPH, MHA, post BS PharmD, public health training/experience, i.e. OFRD, Bioterrorism Preparedness, Healthy People 2010}

- -- This is a free text section
- --Dashes (-) can be used as an introduction to each line.
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- --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)**



#### Required information

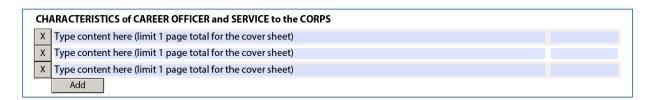
- Assignments, Billet, agency. City, State: Dates present
- Mobility Geographic and/or Programmatic
- State either Regular or Reserve Corps: Year assimilated
- Collateral Duties /Billet Addendums
- List readiness deployments/TDYs: Year

#### **Helpful Hints**

- -- This is a free text section
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- --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)

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

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



#### **Required information**

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

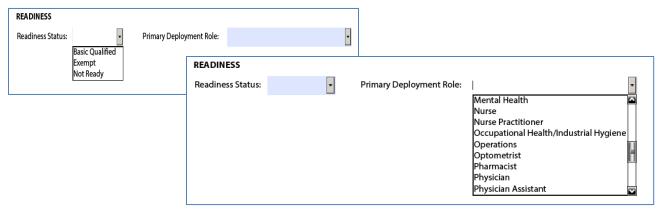
- -- This is a free text section
- --Dashes (-) can be used as an introduction to each line.
- --Bold and Underlining can be used with control functions

- 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)



#### Required information

- Readiness status: (officers can meet this standard by meeting <u>all</u> 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**



#### Required information

Rank

Name

PHS number

Employee ID number (from Direct Access)

Date

Current agency address and phone number

#### **Education:**

EDU	JCATION	
Х		■ Enter education here. Add rows as necessary.
Х		▼ Enter education here. Add rows as necessary.
Х		Enter education here. Add rows as necessary.
	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**

**Helpful Hints** 

-- Self-explanatory

-- This is a free text section

First Box -

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

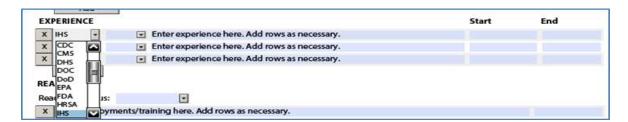
#### Second Box -

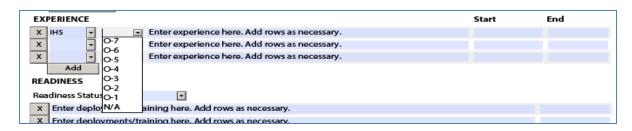
- -- This is a free text section
- -- Self-explanatory

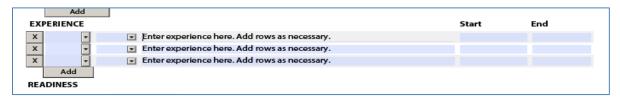
#### Third Box—

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

#### **Experience:**







#### 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.

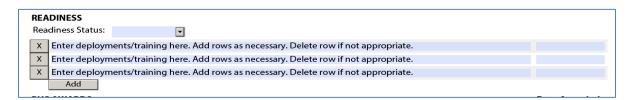
- \* Highlight your achievements/outcomes, leadership attributes, and mission contributions.
- \* Clearly indicate the level of responsibility of each position.
- \* Include permanent assignments and any assignment in an acting capacity where personnel orders were issued or the assignment lasted more 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:**



#### Required information

• Readiness status: (officers can meet this

#### **Helpful Hints**

--Self-explanatory

standard by meeting <u>all</u> 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.	
Х	Enter PHS awards here. Add rows as necessary.	
X	Enter PHS awards here. Add rows as necessary.	
Add	TextField2	
NON-PHS AWARDS		<b>Date Awarded</b>
X Enter non-PHS awards here. Add r	ows as necessary. Enter "Not Applicable" if appropriate.	
X Enter non-PHS awards here. Add r	ows as necessary. Enter "Not Applicable" if appropriate.	
X Enter non-PHS awards here. Add r	ows 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}

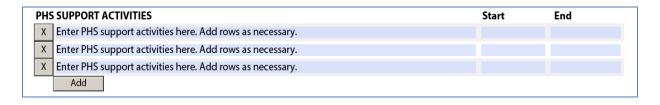
#### **Helpful Hints**

- --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:**



#### 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		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.		
Add		

#### Required information

Program/association Special duty/committee involvement and accomplishments

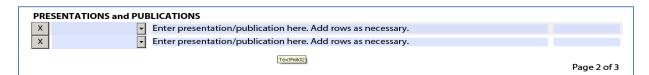
{list active memberships only}

\* 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:**



#### **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)
  - 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}

- --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	The license number here. Add rows as necessary.
X	Enter license number here. Add rows as necessary.
X	The license number here. Add rows as necessary.
Add	

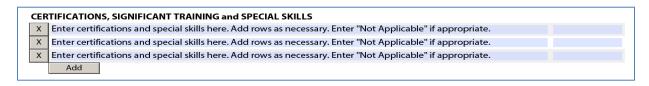
#### Required information

State registered. License #

#### **Helpful Hints**

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

#### **Certifications and Special Skills:**



#### Required information

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

{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.

#### **Helpful Hints**

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

#### **Community Service:**



#### Required information

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

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