

# APPLICANT CV TEMPLATE

Please use this template as a guideline to prepare your CV. This is NOT intended as a "form".  
In your CV you may use as much space as you need in each section.

**Full Name**  
**Full Address**  
**Telephone Number**  
**Fax Number**  
**E-mail address**

---

**CITIZENSHIP:**

**DATE OF BIRTH:**

## 1. MEDICAL EDUCATION

**Example:**

*June 1975, MBBS, University of Southern California, Los Angeles, CA, USA*

Date	Name of degree	Name of University	Address (City/Province/State/Country)
_____ Month Year	_____	_____	_____

## 2. POSTGRADUATE MEDICAL QUALIFICATIONS

**Part A**

In reverse chronological order (most recent first) please list the general medical qualifying examinations after graduation in all jurisdictions:

**Example**

<i>Medical Council of Canada</i>	<i>MCCQE Part 2</i>	<i>Nov. 1998</i>	<i>Oral</i>	<i>No</i>
<i>Medical Council of Canada</i>	<i>MCCQE Part 1</i>	<i>May 1991</i>	<i>Written</i>	<i>Yes</i>

Board /Organization	Name of Exam	Examination Date	Written or oral	Completed Successfully
_____	_____	_____ Month Year	_____	Yes No
_____	_____	_____ Month Year	_____	Yes No

**Part B**

In reverse chronological order please list the certifying examination for a medical specialization in all jurisdictions.

**Example:**

College of Family Physicians of Canada, Family Medicine, Dec. 2002, written NO  
 College of Family Physicians of Canada, Family Medicine, Dec. 2002, oral YES

Board /Organization	Specialty	Examination Date	Written or oral	Completed Successfully	
_____	_____	____/____	_____	Yes	No
_____	_____	____/____	_____	Yes	No

**3. POSTGRADUATE MEDICAL TRAINING**

In reverse chronological order list the postgraduate medical training appointments you have had since you obtained your medical degree according to the format outlined below: Medical training includes all periods of supervised practice (i.e. internship, residency, clinical and research fellowship, etc.)

**Example:**

Sep. 1992 - May 1994, Residency, Rheumatology (Year 2-3), University of California (Irvine) Medical Centre, Orange, CA, USA

Dates From/To	Type of Training	Specialty	Location (medical school, base hospital, clinic, etc., jurisdiction as per example)
_____	_____	_____	_____

**4. PROFESSIONAL APPOINTMENTS**

In reverse chronological order list your **unsupervised** practice experiences. **Do not** include postgraduate training/fellowship periods identified in Section 3. For each period of practice, please provide the corresponding license or registration number. In addition, please identify breaks in practice history longer than three months and provide an explanation for such periods.

**If you practice in more than one practice location, please identify what you consider to be your primary, secondary, etc. location, as well indicate whether it is a full time or part time practice.**

**Example:**

June 1998- **Present**, Rheumatology, Head of Department, James Paton Memorial Hospital, Gander, NF, # 12435 – *Primary Practice, 2/3 of the time.*

Sep. 2000- **Present**, Rheumatology, Staff, St. John's Hospital, Gander, NF, # 12435 – *Secondary Practice, 1/3 of the time.*

Dates From/To	Specialty	Position title (if applicable)	Location	License or Reg'n No.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**5. MEDICAL LICENCES**

In **reverse** chronological order please provide a list of all previous and current medical licenses, type and duration you have held in any jurisdiction.

**Example:**

*College of Physicians and Surgeons of New Brunswick, Independent, # 10453, July 1997 – Present*  
*College of Physicians and Surgeons of New Brunswick, Restricted, # 10453, July 1995 – June 1997*

Licensing Authority	Type	License or Reg'n No	Dates From/To
_____	_____	_____	_____
_____	_____	_____	_____

**6. MEMBERSHIP(S)****7. HONOURS/AWARDS****8. PRESENTATIONS****9. PUBLICATIONS****10. Any other relevant information you wish to provide.**