

## Abbreviated Curriculum Vitae (CV)

<p><b>First Name:</b></p> <p><b>Middle Name:</b></p> <p><b>Last Name:</b></p> <p><b>Profession:</b></p> <p><b>Affiliation Name:</b></p> <p><b>Address:</b></p> <p><b>City:</b></p> <p><b>Postal Code:</b></p> <p><b>State/Region/Province:</b></p> <p><b>Country:</b></p> <p><b>Phone:</b></p> <p><b>Extension:</b></p> <p><b>Fax:</b></p> <p><b>Email:</b></p> <p><b>Study Location Name (if different):</b></p> <p><b>Address :</b></p> <p><b>City:</b></p> <p><b>Postal Code:</b></p> <p><b>State/Region/Province:</b></p> <p><b>Country:</b></p> <p><b>Phone:</b></p> <p><b>Extension:</b></p> <p><b>Fax:</b></p> <p><b>Email (if different):</b></p>
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<b>EDUCATION</b>			
	<b>University</b>	<b>Degree</b>	<b>Year Completed</b>

  

<b>MEDICAL EDUCATION</b>			
	<b>University</b>	<b>Degree</b>	<b>Year Completed</b>

**Abbreviated Curriculum Vitae (CV)**

<b>PROFESSIONAL EXPERIENCE/OTHER RELATED TRAINING</b>		
<b>Institution</b>	<b>Medical Field</b>	<b>Year (Completed)</b>

**Professional License Number:**  
**State/Region/Province:**  
**Expiration Date:**  
**Research Area(s) of Interest:**  
**Clinical Trial Phases:**     I     II     III     IV

**List your most Current Clinical Research below:**

Therapeutic Area:	Type of Trial	Phase:	Completed	On-Going
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

**GCP Training Documentation (Course Provider/Year Completed):**

**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:**