

First Name, Last Name, Suffix

Address
City, State, Zip
Phone Number
Email

EDUCATION

- Academic Facility, Residency. City, State (Dates Attended), Specialty.
- Academic Facility, City, State. (Dates Attended) International Post-Graduate Mini-Residency program, Internal Medicine and Gastroenterology.
- Medical School, City, State (Dates Attended) Doctor of Medicine.

WORK EXPERIENCE

- Primary Care Physician, Private Practice Group. Practice Name, City, State (Dates worked in reverse chronological order)
- Medical House Staff Physician. Fire Dept. City, State. (Dates Worked).

CERTIFICATION

- ABIM- Board Eligible 08/2015

LICENSURE

- NY State Medical license

HONORS AND AWARDS

- Facility, School of Medicine: Honors in: Anesthesiology, Pulmonology, Cardiology, Nephrology
- Community Service, Facility. Recognition for Contribution to the Creation of a Culture of Health in the Community. Location. Date.

RESEARCH EXPERIENCE

- Research Scholars Program, Facility
- Awareness of STI Testing among Emergency Room Patients.
- Poster presentation of above research at Conference, City, State. Date.

ACCREDITATIONS

- BLS/ACLS
- ECFMG certified USMLE STEP 1, 2CK AND 2CS, USMLE STEP 3

ADDITIONAL LANGUAGES

- Spanish (fluent written and spoken)

HOBBIES AND INTERESTS

- Family, Parenthood, International Dance, Swimming

REFERENCES (Add 3. 2 of 3 should be from Supervisors)

- Name, Title, Address, Phone and Email