**Curriculum Vitae**

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| **Personal Information** |
| Surname: |  |
| First Name: |  |
| Academic Degree: |  |
| Date of Birth: |  |
| Citizenship: |  |
| Birthdates of Children: |  |
| Maternity or Paternity Leave(s); Care leave(s) for close relatives (*Pflegezeit*): |  |
| Private Address: |  |
| Working Address: |  |
| Telephone working / private: |  |
| E-Mail working / private: |  |
| **Academic and Career History** |
| **Current Position**:**As of***: MM/YY* |  |
| **Scientific Activity since completion of Degree:** *MM/YY, Employer/Department, Topic* |  |
| **University Career** |
| **Doctorate#:***Date Diploma/Certificate was issued:* |  |
| *Grade of Doctorate:* |  |
| *Title of Dissertation:* |  |
| *Institution which granted the Doctorate:* |  |
| **Medical License, if applicable:** *Date of issue* |  |
| **Clinical Practical Year** (*Praktisches Jahr*)**, if applicable:** *MM/YY – MM/YY, Subject/Field, clinic* |  |
| **Medical Clerkship/Rotation** (*Famulaturen*)**, if applicable:** *MM/YY – MM/YY, Subject/Field, Clinic* |  |
| **Secondary University Degree (Master):** *MM/YY:**Subject/Field:**Examination (Medical Examination, Master):**Grade:**Institution:* |  |
| **Primary University Degree (Bachelor):** *MM/YY – MM/YY, Subject/Field, Institution* |  |
| **School leaving qualification (A-Level, Leaving Certification, High School Diploma, etc.):***Date, School, City or Township:**Final Grade Point Average:**If applicable, notable distinctions (e.g. skipping a grade):* |  |
| **Non-scientific activity****(Medical specialization, clinical activity, professional training)** |
| *MM/YY – MM/YY, Field/Topic, Institution*  |  |
| **Other Qualification or Training (e.g. Certifications for Animal Experimentation, X-Ray Courses etc.)** |
| *MM/YY – MM/YY, Field/Topic, Institution* |  |
| DateSignature |  |