**Curriculum Vitae[[1]](#footnote-1)**

|  |  |
| --- | --- |
| **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* |  |
| Date  Signature |  |

1. Fill out using Calibri font, size 11. The completed form may not exceed 3 pages. [↑](#footnote-ref-1)