**Biosketch**

**1. Name and Faculty Rank**

Nominee First and Last Name, (Degree: PhD/MD, etc.)

(Instructional / Clinical) Assistant | Associate Professor / Professor

**2. Current Position**

Associate Professor, Department of (xxx)

Program Director, (Institution), etc.

**3. Education** *(\*add more rows as needed – delete this note prior to submitting)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Institution** | **Years Attended** | **Degrees** | **Field of Study** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**4. Post-graduate Training** *(\*add more rows as needed – delete this note prior to submitting)*

|  |  |  |
| --- | --- | --- |
| **Institution** | **Years Attended** | **Field of Study** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**5. Professional Experience** *(\*chronological order – delete this note prior to submitting)*

Year – Year Position, Department/Division, Institution

Year – Year Position, Department/Division, Institution

Year – Year Position, Department/Division, Institution, etc.

**6. Medical School Teaching Experience** *(\*chronological order – delete this note prior to submitting)*

Institution *(\*include if taught at more than one institutions – delete this note prior to submitting)*

Year(s) taught Course / Clerkship, *(Indicate Lecturer, Laboratory Instructor, or Small Group   
Facilitator, if applicable)*

Year(s) taught Course / Clerkship, *(Indicate Lecturer, Laboratory Instructor, or Small Group   
Facilitator, if applicable)*

**7. Medical School Teaching Awards** *(\*chronological order – delete this note prior to submitting)*

Year received Teaching Award

Year received Teaching Award, etc.

**8. Medical School Education Administration Experience** *(\*chronological order – delete this note prior to submitting)*

Curriculum Development *(\*delete heading if not applicable)*

Year – Year *Course Developer*, Course / Clerkship, etc.

Year – Year *Discipline Leader / Clerkship Lead*, Course / Clerkship, etc.

Administration *(\*delete heading if not applicable; participation in LCME Subcommittees / Curriculum Committee and its components / Academic Affairs / Student Affairs, etc. are listed here)*

Year – Year *Course / Clerkship Director*, Course / Clerkship, etc.

Administration – Regional, State, and/or National *(\*delete heading if not applicable)*

Year – Year Role / Position, Specialty Organization, etc.

**9. Professional Development in Medical Education**

Education-related/Leadership in Education-related Seminar; Location; Month, Year, etc.

Education-related/Leadership in Education-related Workshop; Location; Month, Year, etc.

Education-related/Leadership in Education-related Training/Certification Program; Location; Month, Year

**10. Medical Education Research / Scholarly Activities**

Project / Scholarly Activity

Title of Project / Scholarly Activity, years *(if applicable)*, funding agency *(if applicable)*

* *(\*Brief description of project, including outcome data as applicable – delete this note prior to submitting)*

Publications (articles) *(\*chronological order – delete this note prior to submitting)*

1. Author Last Name, First Initial; (other authors). Title of article. Journal name. Year of publication; Issue Number: pages.
2. Author Last Name, First Initial; (other authors). Title of article. Journal name. Year of publication; Issue Number: pages.

Abstracts (presentations) *(\*chronological order – delete this note prior to submitting)*

1. Author Last Name, First initial; (other authors). Title of presentation. [Oral / Poster / Workshop / Small Group Discussion, etc.] Conference; Location; Dates of Conference/Meeting.
2. Author Last Name, First initial; (other authors). Title of presentation. [Oral / Poster / Workshop / Small Group Discussion, etc.] Conference; Location; Dates of Conference/Meeting.

Invited Presentations *(\*delete heading if not applicable) (\*chronological order – delete this note prior to submitting)*