**CURRICULUM VITAE**

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| **Name:** | [*Write your first and last name, your degree; Example:* Taro Kanwa, M.D.] | | | |
|  |  | | | |
| Position: | [*Write residency position or staff physician position*]  *Example*:  Staff Physician,  Department of Palliative Medicine | | | |
|  |  | | | |
| Address: | [*Write work address*]  *Example*:  1-4-8 Tosabori Nishi Ku  Osaka City  Osaka 550-0001, Japan | | | |
|  |  | | | |
|  | [*Write the following contact information*]  Phone:  Fax:  E-mail Address: | | | |
|  |  | | | |
| **EDUCATION:** [*This section should include all your post-graduate residency training. See examples.*] | | | | |
| [2006-2010] | [Name of High School, City, Prefecture, Japan] | | Diploma |  |
| [2010-2012] | [Name of University, City, Prefecture, Japan] | | M.D. | Medicine |
| [Enter year(s)] | Palliative Care Center, Tokyo, Japan | | Junior Resident | Medicine |
| [Enter year(s)] | Palliative Care Center, Tokyo, Japan | | Senior Resident | General Internal Medicine |
| [Enter year(s)] | [Write place where observership/externship was done; | | Junior Resident | Observership/  Externship |
| [Enter year(s)] | [Name of Hospital, City, Japan] | | Fellow | Palliative Medicine |
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| **LICENSES, CERTIFICATION:** [*Enter all your certifications in this section. See examples below*] | | | | |
| [Enter year(s)] | USMLE Step 1 | | | |
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| **ENGLISH SKILLS, CERTIFICATION:** | | | | |
| [Enter year(s)] | [*Example*: Test of English as a Foreign Language (TOEFL)] | | | |
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| **LANGUAGES:** *See Examples below* | | | | |
| Native English, Japanese | | | | |
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| **PRINCIPAL POSITIONS HELD:** [*Include all your staff physician or faculty positions*.] | | | | |
| [Enter year(s)] | [*Write location]* | [*Your Role*] | | [*Specialty*] |
| [Enter year(s)] | [*Example:* Palliative Medical Center, Tokyo, Japan] | [*Example:* Staff Physician] | | [*Example*:  Pediatrics] |
|  | | | | |
| **HONORS AND AWARDS:** | | | | |
| [Enter year(s)] | [*Example*: Outstanding Junior Resident Award, Medicine] | | | |
| [Enter year(s)] |  | | | |
|  | | | | |
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| **PROFESSIONAL ORGANIZATIONS:** | | | | |
| MEMBERSHIPS | | | | |
| [Enter year(s)] | [Name of organization, Location] | | | |
| [Enter year(s)] |  | | | |
|  | | | | |
| **INVITED PRESENTATIONS:** [*Include all poster or oral presentations in this section*] | | | | |
| INTERNATIONAL | | | | |
| [Enter year(s)] | [Enter AUTHOR(S) and TITLE of abstract/case report and NAME of MEDICAL SOCIETY, and LOCATION] | | | |
| [Enter year(s)] |  | | | |
|  | | | | |
| NATIONAL | | | | |
| [Enter year(s)] | [Enter AUTHOR(S) and TITLE of abstract/case report and NAME of MEDICAL SOCIETY, and LOCATION] | | | |
| [Enter year(s)] |  | | | |
|  | | | | |
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| **PEER REVIEWED PUBLICATIONS/CASE REPORTS:** | | | | |
| 1. [Authors names (bold or underline your name), Title, Journal Name, Year, Volume, and Pages] | | | | |
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