SAMPLE Curriculum Vitae**:** *All Instructions are indicated in blue text and italicized*

CURRICULUM VITAE

**Name and Credentials**

Mailing Address

Phone Number │ Email Address

**PROFESSIONAL EDUCATION**

Include date conferred, institutions, degree, field(s) of study. Most current first. Example:

|  |  |  |
| --- | --- | --- |
| **Date Conferred** | **Institution** | **Degree, Field of Study** |
| mm/yyyy | University of Kentucky | Doctor of Nursing Practice |
| mm/yyyy | University of Kentucky | Masters of Science, Nursing |
| mm/yyyy | University of Kentucky | Bachelor of Science, Nursing |
| mm/yyyy | University of Kentucky | Associate Degree in Nursing |

**PROFESSIONAL LICENSURE & CERTIFICATIONS**

Provide licensure in all states licensed. List RN licensure first and then APRN as applicable. Can state anticipated date of board exam. Include prior and current certifications of relevance with # and certifying body. Example:

|  |  |  |
| --- | --- | --- |
| Kentucky Board of Nursing | Registered Nurse | XXXXXXX |
| Kentucky Board of Nursing | APRN | XXXXXXX |

**PROFESSIONAL EXPERIENCES**

Do not include high school and college work unless related to your profession. Include dates employed, institution and location and title/position. Do not list job duties. May have separate sections for academic and clinical positions or include as one section. Should include recent “student clinical/practicum experiences” with location, preceptor & hours. Example:

|  |  |  |
| --- | --- | --- |
| **Dates** | **Institution and Location** | **Position** |
| mm/yyyy - Present | University of Kentucky College of Nursing  Lexington, KY | DNP Executive Nurse Leadership Student |
| mm/yyyy | Dr. Colleen Swartz, UKHC VP Preceptor | DNP Student, 60 hours |
| mm/yyyy | Dr. Karen Hill, Baptist Health Lexington CNE & COO Preceptor | DNP Student, 60 hours |
| mm/yyyy - Present | University of Kentucky College of Nursing  Lexington, KY | Assistant Professor |
| mm/yyyy | University of Kentucky Chandler Medical Center  Lexington, KY | Acute Care Nurse Practitioner |
| mm/yyyy | University of Kentucky Chandler Medical Center  Lexington, KY | Staff Nurse |

**PROFESSIONAL MEMBERSHIPS**

Membership in professional organizations including years of membership. Spell out in full and abbreviate in parenthesis. Indicate if member or the role/leadership. Example:

|  |  |  |
| --- | --- | --- |
| **Dates** | **Organization** | **Role** |
| yyyy - Present | American Academy of Nurse Practitioners (AANP) | Member |
| yyyy - Present | American Academy of Nursing (AAN) | Member |
| yyyy - Present | American Academy of Nursing (AAN) | Member, Expert Panel |
| yyyy - Present | American Academy of Nursing (AAN) | Chair, Policy Task Force |
| yyyy - yyyy | American Nurses Association (ANA) | Member |
| yyyy - yyyy | Kentucky Nurses Association (KNA) | Member |

**HONORS & AWARDS**

List professional honors & awards and the year conferred. Put most recent first. Sigma induction is considered an honor. Example:

|  |  |
| --- | --- |
| yyyy | Sigma Theta Tau, University of Kentucky Chapter |
| yyyy |  |

**RESEARCH ACTIVITIES**

List all research activities and funding including the dates of investigation, the title of the research study & assigned grant numbers, if applicable. The funding agency, your role (bold), funding amount.

|  |  |
| --- | --- |
| **Dates** | **Title and Assigned Grant Numbers**  **Funding Agency, Role (Funding Amount)** |
| mm/yyyy | Title. Assigned Grant Number(s). Funding Agency, Role, (Funding Amount) |

EXAMPLE

|  |  |
| --- | --- |
| 05/2019 | Nurse leaders characteristics in organizations with advanced practice providers. Sigma Theta Tau International Delta Psi Chapter, **PI**, ($500) |
| 09/2013 - 06/2018 | A cognitive behavioral intervention to improve medication adherence in chronic heart failure. DHS, NIH, NINR 1RO1 NR06745-01. **PI**, ($1,687,704) |

**PUBLICATIONS**

List most recent first. Use consistent reference format and bold your name. Use subsections for ease of reading and identifying types of publications.

**Journal Articles**

1. **Last, First Initial**. (yyyy). Title of Article. Title of Periodical, Volume Number (Issue Number), pages.

EXAMPLE

1. **Jones, B.,** Dough, J. & Smith, J.D. (2017). The effect of a biofeedback intervention on autonomic tone in patients with heart failure. Circulation, 465(3), 1121-1130.

**Books & Book Chapters**

1. **Last, First Initial**. (yyyy). Title of Work. Publisher Name.

EXAMPLE

1. **Jones, B.,** Dough, J. & Smith, J.D. (2017). Pulmonary hypertension. In Moser, D.K., & Riegel, B. (Eds.). Cardiac nursing: A companion to Braunwald’s heart disease. St. Louis: Elsevier.
2. **Jones, B.** (2017). Pulmonary hypertension – management guidelines for critical care nurses. American Heart Association.

**Media Interviews / Opinion Editorials**

1. **Last, First Initial**. Title. Publisher, Publication Date

EXAMPLE

1. **Jones, B**. CPR Recommendations Change – Get with the Fast Beat. Health Column. The Lexington Herald Leader, 01/10/15.
2. **Jones, B.** American Heart Association New Guidelines: Interview Lex18, WQTV, Lexington, KY, 01/09/15

**Published Abstracts**

1. **Last, First Initial**. (yyyy). Title. Title of Periodical, Volume Number (Issue Number), page.

EXAMPLE

1. Dough, J., **Jones, B.,** & Smith, J.D. (2017). The effect of biofeedback on autonomic tone in patients with NYHA IV heart failure. Journal of Cardiac Failure, 14(4), S105.

**PRESENTATIONS**

Put most recent first. All scholarly presentations include date of presentation, authors and bold your name. Title of presentation. Type of presentation (poster, paper, etc.). Program title, organization sponsoring program. Location of program.

1. mm/yyyy. **Last, First Initial.** Title of Presentation. Type of Presentation. Program Title, Organization Sponsoring Program. City, State

EXAMPLE

1. 01/2019. **Jones, B** and Swartz, C. Journey for Magnet Re-Destination. Podium presentation. VIZIANT Conference. Orlando, Florida
2. 05/2017. **Jones, B,** Hill, M. and Swartz, C. Psychometric properties of the Alaska-Alabama Behavioral Inventory. Poster presentation. Heart Failure Society of Eastern Europe. Istanbul, Turkey

**PROFESSIONAL SERVICE**

Abstract reviewer for programs or organizations including the organization title, the program title and the year. Grant reviewer including the organization(s), dates of review, study section name and number when applicable. Scholarship reviews for organizations including organization name and dates. Example:

|  |  |
| --- | --- |
| **Dates** | **Role, Organization** |
| mm/yyyy - Present | Panel Reviewer, UK College of Nursing Distinguished Hall of Fame |
| mm/yyyy - mm/yyyy | Abstract reviewer, National Organization of Nurse Practitioner Faculty Annual Conference (April 2017) Focusing on Evidence Based Practice, Podium Abstracts |

**Community Service**

Put most current first. Dates of service, Community Board service including name of board and community activities. Example:

|  |  |
| --- | --- |
| **Dates** | **Board Community Activities, Name of Organization/Community Board** |
| yyyy - Present | Board of Directors, University of Kentucky |

**Academic Service**

Dates of Service, role (member, advisor), name of committee, student name and title of thesis or dissertation. Example:

|  |  |
| --- | --- |
| **Dates** | **Role, Name of Committee** |
| yyyy - Present | Member, University of Kentucky, University Senate |
|  | Member, University of Kentucky College of Nursing, Faculty Council |
| yyyy - Present | Chair, XXXXXXXX |
|  | Chair, University of Kentucky College of Nursing, Healthcare Systems Track Committee |
| yyyy - Present | Member, UKCON Accreditation Self-Study Writing Team |

**ACADEMIC ENGAGEMENT**

*Year and semester, courses/clinicals taught, credit hours of each course, number of students. Example:*

| **Year, Semester** | **Course Number and Course Title** | **Credit**  **Hours** | **# of Students** |
| --- | --- | --- | --- |
| yyyy, Fall | NUR XXX, Title | 5 |  |
| yyyy, Spring | NUR 850, Advanced Research Methods | 5 |  |
| yyyy, Summer |  |  |  |

**CONTINUING EDUCATION**

Date(s), Name of organization/conference, location. Number of CE hours. Example:

| **Dates** | **CE Activity** | **CE Hours** |
| --- | --- | --- |
| mm/dd/yyyy | UKCON Faculty Development Workshop on Simulation - PAV A, UKHC Lexington, KY | 8 |
| mm/dd/yyyy - mm/dd/yyyy | Kentucky Nurses Association Annual Conference, Louisville, KY | 12 |
| mm/dd/yyyy - mm/dd/yyyy | American Association of Critical-Care Nurses National Teaching Institute, New Orleans, LA | 16 |