# [First Name] [Last Name], [Degrees] Date Prepared: \_\_/\_\_/\_\_\_\_

Work address  
City, State, ZIP code  
Work phone number (desk)

Work phone number (cell)  
Work email: [email@address.com](mailto:email@address.com)

Home address  
City, State, ZIP code  
Preferred home phone number  
Secondary email: [email@address.com](mailto:email@address.com)

Guidelines for filling out the template:

* **Please delete any section or parts of sections that do not apply to your experience.**
* Please input information related to your experience in **one section only**. Do not duplicate entries. If you have any questions about where to input your experience or accomplishments, please contact the Office of Faculty Affairs.
* Delete all instructions in the final version of your CV. Retain only the category headers.
* All entries should be in chronological order, **beginning with the oldest experience** in the category.
* Each section has an introduction explaining the types of experience requested within that section.
* The examples given under some headings are provided in italics to illustrate formatting as well as the types of experience or information requested of you in that section; your own experience may vary from the specific examples given.
* Experiences in domestic locations (United States) only require city and state. For international experiences, please list city and country.
* Please use the following format for author or developer references:
  + Hoose JL
  + Aabat RH, Boone JS, Rafael CR

**Current Position(s)**

Please share information about all your current positions.

Position title, Institution/Organization, City, State/Country Years

**Education and Training**

Please list in chronological order all degree-granting institutions (associate degree or its equivalent and higher) attended for one year or more. We are interested in seeing a complete educational record including institutions attended where a degree was not granted (for example, transferring from one program to another). Please include the year the degree was earned or, in the case of transfer or incompletion, the last year of attendance.

**Degrees Awarded**

BS/BA, Major (include honors*)*, Institution, City, State/County Year (issued)

MA/MS/MPH, Institution, Program or School, City, State/County Year

MD, Institution, Program or School, City, State/Country Year

PhD, (field), Institution, Program or School,, City, State/Country Year

Thesis title:

Advisor:

**Other Coursework**

Type of coursework or field, Institution, College/School/Department, City, State/County Years

**Postdoctoral Training**

List internship, residency, and fellowship in the following order:

Internship, Institution, City, State/Country Years

Residency, Institution, City, State/Country Years

Fellowship, Institution, City, State/Country Years

Postdoctoral fellow/scholar, Department, University/Institution, City, State/Country Years

Supervisor:

**Certificates**

Name of certification/certificate, Institution/Organization, City, State/Country Year (issued)

**Academic Activities: Appointments and Educational Roles**

Please list in chronological order. Indicate if the position was tenured.

**Academic Appointments**

If relevant, list your current position in this section.

Title, Department, Institution, City, State/Country Years

Example: Assistant Professor Years

Department, Institution, City, State/Country

Example: Professor, John Jay Professor of Biomedical Science, tenured Years

Department, Institution, City, State/Country

**Academic Committee Service**

Please list in chronological order academic committee appointments.

Role, Committee Name, Institution/Organization, City, State/Country Years

Optional: One-sentence description of activities if not apparent based on the information above.

**Other Academic Service Experience**

Please list in chronological order academic service not covered above such as Admissions File Reviewer.

Role, Type of service, Institution/Organization, City, State/Country Years

Optional: One-sentence description of activities if not apparent based on the information above.

**Academic Leadership and Administration**

Please list in chronological order academic leadership activities or administrative roles (e.g., serving as an academic director or dean, managing an academic event, or directing a course).  
Role/Title, Institution/Organization, City, State/Country Years

Example: Director, Program, Institution, City, State/Country Years

Example: Speaker Series Organizer, Name of Event, City, State/Country Years

**Teaching in Programs and Courses**

Please list in chronological order all courses taught.

Role, Course Name, Session Title (if applicable), Institution/Organization, City, State/Country Years

Approximate number of student contact hours, approximate number of students

Optional: One-sentence description of activities if not apparent based on the information above.

**Clinical Teaching and Supervision**

Please list in chronological order.

Role, Name of Practice, Hours per Year Years

City, State/Country  
Optional: One-sentence description of activities if not apparent based on the information above.

**Advising and Mentoring**

Please list in chronological order within each section.

USC Clinic Rotation – Clinic Superivist

example

**Students**

Name, Instution/Organization (where mentored), Your Role Years

Mentee’s Current Position

Optional: Any additional information such as awards or other accomplishments.

**Residents**

Name, Instution/Organization (where mentored), Your Role Years

Mentee’s Current Position

Optional: Any additional information such as awards or other accomplishments.

**Postdoctoral Trainees**

Name, Instution/Organization (where mentored), Your Role Years

Mentee’s Current Position

Optional: Any additional information such as awards or other accomplishments.

**Faculty**

Name, Instution/Organization (where mentored), Your Role Years

Mentee’s Current Position

Optional: Any additional information such as awards or other accomplishments.

**Teaching of Peers**

(e.g., CME and other continuing education courses)

Role, Name of Course or Activity, Institution/Organziation, City, State/Country Years

Optional: Description of activities

**Other Educational Activities**

Please list in chronological order any workshops, demonstrations, or other relevant educational activities not captured above. Please do not include invited single presentations or visiting professorships, which will be captured in the sections below.

Role, Course/Activity, Institution/Organization, City, State/Country Years

Optional: One-sentence description of activities if not apparent based on the information above.

**Clinical Activities**

In chronological order, please provide details about your certifications, licenses, clinical practice, clinical leadership, and clinical committee work. Clinical activities related to teaching should be listed in the Academic Educational Activities section.

**Licensure and Board Certification**

State Medical Licenses (both active and inactive; do not include #s) Year

Specialty Certification, Specialty Board Year

Subspecialty Certification, Subspecialty Board Year

**Clinical Practice**

Please do not include clinical teaching captured above; may repeat current position listed above if clinical.

Name of practice, City, State/Country Years

Type of Activity and Frequency

**Clinical Committee Service**

Role, Committee Name, Institution/Organization, City, State/Country Years

Optional: One-sentence description of activities if not apparent based on the information above.

**Clinical Leadership and Administration**

Role/Title, Activity/Initiative (if applicable), Institution/Organization, City, State/Country Years

Optional: One-sentence description of activities if not apparent based on information above.

**Other Work Experience**

Please list in chronological order significant paid work experience after obtaining your bachelor’s degree.

Position Title, Institution/Organization, City, State/Country Years

Example: Coordinator, Public Program Office, Museum of Science, Boston, MA 1996-1999

**Professional Development Activities**

Please list in chronological order any formal activities, courses, workshops, programming, or training related to your professional development, such as teaching, research, workplace wellness, professional skills, or leadership training. Do not include clinical CME programs.

Program/Course, Institution/Organization, City, State/Country Years

**Professional Honors and Awards**

Please list in chronological order.

Name of Honor or Award, Organization Year

Example: Fellow, American College of Obstetrics 2020

Optional: One sentence description of honor or award if not apparent based on the information above

**Community Activities**

Please list in chronological order all activities related to health education, health service, and health information dissemination intended for or completed in public and community settings (e.g., volunteer medical activities or clinic work, membership in community health task forces or committees, school visits, mentorship of community members, public or community talks, and participation in or organization of community wellness events).

**Volunteer Healthcare Provision**

Please include healthcare that you provided on a volunteer basis.

Organization, City, State/Country Years

Responsibilities

**Community-Based Presentations**

Please list in chronological order health, healthcare, and scientific presentations invited by and/or intended for community audiences.

Presenter(s). Event. Title of Talk. Intended audience. City, State/Country (Date)

Example: Reis KT, Ogawe B. San Bernardino Family Health Fair. Affordable ways to eat healthy for heart health. Intended audience: San Bernardino Glossway and Bawly Clinic patients and their families. San Bernardino, CA (October 12, 2019).

**Community-Based Mentorship**

Please list in chronological order health, healthcare, and scientific mentorship activities.

Organization, Number of Mentees, City, State/Country Years

Type and description of mentorship activies

**Community Leadership and Administration**

Please list in chronological order any community leadership activities, such as serving on boards, organizing community health-related or science events, and leading health initiatives in community settings.

Role/Title, Organization, City, State/Country Years

Optional: One-sentence description of activities if not apparent based on the information above

**Community Health Committee Services**

Please list in chronological order work completed as part of a community health committee such as work on a local health initiative task force or local public health initiatives.

Role, Committee, Institution, City, State/Country Years

Optional: One-sentence description of activities if not apparent based on the information above**.**

**Community Recognition**

Please list in chronological order any forms of recgnition, eg, awards, received from community/local groups.

**Recognition for Medical, Science, or Health Contributions**

Award or Recognition, Organization Year

Optional: One-sentence description of activities if not apparent based on the information above.

**Other Community Recognition**

Award or Recognition, Organization Year

Optional: One-sentence description of activities if not apparent based on the information above.

**Other Community Activities**

Please list in chronological order additional non-medical or scientific community activities, including volunteering (e.g. directing a school play), that you would like to add.

Role, Organization, City, State/Country Years

Optional: One-sentence description of activities if not apparent based on the information above.

**Grant Activities**

**Grant Funding**

Please list in chronological order within each section.

**Current**

Agency, Grant Number, Principal Investigator Name (if other than you) Years

Title

Description (one sentence)

Total Direct Costs

Role

% effort

**Completed**

Agency, Grant Number, Principal Investigator Name (if other than you) Years

Title

Description (one sentence)

Total Direct Costs

Role

% effort

**Pending**

Agency, Grant Number, Principal Investigator Name (if other than you) Years

Title

Description (one sentence)

Total Direct Costs

Role:

% effort

**Training Grants/Mentored Trainee Grants**

Please list in chronological order.

Name of grant, Role Years

**Current Unfunded Projects**

Please list any current projects that have not received funding

Working Title

Brief description of the project Years

**Grant Review Activities**

Please list in chronological order

Review activity, Organization Years

**Academic Presentations**

Please list in chronological order (most recent last) any presentations you gave in which you were invited to speak. If you were an author but not the speaker, include in “Other Academic Presentations” below. Please number each entry as shown, and bold your name.

**Invited Presentations**

**Local**

1. Author(s), Institution or Meeting, City, State/Country, Title of presentation Date

**Regional**

1. Author(s), Institution or Meeting, City, State/Country, Title of presentation Date

**National**

1. Author(s), Institution or Meeting, City, State/Country, Title of presentation Date

**International**

1. Author(s), Institution or Meeting, City, State/Country, Title of presentation Date

**Other Academic Presentations, Posters, and Abstracts**

Please list in chronological order. Include presentations of your work for which you were co-author but did not deliver the talk, poster, etc. Please organize presentations and posters by local, regional, national, or international conference or meeting as shown. (Examples are shown in the “Posters” section below.)

Please number each entry and bold your name. Identify the geographic scope and use the following citation formats. If a published work, use format 1; if not a published work, use format 2.

**Local**

1. Format for published work: Author(s). Institution or Meeting, City, State/Country, Title [Abstract Number, if relevant]. Journal Title. Year;Volume(issue): page number(s). [Please note if presenter.]
2. Format for non-published work Author(s). Institution or Meeting, City, State/Country. Paper or poster presented at: Name of conference: number of conference (if applicable); year; location. [Please note if presenter.]

**Regional**

1. Format for published work: Author(s). Institution or Meeting, City, State/Country, Title [Abstract Number, if relevant]. Journal Title. Year;Volume(issue): page number(s). [Please note if presenter.]
2. Format for non-published work Author(s). Institution or Meeting, City, State/Country. Paper or poster presented at: Name of conference: number of conference (if applicable); year; location. [Please note if presenter.]

**National**

1. Format for published work: Author(s). Institution or Meeting, City, State/Country, Title [Abstract Number, if relevant]. Journal Title. Year;Volume(issue): page number(s). [Please note if presenter.]
2. Format for non-published work Author(s). Institution or Meeting, City, State/Country. Paper or poster presented at: Name of conference: number of conference (if applicable); year; location. [Please note if presenter.]

**International**

1. Format for published work: Author(s). Institution or Meeting, City, State/Country, Title [Abstract Number, if relevant]. Journal Title. Year;Volume(issue): page number(s). [Please note if presenter.]
2. Format for non-published work Author(s). Institution or Meeting, City, State/Country. Paper or poster presented at: Name of conference: number of conference (if applicable); year; location. [Please note if presenter.]

Please use the following citation formats:

**Presentations**

**Katz LT**. Comparing two modes of information delivery in clinical settings. Paper presented at: Learn Serve Lead 2019: The AAMC Annual Meeting; 2019 Nov 8-12; Phoenix, AZ. [Presenter]

**Posters**

Kwan K, **Oster, NE**, Owo, Z. Advances in understanding the brain-gut axis in psychopharmaceutical intervention effectiveness in the treatment of Parkinson’s disease. Poster session presented at: Understanding the Role of the Gut in Degenerative Neurological Disease: 16th Annual Conference of the American Academy of Clinical Neuropsychology; 2017 Jun 4-17; Chicago, IL. [Presenter, Poster]

**Abstracts**

Huger I, **Adopolis GE**. Teaching active listening in clinical practice. [ARVO abstract 2090]. Journal of Medical Education 2011:3(89):56. [Presenter, Abstract]

**Abstracts published in journals that have abstract sections**

DA, Oster DF. Skin graft viability from stem cells grown in comparative culture media. Dermatology. 2005:1(77):22.

**Professional Association Activities**

Please list in chronological order within each section.

**Professional Memberships**

Society Name, Role Years

**Professional Association Leadership Positions or Committee Service**

Society Name, Committee (appointed,elected), Role Years

**Editorial Responsibilities  
  
 Editorial Board Service**

Journal or Monograph Name, Role Years

Single Issue or Series

**Journal Review Activities**

Journal Name, number of articles reviewed Years

**Scholarship and Research: Peer Reviewed**

Please list in chronological order within each section listed below. Forthcoming research should be included in this section with an indication that the article is forthcoming. Please number each entry.

**Published and Forthcoming Articles – Print Journals**

Please bold your name and only include published or forthcoming articles in journals that publish print versions of their titles.

Electronic publications ahead of print should be included here and indicated by [e-publication ahead of print] with a hyperlink to electronic version; once the article is published, please remove and add the print citation.

We welcome the addition of an optional sentence sharing the impact your work has had or how your work speaks to integrating approaches/fields/methods/areas in medicine or how your work contributes to innovation.

1. Author(s). Title. Journal title. Year Month;volume(issue): pp-pp. [Type of article e.g., cover article, editorial, about article, book review, recognition]

Optional statement of impact

1. Author(s). Title. Journal title. Year Month;volume(issue): pp-pp. [Forthcoming]

Optional statement of impact

1. Author(s). Title. Journal title. Year Link to article [e-publication ahead of print]

Optional statement of impact

1. Author(s). Title. Journal title. Year Link to article [Book review]

Optional statement of impact

Examples:

**Scholarship and Research Articles**

**Lee QX**, Haahn DR. Large intestinal biome composition as a predictor for depression. Gut. 2019 Sept;45(3): 234-255

Contributed to new research inquiries seeking to more precisely understand the efficacy of using targeted probiotic strains in treating depressive symptoms.

**Book Reviews**

**Akosy B**. Just in time. Science. 2007 Sept;40(2): 120-121 p. [Book review]

**Published and Forthcoming Articles – Online Journals**

Please bold your name and only include published or forthcoming titles that will only appear in an online format.

1. Author(s). Title. Journal title. Year Month;volume(issue): pp-pp (if applicable) Link to article

Optional statement of impact

1. Author(s). Title. Journal title. Year Month;volume(issue). [Forthcoming]

Optional statement of impact

1. Author(s). Title. Journal title. Year Link to article [Forthcoming book review]

Optional statement of impact

**Scholarship and Research - Other**

**Print (including books, book chapters, if peer reviewed)**

Please list in chronological order any peer reviewed print publications not captured in the above sections. The examples below are not meant to be comprehensive and are provided as examples. Please bold your name and only include published or forthcoming articles in journals that publish print versions of their titles.

Please bold your name and only include published or forthcoming titles.

We welcome the addition of an optional sentence sharing the impact your work has had or how your work speaks to integrating approaches/fields/methods/areas in medicine or how your work contributes to innovation.

1. Author(s). Title. Location: Press (if applicable); Year. [Book]

Optional statement of impact

1. Author(s), editor(s). Title. Location: Press (if applicable); Year. [Book editor]

Optional statement of impact

1. Author(s). Book title. Chapter Title. Location: Press (if applicable); Year:page range. [Book chapter]

Optional statement of impact

**Online (including books, book chapters, if peer reviewed)**

Please bold your name and only include published or forthcoming titles for publications that will only appear online.

1. Author(s). Title. Location: Press (if applicable); Year. Link to title [Book]

[Optional statement of impact]

1. Author(s), editor(s). Title. Location: Press (if applicable); Year. Link to title [Book editor]

[Optional statement of impact]

1. Author(s). Book title. Location: Press (if applicable); Year. Chapter Title. Link to chapter (or book title if not able to link directly to chapter) [Book chapter]

[Optional statement of impact]

Examples:

**Books**

Author(s). Title. Location: Press; Year. [Book]

Example:

**Signh PF**, Ambrose K. An introduction to radiology. New York: Oxford University Press; 2017. [Book]

**Books edited**

Author(s), editor(s). Title. Location: Press; Year. Number of pages. [Book editor]

Example:

**Ricardo GJ**, editor. Fighting infectious disease in the lab. Chicago: University of Chicago Press; 2012. [Book]

**Book chapters**

Author(s). Book title. Location: Press; Year. Chapter Title; pp-pp. [Book chapter]

Example:

**Riolo ME**. Simulation in medical education. 2nd ed. Amsterdam (Netherlands): Elsevier Academic Press; 2019. Chapter 8, Virtual anatomy, teaching the body using virtual reality technology; 120-155 p. [Book chapter]

**Scholarship and Research – Non-Peer-Reviewed**

**Published and Forthcoming Articles – Print Journals**

Please bold your name and only include published or forthcoming titles.

1. Author(s). Title. Journal title. Year Month;volume(issue): pp-pp.

Optional statement of impact

1. Author(s). Title. Journal title. Year Month;volume(issue): pp-pp. [Forthcoming]

Optional statement of impact

1. Author(s). Title. Journal title. Year Link to article [e-publication ahead of print]

Optional statement of impact

1. Author(s). Title. Journal title. Year Link to article [Book review]

Examples:

**Scholarship and Research Articles**

**Lee QX**, Haahn DR. Large intestinal biome composition as a predictor for depression. Gut. 2019 Sept;45(3): 234-255

**Book Reviews**

**Akosy B**. Just in time. Science. 2007 Sept;40(2): 120-121 p. [Book review]

**Published and Forthcoming Articles – Online Journals**

Please bold your name and only include published or forthcoming titles.

1. Author(s). Title. Journal title. Year Month;volume(issue): pp-pp (if applicable) Link to article

**Research and Scholarly Publications - Other**

**Print (including books, book chapters)**

Please bold your name and only include published or forthcoming titles.

1. Author(s). Title. Location: Press (if applicable); Year. Number of pages. [Book]

Optional statement of impact

1. Author(s), editor(s). Title. Location: Press (if applicable); Year. [Book editor]

Optional statement of impact

1. Author(s). Book title. Location: Press (if applicable); Year. Chapter Title. [Book chapter]

Optional statement of impact

**Online (including books, book chapters)**

Please bold your name and only include published or forthcoming titles.

1. Author(s). Title. Location: Press (if applicable); Year. Number of pages. Link to title [Book]

Optional statement of impact

1. Author(s), editor(s). Title. Location: Press (if applicable); Year. Link to title [Book editor]

Optional statement of impact

1. Author(s). Book title. Location: Press (if applicable); Year. Chapter Title. Link to chapter (or book title if not able to link directly to chapter) [Book chapter]

Optional statement of impact

**Scholarship and Research Articles Under Review**

**Peer Reviewed – Print Journals**

Please bold your name and only include research submitted for review in journals that publish in print. Please remove once accepted.

1. Author(s). Title. Journal Title. Month Year submitted [Type of article e.g., book review, cover article]

**Peer Reviewed – Online Journals**

Please bold your name and only include research submitted for review in journals that exclusively publish online. Please remove once accepted.

1. Author(s). Title. Journal Title. Month Year submitted [Type of article e.g., book review, cover article]

**Non-Peer-Reviewed – Print Journals**

Please bold your name and only include articles submitted for review in journals that publish in print. Please remove once accepted.

1. Author(s). Title. Journal Title. Month Year submitted [Type of article e.g., book review, cover article]

**Non-Peer-Reviewed – Online Journals**

Please bold your name and only include articles submitted for review. Please remove once accepted.

1. Author(s). Title. Journal Title. Month Year submitted [Type of article e.g., book review, cover article]

**Scholarship – Educational/Technological Development and Innovations**

**Curricula and Educational Materials**

Please list in chronological order any educational materials you have developed including course modules, cases, instructor manuals, simulations, test banks, and audiovisual materials. Please bold your name.

1. Author(s)/Developer(s). Type (e.g., video, syllabus) Years

Institution/Organization, City, State/Country

Please add a one-sentence description – may wish to share who adopted

**Pedagogical Innovations**

Please list in chronological order any pedagogical innovations related but not limited to teaching approaches/methods, educational technology development, educational policy, application of technology in classroom content, educational app development, content delivery, educational assessment, or instructor preparation and training. Please bold your name.

1. Innovator(s). Type (e.g., Educational App, Teacher Training, Simulation Model) Years

Name of app or training (if applicable), Organization/Institution, City, State/Country

Please add a one-sentence description.

Example:

1. Borgen KR, **Sanchez GJ**. Educational App, Groupie 2017

Tufts University School of Medicine, Boston, MA

Application for use inside or outside the classroom to provide structured guidance and accountability for groupwork assignments.

**Community Educational Resource Development and Innovations**

Please list in chronological order any medical educational materials developed for community audiences (such as pamphlets, website content, community-based educational programming, instructional or educational video) and community technological educational innovations such as public health apps, new health UX/user interfaces, community health tracking). Please bold your name.

1. Author(s)/Developer(s). Type of Material (e.g. video, syllabus). Title Years

Institution/Organization, City, State/Country

Hyperlink/URL (if applicable)

Please add a one-sentence description.

Example:

1. **Patel R**. Pamphlet. “Get Moving!” 2017

Los Angeles Unified School District, Los Angeles, CA

Youth exercise brochure created for health division to be distributed to students in LAUSD schools

**Technological Development, Patents, and Innovations**

Please list in chronological order any technologies you have developed. Please bold your name.

**Clinical Innovations**

1. Innovator(s). Type. Name (if applicable) Years

Institution/Organization, City, State/Country

Hyperlink/URL (if applicable)

Please add a one-sentence description

**Patents**

1. Developer(s). Patent name. Patent or application number, Status Years

Institution/Organization, City, State/Country

Hyperlink/URL (if applicable)

Please add a one-sentence description

**Devices/Software Applications**

1. Developer(s). Name of device/app Years

Institution/Organization, City, State/Country

Hyperlink/URL (if applicable)

Please add a one-sentence description

**Scholarship – Public Impact and Media in Medicine, Science, or Health**

**Testimony**

Please provide details, in chronological order, regarding when you served as an expert witness or provided specialized knowledge in public or governmental hearings.

1. Testimony. (Date), Legislation number, Legislation title, Government body

One sentence explanation

Example:

Testimony. (March 8, 2010), AB 3452, An act establishing access to mental health care for Los Angeles’ homeless population, California Assembly Homeless Taskforce

**Letters to the Editor and Opinion Pieces (Non-Academic Publications)**

In chronological order, please list any opinion pieces or letters to the editor printed in non-academic outlets. If only published in an online source, please include link if available. Please bold your name.

1. Author(s), Title of opinion piece or Letter to the Editor. Media outlet name, such as newspaper or magazine title. Year/Month/Day; Section (column), page number(s)

Hyperlink/URL (if applicable)

Example:

**Kirt JS**. Letter to the Editor. Access to clean water is a public health crisis in the United States. New York Times. 2002 Sept 22; A2 (col. 2), p.16

**Non-Editorial Contributions Intended for a Popular Audience**

Please list any non-academic publications (books, magazine articles, online health information sources that are not blogs) intended for a popular audience. Please bold your name.

1. Author(s). Title. Location: Press (if applicable); Year. Number of pages. [Book]
2. Author(s). Title. Magazine title. Year Month;volume(issue): pp-pp [Magazine]

Example:

**Ito K**, Barnaby IE. Move Every Day. New York, NY: Pantheon; 2015. 120 p.

**Blog Activities**

Please list your contributions to writing medical-based, health-based, or science blog content. Blogs may be intended for academic or popular audiences. A blog may be included as long as the primary content addresses medical-based, health-based, or science topics, such as health and wellness, public health, practicing medicine, medical education, research (clinical, social scientific, specialty-specific, scientific, educational, evaluation, quality control), healthcare provision, and policy.

**Blogs – Primary Authorship**

If applicable, please list your relevant blogs in this section. Primary authorship is defined as blogs in which you are the blog creator and/or primary content producer. If you are the creator or primary content producer of more than one blog, please list them in chronological order from date of first post.

Author(s)

Blog title

Dates active (Month Year-Month Year)

Summary of primary topics covered (one sentence or short list of primary topics).

Total number of posts **you** authored (all time)

Total number of posts **you** authored in the last 12 months

Current number of subscribers

Number of unique blog visits per day (most recent number)

Average number of blog visits over the previous 3 months

URL: web address of main landing page of the blog

Example:

Craceu SE

Caring for Yourself Through Nutrition, June 2018-present

Content: High-nutrition recipes; evidence-based science behind food, nutrition, and health outcomes

48 posts (all time)

20 posts (previous 12 months)

2,875 subscribers (as of February 2020)

8,000 unique visits per day

URL: http://caringthroughnutrition.com/blog/category/harrietjaron//

**Blogs – Co-Authorship**

If applicable, please list your co-authored relevant blog(s) in this section. Co-authorship is defined as blogs in which multiple authors create a relatively equal amount of content and share the blog responsibilities equitably. If you are the co-author of more than one blog, please list them in chronological order from date of first post.

For author format please use: last name, first initial, middle initial, without periods (e.g., Bugle GE).

Authors

Blog title

Dates active (Month Year-Month Year)

Content: Summary of primary topics covered (one sentence or list of topics)

Total number of posts **you** authored (all time)

Total number of posts **you** authored in the last 12 months

Current number of subscribers

Number of unique blog visits per day (most recent number)

Average number of blog visits over the previous 3 months

URL: web address for main landing page of the blog

Example:

Pandian GE, Sakai JA, Rizzo N, Iweo KM

Frontiers in Reproductive Public Health (January 2011-present)

Content: Internationally focused, highlights notable high-impact reproductive public health policy initiatives, policy adaptations, and evidenced-based outcomes.

423 posts (all time)

50 posts (previous 12 months)

6,210 subscribers (as of February 2020)

15,000 unique visits per day

URL: http://frontiersphealth.com/blog//

**Blogs – Guest Posts**

Guest blog posts are defined as content you contribute to a blog as a single post or multiple posts, but in which you do not create a majority of the blog content. If the post has more than one author, please bold your name.

Please list blog contributions in chronological order by posting date. Please list the date of the post as specifically as possible.

Author(s). Title of the post. (date of post, as specific as possible.)

Blog title

Blog primary author(s): Last Name, First Name Name

URL: web address of specific post

Example:

Lopez JE. “Fighting Ebola Between Epidemics.” (October 24, 2018)

Guest blog post in: Infectious Disease on the Ground.

Blog creator/author: Herzog, David

URL: <http://infectiousontheground.com/2018/fightingebola//>

**Podcast Activities**

Please provide details of health-, medical-, and science-related podcast activities. The intended audience may be academic or popular. Hosting or being a guest on a podcast may be included if topics focus on areas such as health and wellness, public health, practicing medicine, medical education, research (clinical, social scientific, specialty-specific, scientific, educational, evaluation, quality control), healthcare pr­ovision, and policy.

**Podcast Host**

Please include activities in which you held sole responsibility for hosting or producing a topic-relevant podcast.

Podcast name (dates active)

Content: Summary of primary topics covered (one sentence or list of topics)

Format:

Average episode length:

Total number of podcasts (all time):

Total number of podcasts (previous 12 months):

Average listeners per episode last 12 months (if known):

URL:

Example:

Ethical Medicine (September 2017-present)

Content: Each episode is dedicated to an ethical issue medical practitioners face, how the field of philosophy may inform ethical decision making. Guests engage in informed debates about ethical decision-making.

Format: Interview guests, guest(s) host discussion/debate

Average episode length: 60 minutes

Total number of podcasts (all time): 25

Total number of podcasts (previous 12 months): 8

Average audience numbers per episode last 12 months: 1,624

URL: <http://stitcher.com/podcast/ethical>-medicine

**Podcast Co-Host**

Please include activities in which you shared responsibility for hosting/producing a podcast.

Names of hosts:

Podcast name: (dates active)

Content: Summary of primary topics covered (one sentence or list of topics)

Format:

Average episode length:

Total number of podcasts (all time):

Number of podcasts (previous 12 months):

Average listeners per episode previous 3 months (if known):

URL:

Example:

Podcast: One Foot in Front of the Other (October 2016-present)

Jeunet JF, Achebe I, Quong LH, Neba KE

Roles: Podcast host and recording technician

Content: Each episode covers a discussion (amongst the hosts) of current research, breakthroughs, and technological advances in treating and diagnosing foot pain.

Format: Co-host discussion (occasional invited guest)

Average episode length: 45 minutes

Total number of podcasts aired all time: 24

Number of podcasts aired in the last 12 months: 6

Total number of podcasts you hosted or co-hosted in the last 12 months: 6

URL: http://stitcher.com/podcast/onefoot

**Podcast Guest**

In chronological order, please include activities in which you served as a guest on podcasts that focus on relevant topic areas including health and wellness, public health, practicing medicine, medical education, research (clinical, social scientific, specialty-specific, scientific, educational, evaluation, quality control), healthcare provision, and policy.

Podcast name:

Host(s):

Episode title:

Episode number:

Original broadcast date:

Content of episode: (one to two sentences)

URL:

Example:

Podcast name: The Rounds: Medical Education Innovations

Episode title: “Using Simulation Technology in the Classroom to Teach Anatomy - Pros and Cons”

Host: Hardy SE

Episode number: 30

Original broadcast date: September 5, 2017

Content: Answered questions about the use of various virtual reality technologies and their effectiveness to achieving learner outcomes.

URL: https://podbean.com/podcast/rounds-medical-education

**Other Social Media Activities**

Please include any relevant social media activities related to engaging the public or peers in topics related to health/medicine/science/medical education.

Social Media Type (Twitter, etc.), handle/username (Month/Years active)

Medical, science, health topics covered

Name of Facebook group (if managing a group page)

Number of Facebook group members

For the previous 3 months: Number of posts (platform), average number of likes, average number of comments, average number of shares, average number of clicks, number of followers (month year)

Example:

Twitter, @MDMedEd (June 2009-present)

Topics: Combating burnout and increasing wellness in medical education (students and educational professionals)

For the previous 3 months: 85 tweets, 100 likes, 15 comments, 75 shares, 200 clicks, 5,213 followers (as of February 2020)

**Other Media – Interviews as Interviewee**

Platform: Television, Radio, Magazine, Newspaper, Other (Date of interview)

Name of outlet:

Topic:

Please remove the last page if blank.