

CURRICULUM VITAE: Name, Credentials

Personal Data

Name: Name Credentials

Work Address:

Home Address:

Work Phone:

Home Phone:

Fax:

Work E-mail:

Home E-mail:

Education

Date	Degree	Institution	Specialty
	Doctor of Nursing Practice Project		
	Title		
	University Date.		

Professional Experience

Date	Position	Institution City, State
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Academic Experience

Date	Position	Course Number	Course Description	Institution City, State
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Additional Education and Training

Title, Hospital, City, State (Date)

Title, Instructor (Date)

Pediatric Advanced Life Support (PALS), Instructor (1985-present)

Title Program, City, State (Date)

Professional Certification

Pediatric Nurse Practitioner (PNP-BC), ANCC, Date

Acute Care Pediatric Nurse Practitioner (CPNP-AC) PNCB, Date

Professional Licensure

Registered Nurse, States

CURRICULUM VITAE: Name, Credentials

Advanced Practice Nurse, States
Controlled Substance, States

Awards and Honors

Date Award

Date Name Honor Society of Nursing
Name Chapter

Professional Activities

Organization Name
Council on Children's Products: Date
Role Date
Role Date

Organization Name (Acronym)
Member: Date

Consultations

Date Children's Hospital- City, State
Description

Expert Panel Validation Member

Name. (Date). Title. (Validation Panel). City, State: Organization

Peer Reviewed Journal Articles

Names Bold Your Name (Date). Title. Journal Vol, Pages.

Book Chapters/Editor

Name. (Date). Chapter Title, In Name Editor (Ed.). Book Title. City: Publisher.

Name. (Date). Chapter Title. In Name Editors (Eds.). Name Course (Acronym) Instructor
Manual (2nd ed.). City: Name Association

Name. (Ed.). (1999) Name (video). City: Name Association

Newsletter Editor/Author

Organization Newsletters

Date Vol #, Issue # - Title

Date Vol #, Issue # - Title

Peer Reviewer

Name. (Ed.). (Date). Title, City: Name Association

Name (Ed.). (Date). Title. City: Publication (Date)

Organization. (Date). Title. Journal, Vol #(#), Pages.

CURRICULUM VITAE: Name, Credentials

Published Commentaries

Journal Name, Member Editorial Board (Dates)

Name (Date). [Commentary on the article Names. (Date). Title. Journal, Vol #(#), Pages].
Journal Vol #(#), Pages

Published Abstracts

Names, Yours in Bold (Date). Title/Description (#). [Abstract]. Journal Vol #(#), Pages

Grants

Date Name of Program
Funding Source
Amount
PI Name Credentials
Name Funded %

Research

Title. Role: Co-Investigator (Principal Investigator: Name). Date.
*Awarded Name-Organization

Title. Organization/Hospital/University, City, State. Role: Principal Investigator. Date.

Presentations

Date Title
Name Conference/Event
Name Location, City, State

Dates Name Course
University/Hospital, City, State
University/Hospital, City, State

Name Hospital Committee Work

Dates Role, Name Committee

Program Coordination

Date University/Hospital Title Workshop Coordinator
Date University/Hospital Title and Instructor Courses
Date University/Hospital Title Conference
Date University/Hospital Title Program

Community Volunteer Work

Dates Name Organization
Project
Title, Role