

# Standard Format for Medical Practitioner - Curriculum Vitae

## Personal Information:

**Full name:**

**Contact details:** <insert address, phone number/s, email> (residential address must match residential address on application form)

**Date of birth:**

## Qualifications Obtained (Primary & Postgraduate):

Qualification	Name of University / College	Country of Qualification	Year Obtained

## Bridging Programs:

Program	Dates	Facility	City/State	Results

## Clinical/Procedural Skills:

Competent	Observed

## Detailed Practicing History:

**N.B.** You must provide a continuous practicing history, including internship, rotations completed and any observership/attachment completed. All gaps in clinical practice must be explained (eg. periods of travel/study). Please see below for an example:

### Current:

Dates	June 2010 to Present day
Position Title	Principal House Officer – Emergency Department (FT)
Responsibilities	<p>(Outline a brief list of your responsibilities undertaken in each position. Include whether the position was full/part time capacity &amp; if part time state hours of work per week.)</p> <ul style="list-style-type: none"> <li>• Directly responsible for patients who attend the Emergency Department to assess, treat, stabilise, transfer or admit as required.</li> <li>• Plan treatment and discharge as a part of a multidisciplinary team for all in and out patients seen in the Emergency Department.</li> <li>• Clinical handover to the next Medical Officer at the end of each shift.</li> <li>• Effective participation in all post graduate educational and quality improvement activities.</li> </ul>

Facility	(Include name, address and contact details.)
City/State	
Country	

Gap in Practice: April 2010 to June 2010 – Moving to Canada/ Holiday

**Previous:**

**Copy table as required...**

Dates	January 2010 to April 2010
Position Title	Locum GP –(PT between 20 to 35 hrs per week)
Responsibilities	(Outline a brief list of your responsibilities undertaken in each position. Include whether the position was full/part time capacity & if part time state hours of work per week.)
Facility/facilities	(Include name, address and contact details.)
City/State	
Country	

**Current & All Previous Medical Licensing Authorities:**

Licensing Authority	Country of Registration	Registration Number

**References:**

Please list the names and contact details of three referees, one preferably being your immediate and current supervisor.

	Referee 1	Referee 2	Referee 3
<b>Name:</b>			
<b>Position:</b>			
<b>Address:</b>			
<b>Phone Number:</b>			
<b>Email:</b>			

**Verification Statement:**

I verify that the information contained within this Curriculum Vitae is true and correct as at <insert date>. (The CV must be dated within the last two months at date of submission to AHPRA)

Signed: \_\_\_\_\_

Name: \_\_\_\_\_

**Other Documentation:**

Please include or attach any other pertinent documents/information here.