Disclaimer: *Store this template in your files and create your own document using "save as" and remaning with your name CV. This CV template is only a guideline. Alter, rearrange or delete sections as appropriate. List section contents in reverse chronological order, with most current information at the beginning of each section. Remember to remove this disclaimer and instructions imbedded within the template.*

NAME *(First name Middle Initial. Last Name)*

Address: Telephone:
Email:

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EDUCATION

Month Yr - Present Skaggs School of Pharmacy and Pharmaceutical Sciences
University of California, San Diego
Doctor of Pharmacy Candidate; Expected graduation: *Month Yr*

Month Yr – Month Yr Undergraduate School
City, State
Degree and major

CERTIFICATIONS AND LICENSES

Year – Year (examples: Basic Life Support, Immunization Certification, CA State Board of Pharmacy Intern License Number)

WORK EXPERIENCE *(most recent listed first)*

Month Yr – Month Yr Intern Pharmacist, Company Name
City, State
- Specific tasks/responsibilities

RESEARCH EXPERIENCE *(include T-32 and senior projects)*

Month Yr – Month Yr Your position
Name of preceptor, location
Project details

ADVANCED PHARMACY PRACTICE EXPERIENCES

Month Yr – Month Yr Experience Title
Location
Preceptor(s)
- Brief description of activities

INTRODUCTORY PHARMACY PRACTICE EXPERIENCES

Month Yr – Month Yr Experience Title
Location
Preceptor(s)
- Brief description of activities

TEACHING EXPERIENCE

Month Yr – Month Yr Position, Course, Instructor, School
- Specific tasks/responsibilities

HONORS AND AWARDS *(include T-32, scholarships and leadership awards)*

Month Yr Name of award or honor

PROFESSIONAL ORGANIZATION SERVICE

Month Yr – Month Yr Your position, the organization (and school)
- Specific tasks/responsibilities

OTHER LEADERSHIP POSITIONS

Month Yr – Month Yr Position, Organization (and school)
- Specific tasks/responsibilities

COMMUNITY SERVICE

Month Yr – Month Yr Position (*examples Student Pharmacist Volunteer, UCSD Student Run Free Clinic, Senior Health Education Event*), location City, State
- Specific tasks/responsibilities

PROFESSIONAL AND CLINICAL PRESENTATIONS *(include school posters here)*

Month Yr Name of presentation
Audience
Location

PROFESSIONAL MEMBERSHIPS

Year - Year Organization

PROFESSIONAL MEETINGS ATTENDED

Month Yr Professional Meeting Name, City, State

OTHER EXTRACURRICULAR ACTIVITIES

Month Yr

PUBLICATIONS

Journal Articles
1. Proper Citation

Abstracts and Posters at Professional Meetings
1. Authors, Title, Meeting (Use proper citation for abstracts)

Newsletter Articles
1. Proper citation

SKILLS
List of skills (languages, computer experience…)

REFERENCES *(List 2-3)*
(Name)
(Title)
(Address)
(Phone)