# **CURRICULUM VITAE**

### Name

Department of Clinical Sciences, Box College of Veterinary Medicine Cornell University Ithaca, NY 14850 Phone: e-mail:

EDUCATION (listed in ascending chronological order):					
INSTITUTION	DEGREE	YEAR	FIELD		
BDOEECGION AT THATSING	C LEWBEDIENCE C A	11			
PROFESSIONAL TRAINING training, practice positions, u					
HONORS and AWARDS: (list diplomate status, etc)	st chronologically, scholarshi	ps, teaching, re	search awards		
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ASSOCIATION MEMBERS	HIPS:				
VETERINARY LICENSURE	E: (optional)				

PATENTS:
RESEARCH INTERESTS:
REFEREED PUBLICATIONS: (List in ascending chronological order; bold face or underline candidate's name; number each publications so that you can refer to it in the grants section.)
NON-REFEREED PUBLICATIONS: (Books, Book Chapters, Vet Clinics of North America, Veterinary Newsletters, etc, listed in ascending chronological order, with candidate's name bold-faced or underlined)
ABSTRACTS: (List in ascending chronological order, indicate the presenter (* or underlined) in author listing, title of presentation, meeting, location, date. Number the abstracts so that you can refer to them in grants section. If the abstract is published, list the journal citation.)
PRESENTATIONS - SCIENTIFIC MEETINGS - INTERNATIONAL, NATIONAL, REGIONAL: (List in ascending order, boldface name, list title of presentation, meeting, location, date).

PRESENTATIONS - STUDENT ORGANIZATIONS: (List in ascending chronological order, boldface or underline your name, indicate title of presentation, meeting, location, date)

PRESENTATIONS - LAY AUDIENCES: (List in ascending chronological order, boldface or underline your name, indicate title of presentation, meeting, location, date)

## on grant)

RESEARCH GRANTS: (List in chronological order. If not PI or Co-PI, list role				
Completed				
1. Granting Agency. Title: Dates of funding Role:	<b>,</b>	Amount:		
Abstract (referen	nce number)	Manuscript (reference numbers)		
2. Granting Agency. Title: Dates of funding Role:	<b>y</b>	Amount:		
Abstract (referen	nce number)	Manuscript (reference numbers)		
3. Granting Agency. Title: Dates of funding Role:	3	Amount:		
Abstract (referen	nce number)	Manuscript (reference numbers)		
Current:  1. Granting Agency.				
Title:				
Dates of funding	7	Amount:		

		Role:		
		Abstract (reference number)	Manuscript (reference numbers)	
2.	Gra	anting Agency. Title: Dates of funding Role:	Amount:	
		Abstract (reference number)	Manuscript (reference numbers)	
			ourse title, the title of lectures or laboratory oratory hours, number of students, dates.	
	1.	Foundation Courses		
	2.	Graduate Courses, Distributions Cou	urses, Undergraduate Courses	
	3.	. House Officer Rounds or Seminars (Title of presentation, date)		
	4.	<ul> <li>House Officer Advising /Training (Resident name, date, current status, location, board status)</li> </ul>		
	5.	Senior Seminar Advising (List Stude	ent advisee, date, title of presentation)	
	6.	Veterinary Students Advising and/or	Research Project Involvement (List student, date)	
	7.	Graduate Student Advising (List Stu	dent, degree, date, role as advisor)	
	8.	Undergraduate Student Advising, Re	esearch Project Involvement (Student, date)	
	9.	Summer Students Involved in Project	ets (names, project, date)	
	10.	Student Organization Advising		

### **FACULTY MENTORING** (list individuals mentored, their title, years mentored)

### **COMMITTEE ASSIGNMENTS and ACTIVITIES:**

- 1. DEPARTMENT (indicate if member or chair; dates)
- 2. CUHA (indicate if member or chair; dates)
- 3. COLLEGE: (indicate if member or chair; dates)
- 4. UNIVERSITY: (indicate if member or chair; dates)
- 5. PROFESSIONAL ORGANIZATIONS: (indicate if member or chair; dates)
  - a. Activity in National or Regional Associations
  - b. Manuscript reviewing
  - c. Grant reviewing
- 6. COMMUNITY:
  - a. Public Presentations
  - b. General Media Appearances
  - c. Alumni Activities
  - d. Service on Local Boards or Associations