

(**To create your Curriculum Vitae, download this template, save it as a Word document, replace the content shown in red with your information, and delete all underlined sentences,**)

Curriculum Vitae for UWSOD IDDS Program

APPLICANT NAME LAST NAME, First Name

DENTAL DEGREE BDM/BDS,DDS/DMD,Odontology/Stomatology
Dental School Name, City, State/Province, Country
Program Length - years
Program starting and ending time – from Mon /Year to Mon /Year
Degree Conferred Date – (Mon / Day/ Year)

ADVANCED DEGREE(S)

(In chronological order, provide any degree (master, doctorate) earned/(anticipate earning) after initial dental degree)

Mon Year – Mon Year Masters, doctorate degree in (state discipline) Degree/ (Anticipated) Date – (Mon, Day, Year) School Name, City, State/Province, Country

CERTIFICATE PROGRAM

(In chronological order, provide certificate information after earning your initial dental degree. Please note this is NOT for Continued Education certificate)

Mon Year – Mon Year Certificate of (state discipline)Degree/ (Anticipated) Date – (Mon, Day, Year); School Name, City, State/Province, Country

DENTAL EXPERIENCE (work, volunteer, community service)

(In chronological order, provide work, volunteer, and community service information after earning your initial dental degree)

In the United States:

Mon Year – Mon Year Work / Volunteer Title – City, Country
School/Dental Association Name, City, State/Province, Country
Supervisor's Name
Phone – (include country code) or Email Address
Duties – [Provide a brief description of experience (max of 2 lines)]

Outside of the United States

Mon Year – Mon Year Work / Volunteer Title – City, Country
School/Dental Association Name, City, State/Province, Country
Supervisor's Name
Phone – (include country code) or Email Address
Duties – [Provide a brief description of experience (max of 2 lines)]

NON-DENTAL EXPERIENCE (work, volunteer, community service)

(In chronological order, provide work, volunteer, and community service information after earning your initial dental degree)

Mon Year – Mon Year Work / Volunteer Title / Community Service – City, Country
Organization Name, City, State/Province, Country
Supervisor's Name

*Phone – (include country code) or Email Address
Duties – [Provide a brief description of experience
(max of 2 lines)]*

PUBLICATIONS / PRESENTATIONS / RESEARCH

(In chronological order, provide publication and presentation information during dental school to present, research information performed after earning your initial dental degree)

*Mon Year “Article Title” – Publication Title, Country of Publication
Mon Year “Presentation Title” – Presentation Audience/Venue, City, Country
Mon Year “Research Title” – Research Organization, City, Country [Provide a brief summary (max of
2 lines)]*

PROFESSIONAL MEMBERSHIP

(In chronological order, provide information about your professional membership after earning your initial dental degree)

Mon Year Name of Dental Association, Country

AWARDS & HONORS

(In chronological order, provide information about awards and honors received from dental school to present)

Mon Year Award Title, School/Association Name, City, Country

CONTINUING DENTAL EDUCATION

(In chronological order, provide continuing dental education information after earning your initial dental degree, or in the past THREE (3) years ONLY)

*Mon Year – Mon Year CE Course Title (identify classroom –OR– online) School/Dental
Association Name, City, State/Province, Country*