First name [*Nickname* / Middle name] Last name

Mail/Postal Address
Phone | email [secondary email]

EDUCATION

MM/YYYY - Present	Doctor of Pharmacy (Anticipated May _____) The University of Arizona, College of Pharmacy, Tucson, AZ
MM/YYYY- MM/YYYY	Arizona Area Health Education Scholars Program The University of Arizona, College of Pharmacy, Tucson, AZ Mentor: Name and Credentials
MM/YYYY- MM/YYYY	Rural Health Professions Program The University of Arizona, College of Pharmacy, Tucson, AZ Program Director: Elizabeth Hall-Lipsy, JD, MPH
MM/YYYY-MM/YYYY	PRIMED (Pharmacists as Resilient, Influential, Mindful, Effective and Dynamic) Leaders Certificate Program The University of Arizona R. Ken Coit College of Pharmacy, Tucson, AZ Program Director: Jeannie K. Lee, PharmD, BCPS, BCGP, FASHP, AGSF
MM/YYYY- MM/YYYY	Doctorate Degree, Field University Name, College Name, City, State Thesis Title & Primary Advisor:
MM/YYYY- MM/YYYY	Master's Degree, Field University Name, College Name, City, State Thesis Title & Primary Advisor:
MM/YYYY- MM/YYYY	Bachelor's Degree, Field University Name, College Name, City, State Honors Thesis Title & Primary Advisor:
MM/YYYY- MM/YYYY	Associates Degree, Field University Name, College Name, City, State
MM/YYYY- MM/YYYY	Pre-Pharmacy University Name, College Name, City, State

PROFESSIONAL EXPERIENCE AND EMPLOYMENT

MM/YYYY- MM/YYYY

Title
Employer, City, State
Supervisor: Name and Credentials

- Short line description of activities/responsibilities
- Short line description of activities/responsibilities
- Short line description of activities/responsibilities

MM/YYYY- MM/YYYY

Title
Employer, City, State
Supervisor: Name and Credentials

- Short line description of activities/responsibilities
- Short line description of activities/responsibilities
- Short line description of activities/responsibilities
-

EXPERIENTIAL EDUCATION

Advanced Pharmacy Practice Experiences (APPE) – Anticipated

***(**For the anticipated APPEs, please disregard bullets in this section; go back and fill out once you have the information) *

MM/YYYY- MM/YYYY

Title of Rotation
Institution, City, State
Preceptor: Name and Credentials

- Short line description of activities/responsibilities
- Short line description of activities/responsibilities
- Short line description of activities/responsibilities

MM/YYYY- MM/YYYY

Title of Rotation
Institution, City, State
Preceptor: Name and Credentials

- Short line description of activities/responsibilities
- Short line description of activities/responsibilities
- Short line description of activities/responsibilities

MM/YYYY- MM/YYYY

Title of Rotation
Institution, City, State
Preceptor: Name and Credentials

- Short line description of activities/responsibilities
- Short line description of activities/responsibilities
- Short line description of activities/responsibilities

MM/YYYY- MM/YYYY

Title of Rotation
Institution, City, State
Preceptor: Name and Credentials

- Short line description of activities/responsibilities
- Short line description of activities/responsibilities
- Short line description of activities/responsibilities

MM/YYYY- MM/YYYY

Title of Rotation
Institution, City, State
Preceptor: Name and Credentials

- Short line description of activities/responsibilities
- Short line description of activities/responsibilities
- Short line description of activities/responsibilities

MM/YYYY- MM/YYYY

Title of Rotation
Institution, City, State
Preceptor: Name and Credentials

- Short line description of activities/responsibilities
- Short line description of activities/responsibilities
- Short line description of activities/responsibilities

Advanced Pharmacy Practice Experiences (APPE) – Completed

MM/YYYY- MM/YYYY
Title of Rotation
Institution, City, State
Preceptor: Name and Credentials

- Short line description of activities/responsibilities
- Short line description of activities/responsibilities
- Short line description of activities/responsibilities

MM/YYYY- MM/YYYY
Title of Rotation
Institution, City, State
Preceptor: Name and Credentials

- Short line description of activities/responsibilities
- Short line description of activities/responsibilities
- Short line description of activities/responsibilities

Introductory Pharmacy Practice Experiences (IPPE)

MM/YYYY- MM/YYYY
Title of Rotation
Institution, City, State
Preceptor: Name and Credentials

- Short line description of activities/responsibilities
- Short line description of activities/responsibilities
- Short line description of activities/responsibilities

MM/YYYY- MM/YYYY
Title of Rotation
Institution, City, State
Preceptor: Name and Credentials

- Short line description of activities/responsibilities
- Short line description of activities/responsibilities
- Short line description of activities/responsibilities

01/2022-04/2022
Or
01/2023-04/2023
(For Classes of 2025/2026)

Student and Older Adult Relationship (SOAR) Program
Preceptors: Jenene Spencer, PharmD and Sandi Thoi, PharmD

- Met with an older adult eight times via Zoom/Phone/In-person
- Practiced interviewing and communication skills
- Conducted and documented medication and health history
- Created medication list and reviewed for appropriateness
- Performed assessments of mental status, nutrition, health literacy, sleep, fall risk, and depression/anxiety

01/2021-04/2021
(For class of 2024 only)

Student and Older Adult Relationship (SOAR) Program
Preceptors: Jenene Spencer, PharmD and Sandi Thoi, PharmD

- Met with an older adult four times via Zoom/Phone/In-person
- Practiced interviewing and communication skills
- Conducted and documented medication and health history
- Created medication list and reviewed for appropriateness
- Performed assessments of mental status, nutrition, and sleep

01/2021-04/2021
(For class of 2024 only)

MedWiseRx
[Insert City], AZ
Preceptor: Kwyn Morales, PharmD; Kristin Calabro, PharmD [choose one]

- Conducted and documented adherence counseling with patients over the phone
- Collected immunization histories and assessed the needs for CDC-recommended vaccinations with patients over the phone
- Developed effective motivational interviewing, counseling, communication, and critical thinking skills

Interprofessional Education (IPE)

MM/YYYY- MM/YYYY Activity Name
MM/YYYY- MM/YYYY Activity Name
MM/YYYY- MM/YYYY Activity Name
MM/YYYY- MM/YYYY Activity Name

RESEARCH & QUALITY IMPROVEMENT EXPERIENCE

MM/YYYY- MM/YYYY

PharmD Senior Research Project
Person A, Person B, Person C. *Project Title.*
Project Preceptor: Name and Credentials
Presented at:

- Month Year, Name of Conference, Presentation Type (Poster, Platform)
- Month Year, Name of Conference, Presentation Type (Poster, Platform)

MM/YYYY- MM/YYYY

Quality Improvement Project
Person A, Person B, Person C. *Project Title.*
Project Preceptor: Name and Credentials
Presented at:

- Month Year, Name of Conference, Presentation Type (Poster, Platform)
- Month Year, Name of Conference, Presentation Type (Poster, Platform)

PUBLICATIONS

Person A, Person B, Person C. *Title of work*. Journal abbreviation. Year; Volume (number): pages. [doi: doi number]

Person A, Person B, Person C. *Title of work*. Journal abbreviation. Year; Volume (number): pages. [doi: doi number]

TEACHING EXPERIENCE

MM/YYYY- MM/YYYY

Title of Lecture/Class Session
Course number and name
Course Coordinator: Name and Credentials
Audience: [what class/year of student]

MM/YYYY- MM/YYYY

Title of Lecture/Class Session
Course number and name
Course Coordinator: Name and Credentials
Audience: [what class/year of student]

PRESENTATIONS

Poster Presentations

Person A, Person B, Person C. *Title of work*. Conference where poster presented. City, State. Date presented.

Person A, Person B, Person C. *Title of work*. Conference where poster presented. City State. Date presented.

Oral Presentations

MM/YYYY — Presentation Title (Type of presentation (journal Club, In-Service)
Presented at: Name of Institution
Audience: Physicians, nurses, pharmacists, residents, students [select]

MM/YYYY — Presentation Title (Type of presentation Journal Club, In-Service)
Presented at: Name of Institution
Audience: Physicians, nurses, pharmacists, residents, students [select]

HONORS AND AWARDS

Year — Name of the scholarship/award/honor
Name of Issuer of scholarship/award/honor

Year — Name of the scholarship/award/honor
Name of Issuer of scholarship/award/honor Year

PROFESSIONAL SERVICE

Organization Name

MM/YYYY- MM/YYYY — Your Role [e.g., President, Member, etc.]
[Specify if National Chapter vs Local Chapter (i.e., College)]

- Brief description of responsibilities/activities
- Brief description of responsibilities/activities
- Brief description of responsibilities/activities

Organization Name

MM/YYYY- MM/YYYY — Your Role [e.g., President, Member, etc.]
[Specify if National Chapter vs Local Chapter (i.e., College)]

- Brief description of responsibilities/activities
- Brief description of responsibilities/activities
- Brief description of responsibilities/activities

Other Professional or Community Service

MM/YYYY- MM/YYYY — Role, Name of Event
Organization or Institution, City, State

MM/YYYY- MM/YYYY — Role, Name of Event
Organization or Institution, City, State

PROFESSIONAL LICENSURES AND CERTIFICATIONS

Year-Expires Year	Pharmacy Intern License with Certified Immunizer Designation Arizona State Board of Pharmacy
Year-Expires Year	Other License or Certification Name Name of Issuer

ADDITIONAL TRAINING/SKILLS

University of Arizona Specific Training

MM/YYYY-Expires MM/YYYY	Human Research Social & Behavioral Research Investigators 1 - Basic Course Collaborative Institutional Training Initiative (CITI Program)
MM/YYYY- Expires MM/YYYY	Bloodborne Pathogens Exposure Training
MM/YYYY – Expire	HIPAA Training
Year	**Health Fair Trainings:** Diabetes Screening, Hypertension Screening, Breathing Assessment, Cholesterol Screening, Osteoporosis Screening

Other Trainings

Year	Name of Training Institution that issued training
Year	Name of Training Institution that issued training

Skills

List additional skills here – unique skills only. DO NOT LIST common things such as MS Office, PowerPoint, Cerner, Epic, etc., these are assumed and/or not relevant to list on a CV.

Please Note: This CV Template has been provided as sample for your reference and is not intended to represent the only approach to creating a CV.