**First name [*Nickname* / Middle name] Last name**Phone | email [secondary email]

**EDUCATION**

MM/YYYY - Present Doctor of Pharmacy (Anticipated May \_\_\_\_\_\_\_\_)

 The University of Arizona R. Ken Coit College of Pharmacy, Tucson, AZ

MM/YYYY- MM/YYYY Arizona Area Health Education Scholars Program

 The University of Arizona R. Ken Coit College of Pharmacy, Tucson, AZ

 Mentor: Name and Credentials

MM/YYYY- MM/YYYY Rural Health Professions Program

 The University of Arizona R. Ken Coit 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) \*

\*Do not include this section if not a P4 student yet\*

\*List these in reverse chronological order\*

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**

\*Do not include this section if not a P4 student yet\*

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)**

\*Classes of 2025 and 2026 will only have 2 IPPEs\*

\*List these in reverse chronological order\*

MM/YYYY- MM/YYYY IPPE-Institutional or Rural IPPE-Institutional (choose one)

 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 IPPE-Community or Rural IPPE-Community (choose one)

 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 IPPE-Community

 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**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 (choose one)
* Practiced interviewing and communication skills
* Conducted and documented medication, vaccine, and health history
* Created medication list and reviewed for appropriateness
* Performed assessments of mental status, nutrition, health literacy, sleep, fall risk, and depression/anxiety

**Interprofessional Education (IPE)**

MM/YYYY Activity Name

MM/YYYY Activity Name

MM/YYYY Activity Name

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 Advisor: 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 Advisor: 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]

**PROFESSIONAL SERVICE**

 **Organization Name (Abbreviation)**

MM/YYYY- MM/YYYY             Your Role [e.g., President, Member, etc.]

* Brief description of responsibilities/activities
* Brief description of responsibilities/activities
* Brief description of responsibilities/activities

**Organization Name (Abbreviation)**

MM/YYYY- MM/YYYY Your Role [e.g., President, Member, etc.]

* 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

**HONORS AND AWARDS**

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

*Brief description of qualifications for scholarship/award/honor*

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

*Brief description of qualifications for scholarship/award/honor*

**PROFESSIONAL LICENSURES AND CERTIFICATIONS**

Year-Expires MM/YYYY Pharmacy Intern License with Certified Immunizer Designation
Arizona State Board of Pharmacy

Year-Expires MM/YYYY Basic Life Support for Health Care Providers

 American Heart Association

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/YYYYBloodborne Pathogens Exposure Training

MM/YYYY-Expires MM/YYYY HIPAA Training

Fall YYYY **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.