

For your curriculum vita or resumé, please use the following format and headings. This will make review of the document easier and information provided will be consistent. Thank you.

CURRICULUM VITAE
Name

I. General Information

HOME ADDRESS

OFFICE ADDRESS

Physical Therapy Licensure:

II. Education:

Year

Degree

Major-Subspecialty

Institution

Continuing Education courses: List all.

Course name

Year

Location

III. Professional P T Work Experiences

IV. Clinical Education Activities

V. Classroom or Laboratory Teaching Activity

VI. Honors/ Awards

VII. Professional Association Activity and Public Service

XIII. Publications or Presentations