(**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,** Submit in all black font.)

Curriculum Vitae for UNLV DDS 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 (total hours) – 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 (total hours) – 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)

<u>degree)</u>

Mon Year – Mon Year Work / Volunteer Title / Community Service (total hours) – 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