

Summary Curriculum Vitae Form
 (Do not exceed this page for any individual)

Form I.B.1.b

Name of Institution/Affiliate _____

| | |
|--|---|
| Name (last, first, middle initial) E-mail | Title ARDMS Registry # |
|--|---|

Education
 (Begin with baccalaureate or other initial professional education and include postdoctoral training. Identify all post-high school education in chronological order)

| <u>Institution and Location</u> | <u>Degree</u> | <u>Year Conferred</u> | <u>Area of Study</u> |
|---------------------------------|---------------|-----------------------|----------------------|
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Professional Credentials, including specialty designation(s)

Primary Area(s) of Specialization

Continuing Education, last two years

List in Reverse Chronological Order Previous Employment Experience. List up to three major publications.