



SECRETARÍA JUNTA ADMINISTRATIVA

2015-16
Certificación Número 02
ENMENDADA

YO, **NYDIA BONET JORDAN**, Secretaria Ejecutiva de la Junta Administrativa del Recinto de Ciencias Médicas de la Universidad de Puerto Rico, **CERTIFICO**:

Que la Junta Administrativa en reunión ordinaria celebrada el martes, 25 de agosto de 2015, consideró el **formato de Curriculum Vitae**, para ser utilizado de forma uniforme por todos los docentes y para todos los asuntos oficiales del Recinto de Ciencias Médicas, y tras la discusión de rigor **ACORDÓ**:

APROBAR el formato de Curriculum Vitae presentado y dicho formato será el requerido para todos los asuntos y procesos oficiales del Recinto de Ciencias Médicas.

El formato será distribuido en formato "WORD" para facilitar el uso del mismo. El formato aprobado de Curriculum Vitae será posteado en la página web de la Junta Administrativa y en la página Intranet del Recinto de Ciencias Médicas en la sección bajo Rectoría y a su vez en la sub sección de la Junta Administrativa.

El formato se hace formar parte de esta Certificación.

Y para que así conste, para conocimiento del personal y de las autoridades universitarias que corresponde, expido esta Certificación bajo el sello del Recinto de Ciencias Médicas de la Universidad de Puerto Rico, hoy treinta y uno de agosto del año dos mil quince.

Nydia Bonet Jordán, MD
Secretaria Ejecutiva

Vo. Bo.:

Noel J. Aymat Santana, DMD, FAAPD, JD
Rector

NBJ:NJAS:ynr



NOTA: Esta certificación sustituye la anterior con el mismo número. En reunión ordinaria celebrada el martes, 13 de diciembre de 2016, se enmienda para corregir en el documento anejo a esta certificación errores gramaticales y ortográficos.

UNIVERSITY OF PUERTO RICO
MEDICAL SCIENCES CAMPUS

SCHOOL OF _____

DEPARTMENT OF _____

CURRICULUM VITAE

NOTE: TO BE SUBMITTED TYPEWRITTEN

NAME:	
OFFICE ADDRESS:	HOME ADDRESS:
EMAIL (UPR):	TELEPHONE (home):
EMAIL (other):	TELEPHONE (office and cell phone):

EDUCATION AND DEGREES (Chronological order)

COLLEGE OR UNIVERSITY	DEGREE	YEAR OF GRADUATION
1.		
2.		
3.		
4.		

GRADUATE TRAINING (NAME OF INSTITUTION)	DEGREE	SPECIALTY	YEAR OF GRADUATION
1.			
2.			

INTERNSHIP - IF APPLICABLE (Institutions and dates)

INSTITUTION	DATE
1.	
2.	
3.	
4.	

RESIDENCY, FELLOWSHIP OR OTHER POSTGRADUATES TRAINING - IF APPLICABLE
(Institutions and dates)

TYPE OF TRAINING	INSTITUTION	DATE	AREA OF STUDY
1.			
2.			
3.			

MENTION SPECIALTY OR SUBSPECIALTY IN YOUR PROFESSION

(If more than one, add them to list)

1. SPECIALTY:
2. SUBSPECIALTY:

LICENSES TO PRACTICE PROFESSION - IF APPLICABLE (Places, dates and number)

NAME OF INSTITUTION CONFERRING LICENSE/COUNTRY	LICENSE NUMBER	DATE
1.		
2.		
3.		

MILITARY SERVICE - IF APPLICABLE (Type of experience and dates)

EXPERIENCE	DATES
1.	
2.	
3.	
4.	
5.	

PROFESSIONAL BOARD CERTIFICATION BY SPECIALTY AND SUBSPECIALTY - IF APPLICABLE
(Include dates)

BOARD	DATE	EXPIRATION DATE
1.		
2.		
3.		

SPECIALTY COLLEGES (Includes dates of election or appointments)

COLLEGES	DATE OF ELECTION
1.	
2.	
3.	

HOSPITAL AFFILIATION - IF APPLICABLE (Nature and dates)

HOSPITAL	DATES
1.	
2.	
3.	

PROFESSIONAL EXPERIENCE

EMPLOYER	POSITION HELD	DATES
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		

ACADEMIC APPOINTMENTS (Include all appointments ever held)

RANKS	INSTITUTION	DATES
1.		
2.		
3.		
4.		

OTHERS APPOINTMENTS (Administrative, Consultative, Others)

TITLE	DATE
1.	
2.	
3.	

HONORS AND AWARDS (Include dates)

HONORS / AWARDS	DATES
1.	
2.	
3.	

MEMBERSHIP IN PROFESSIONAL OR SCIENTIFIC SOCIETIES/ORGANIZATIONS

(Include leadership appointments or positions held)

MEMBERSHIP	LEADERSHIP / POSITION HELD	DATES
1.		
2.		
3.		
4.		

TEACHING EXPERIENCES

TEACHING EXPERIENCES	SUPERVISOR POSITIONS HELD	CATEGORY (undergraduate, graduate, clinical, others)	DATES
1.			
2.			
3.			
4.			
5.			
6.			
7.			

RESEARCH EXPERIENCES (Describe and include the title and year of investigation conducted)

RESEARCH EXPERIENCES (title)	SUBSIDED (by whom)	DATES	PUBLISHED
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

POSTGRADUATE OR GRADUATE COURSES, SEMINARS AND WORKSHOPS ATTENDED IN THE LAST FIVE YEARS (Title, place and dates)

TITLE	PLACE	DATE
1.		
2.		
3.		
4.		

EXTRACURRICULAR ACTIVITIES (Community activities, special interests, talents, skills and hobbies)

- 1.
- 2.
- 3.
- 4.

PARTICIPATION IN SPECIAL COMMITTEES, BOARDS, ACADEMIC SENATE, ADVISORY COUNCIL OR OTHER - IN UPR, OTHER ACADEMIC INSTITUTIONS, IN PUERTO RICO OR ABROAD, IN THE LAST FIVE YEARS (Names and dates)

NAME	DATES
1.	
2.	
3.	
4.	

PARTICIPATION IN NATIONAL OR INTERNATIONAL SCIENTIFIC MEETINGS OR SPECIAL LECTURES DURING THE LAST FIVE YEARS

MEETING	TITLE	PLACE HELD	DATE	PRESENTOR (yes or no)
1.				
2.				
3.				
4.				
5.				
6.				
7.				

LEARNING RESOURCES AUTHORED OR CO-AUTHORED

(Video, tapes, movies, self-study units, others)

TITLE	DATES
1.	
2.	
3.	
4.	
5.	

6.	
7.	
8.	
9.	

THESIS AND SPECIAL REPORTS

	TITLE	DATES
1.		
2.		
3.		

BIBLIOGRAPHY

(Please include all your publications specifying authors, titles, journal, volume, pages and year)

Example:

Moe, G.K., Abildskow, J.A., and Mendez, C. An Experimental Study of Concealers Conduction, Amer Heart J 67; 338, 1974.

PLEASE LIST BOOKS FIRST, THEN FULL ARTICLES AND LAST, ABSTRACTS

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

PARTICIPATION IN PROJECTS, PROGRAMS, GRANTS, CONTRACTS

TITLE OF PROJECT	POSITION HELD	DATE	SOURCE	AMOUNT OF FUNDING (if known)
1.				
2.				
3.				
4.				
5.				
6.				
7.				

LANGUAGES (Includes native language, other and level of command)

Indicates level with number:

➤ 1 - Good 2 - Fair 3 - A little 4 - Not at all

COMMAND OF LANGUAGES			
LANGUAGE	SPEAKING	WRITING	COMPREHENSION
SPANISH			
ENGLISH			
OTHER			
OTHER			
OTHER			

REFERENCES (List name, address and email of three persons who have knowledge of your qualifications)

NAME	ADDRESS	EMAIL
1.		
2.		
3.		

DECLARATION

I hereby declare that the facts set forth on this Curriculum Vitae are true and complete to the best of my knowledge and by no means have been made as an act of deceiving or misrepresenting.

You are hereby authorized to make any investigation of my personal history.

SIGNATURE

DATE

Approved by the Medical Sciences Campus Administrative Board in its ordinary meeting on August 25, 2015, as it is stated on the Certification Number 02, 2015-16, JA-RCM.

NBJ:NJAS:ynr December 2016