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| --- | --- |
| **Title:**  |  |
| **Given Name/s:** |  |
| **Surname:** |  |
| **Profession:** |  |
| **Affiliation Name:** |  |
| **Street Address:** |  |
| **City:** |  | **State:** | Choose an item. | **Postcode:** |  |
| **Phone:** |  | Mobile: |  |
| **Email:** |  |
| **Study Location Name: if different** |  |
| **Street Address:** |  |
| **City:** |  | **State:** | Choose an item. | **Postcode:** |  |
| **Phone:** |  | **Extension:** |  |
| **Email: If different** |  |

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| **EDUCATION** |
| **University** | **Degree** | **Year completed** |
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| **MEDICAL EDUCATION** |
| **University** | **Degree** | **Year completed** |
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| **PROFESSIONAL EXPERIENCE/OTHER RELATED TRAINING** |
| **Institution** | **Medical Field** | **Year (Completed)** |
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| --- | --- |
| **Professional License Number:** |  |
| **State/Region/Province:** |  |
| **Expiration Date:** |  |
| **Research Area(s) of Interest:** |  |
| **Clinical Trial Phases:** | **Pilot** [ ]  | **I** [ ]  | **II** [ ]  | **III** [ ]  | **IV** [ ]  |
| **List your most Current Clinical Research below:** |
| **Therapeutic Area:** | **Type of Trial** | **Phase:** | **Completed** | **Ongoing** |
|  | Choose an Item |  | [ ]  | [ ]  |
|  | Choose an Item |  | [ ]  | [ ]  |
|  | Choose an Item |  | [ ]  | [ ]  |
|  | Choose an Item |  | [ ]  | [ ]  |
|  | Choose an Item |  | [ ]  | [ ]  |
|  | Choose an Item |  | [ ]  | [ ]  |
|  | Choose an Item |  | [ ]  | [ ]  |
|  | Choose an Item |  | [ ]  | [ ]  |

|  |  |  |  |
| --- | --- | --- | --- |
| **GCP Training Course Provider:** |  | **Date Completed:** |  |

**By signing this form, I confirm that the information provided on this Abbreviated CV is accurate and reflects my current employment and qualifications:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** |  | **Date:** |  |