**Name, Credentials**Assistant Professor of Department  
Medical Center Employed

Email Address

**Employment History** (list in reverse chronological order)

Job Position Dates employed  
*Institution*

Job Position Dates employed  
*Institution*

**Professional Training** (can place these either in a subsection here or in employment history)Fellowship Dates

Institution

Residency Dates

Institution

Internship Dates  
Institution

**Education** (list in reverse chronological order. Include dates, majors for each degree)

Medical School Dates

Degree Achieved: M.D.

Undergraduate Degree Dates

Major:

Minor:

Degree Achieved:

High School (do not need to include unless no university education)

**Specialty Certifications:** (Include certifications and accreditations)

Medical Board Certification(s) Date

Echocardiography Board Certification Date

**Professional Awards and Special Recognitions** (Include any relevant honors or awards)

Fellow of the American Society of Echocardiography (FASE) Date

**Publications** (listed in chronological order, make sure your name is **bolded**. If an article is currently under review by editorial board – list and write “Under Review” after the Journal name.)

***Refereed Journals*** (These are any peer-reviewed journal articles)

1. Author, **McCartney, S**, Author, Author. Title of Article. Journal. 443(2): 67-71, Month Year.

***Non-refereed publications*** (These are any articles that are not peer reviewed, such as editorials)

1. **McCartney, S**, Author, Author. Title of Article. Journal. 443(2): 67-71, Month Year.

***Non-Peer Reviewed Publications:***

1. **Bottiger B**, Trojanowski A. “Tracheal stenosis surgery:  When is jet ventilation an optimal choice?” Practice Advisory, Hershey Medical Center;

<http://infonet.hmc.psu.edu/anesthesia/patientcare/advisories/index.htm>.

***Book Chapters***

1. **S. McCartney, M.D.**, Author, Author, Chapter 9: Chapter Title. In: Editor, Editor, Editor. *Book Title, 8th edition*. April 2016.

***Abstracts***

1. **S. McCartney, M.D.,** Author, Title. American Society of Anesthesiologists Annual Meeting. Month Year.

**Institution Lectures/Presentations**

1. “Title of Presentation.” Seminar Name (ie. Internal Medicine Grand Rounds). Institution, City, State. Date

**Regional Lectures/Presentations**

1. “Title of Presentation.” Seminar Name. City, State. Date

**National and International Lectures/Presentations**

1. “Title of Presentation.” Conference Name. City, State. Date.

**Service** (Administrative work, committees, department leadership)  
  
Committee Dates

Institution

**Professional Memberships** (Professional organizations you are a member of. If held a position within the organization, list your title)

Organization Dates