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**JRC-DMS Summary Curriculum Vitae Form**

**Name of Institution/Affiliate:**       **Program Number:**

**Name** (last, first, middle initial):

**Work Telephone Number:**       **Work Email Address:**

**NOTE:** If the official name provided above **does not match** the name as listed with the credentialing organization, provide a copy of an appropriate legal document verifying the name change or name difference, i.e., a marriage certificate.

**Job Title**:

**EDUCATION**:  
Begin with baccalaureate or other initial professional education and include postdoctoral training. Identify all post-high school education in chronological order:

|  |  |  |  |
| --- | --- | --- | --- |
| **Institution and location** | **Degree** | **Year conferred** | **Area of study** |
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**Indicate Professional Credential(s):**

RDMS (AB)  RDMS (BR)  RDMS (OB)  RDCS (AE)  RDCS (PE)  RMSKS

RCS  RCCS  RVT  RVS  RT(S)

**For applicable registry(ies) the credential number(s) must be provided:**

ARDMS Registry #:      CCI Registry #:      ARRT Registry #:

**Primary areas of specialization:**

**Percent of Job Responsibilities (*program directors only*):**

**% Time Performing Administrative Duties**

**% Time Teaching /Student Interaction**

**% Time for Other Responsibilities**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**= 100% (Total must add up to 100%)**

**Describe how proficiency in curriculum development was obtained (*program directors and concentration coordinators only*):**

**Describe how proficiency in teaching methodologies\* was obtained (*clinical coordinators only*):**

**Professional Development Table *(program directors, concentration coordinators & clinical coordinators)* List three faculty development sessions attended in the past two years:**

|  |  |  |
| --- | --- | --- |
| **Title** | **Sponsoring Organization** | **Month/Year** |
|  |  |  |
|  |  |  |
|  |  |  |

**Do you meet the two-years of employed clinical experience?**

Yes  No If no, please explain:

**List in reverse chronological order previous employment experience:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Employer** | **Employment Title** | **Specialty(ies) Practiced** | **Date Started** | **Date Ended** |
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**\***Suggested resources to gain proficiency in teaching methodologies. Include certificate of completion if a course listed below is completed.

* Coursera offers a course entitled “Foundations of Teaching for Learning: Curriculum” <https://www.coursera.org/learn/teacher-curriculum>
* If the Clinical Coordinator is an SDMS member, there are two courses in the SDMS e-Learning Center entitled “Foundations of Curriculum Design” and Instructional Methodologies”