****

**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** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**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** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**\***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”