

## CV Template

### Summary of Case

#### Qualifications and Registration with other Regulatory Bodies (in chronological order)

- Month/Year <Name of Basic Medical Qualification>, <Name of Conferring Institution>, <Country>.
- Month/Year <Registration Type>, <Name of Regulatory Body>, <Country>, <Registration Number>, Expiry in <Month/Year>.
- Month/Year <Name of Postgraduate Medical Qualification>, <Name of Conferring Institution>, <Country>.
- Month/Year <Name of Certification for Completion of Specialty Training> in <Specialty or Sub-specialty>, <Name of Conferring Institution>, <Country>.
- Month/Year Specialist Registered in <Specialty or Sub-specialty> with <Name of Regulatory Body>, <Country>, <Registration Number>, Expiry in <Month/Year>.

#### Work Experience:

- Start date – End date (Month/Year) <HO/SHO Appointment>, <Name of Hospital>, < Country>.
- <Department>
  - <Department>
  - <Department>
- Start date – End date (Month/Year) *Dr <Name of Doctor> was not in clinical practice. <State the reason(s)>.*
- Start date – End date (Month/Year) <Specialist Trainee/ Residency Trainee/ Senior Residency Trainee/ Fellowship>, <Specialty or Sub-specialty>, < Country>.
- <Name of Hospital>, <Period of Training: Start date – End date (Month/Year)>
  - <Name of Hospital>, <Period of Training: Start date – End date (Month/Year)>
  - <Name of Hospital>, <Period of Training: Start date – End date (Month/Year)>
  - Please state if the above is accredited as specialty training <Accredited training/ Not Accredited training>.
- Start date – End date (Month/Year) <Appointment; Registrar/ Consultant/ Senior Consultant>, <Department>, <Name of Hospital>, < Country>.
- < (%> of clinical work, (%> of non-clinical work>
  - < (%> of time spent in this hospital if there are overlapping appointments for the same employment period>
  - Brief description of hospital (i.e. to provide if the hospital/employment place is not a public hospital setting)

#### Specialist Training

Doctor's <Country> <Training Number>.

- <Number of Years of Accredited Basic Medical Training> from < Start date – End date (Month/Year) > in <Country>UK.
- <Number of Years of Accredited Advanced Specialty/Subspecialty Training> from < Start date – End date (Month/Year) > in <Country>.

#### Range of cases seen by <Name of Doctor> at Specialist Level in <Specialty/Subspecialty>

- <Range of cases>