Picture

2x2

CURRICULUM VITAE

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| --- |
| **NAME:** *(Surname) (First) (Middle)* |
| ADDRESS:  BIRTHDAY:  CONTACT NO.:  E-MAIL: |
| **POSITION**:  Date of 1st Appointment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Latest Appointment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Term of Office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **EDUCATIONAL BACKGROUND:**  **Inclusive Date School Degree**  College Education \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Post Graduate Degre**e \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **SPECIALIZATION:**  **Inclusive Date Training Institution Specialty Board**  **Certification**  Specialty \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Sub-Specialty \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **TRAINING RECORD:** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Basic Courses** | **Training Provider** | **Venue** | **Date** | **RERC Funded (Yes/No)** |
| GCP Training |  |  |  |  |
| Research Ethics |  |  |  |  |
| Standard Operating Procedures (SOP) |  |  |  |  |

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| **CONTINUING ETHICS EDUCATION**  Research Ethics Workshop, Conferences, Meetings, Lectures | | **TRAINING PROVIDER** | **VENUE** | **DATE** | **RERC FUNDED (YES/NO)** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- |
| **AS RESOURCE PERSON** | | **TRAINING PROVIDER** | **VENUE** | **DATE** | **RERC FUNDED (YES/NO)** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |

Certified Correct:

MMMC-RERC <Position> Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Administrative Staff  Date:  (dd/mm/yyyy) | Name: <TITLE, NAME, SURNAME>  Signature: |
| RERC Chair  Date:  (dd/mm/yyyy) | Name:  Signature: |