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 Degree \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **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 |  |  |  |  |  |
| **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 ChairDate: (dd/mm/yyyy) | Name:Signature:  |