**NAME**

STREET ADRESS

CITY, STATE ZIP

(555) 555-5555

EMAIL ADDRESS

|  |  |  |
| --- | --- | --- |
| **EDUCATION** | **INSTITUTION** |  |
| M.D. expected in May YEAR | *UNIVERSITY, CITY, STATE* | YEAR-Present |
| B.S. DEGREE, *Summa Cum Laude with Honors* | *UNIVERSITY, CITY, STATE* | YEAR-YEAR |
| **CERTIFICATIONS** |
| USMLE Step 1: XXX | YEAR |
| USMLE Step 2: XXX | YEAR |
| **HONORS & AWARDS** |
| Clerkship Honors: CLERKSHIPS | YEAR |
| X | YEAR |
| X | YEAR |
| X | YEAR |
| X | YEAR |
| X | YEAR |
| **HONORARY & PROFESSIONAL SOCIETIES** |
| X | YEAR-Present |
| X | YEAR-Present |
| X | YEAR-Present |
| **RESEARCH EXPERIENCES** |
| **Peer-Reviewed Publications:** |  |
| * **YOUR NAME BOLDED**, OTHER AUTHOR NAMES. *ARTICLE TITLE*. JOURNAL. YEAR. https://doi.org/XXXXXX
 |
| * X
 |
| * X
 |
| * X
 |
| * X
 |
| **RESEARCH EXPERIENCES *cont.*** |
| **Other Publications** |
| * NON-PEER REVIEWED ARTICLES.
 |
| **International Poster Presentations:** |
| * **X**
 |
| **National Poster Presentations:** |
| * **X**
 |
| **Local Poster Presentations:** |
| **X** |
| **COMMUNITY SERVICE** |
| X | YEAR-YEAR |
| X | YEAR-YEAR |
| X | YEAR-YEAR |
| X | YEAR-YEAR |
| **EXTRACURRICULAR ACTIVITIES**  |
| X | YEAR-YEAR |
| X | YEAR-YEAR |
| X | YEAR-YEAR |
| X | YEAR-YEAR |
| **INTERESTS, HOBBIES, & SKILLS** |
| X |
| X |
| X |
| X |
| X |