**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 | | | | |