



MCFP ABBREVIATED C.V. FORM

INSTRUCTIONS

Complete the form below and click SUBMIT FORM button. Please **type** all responses.

SALUTATION	FIRST NAME	MIDDLE NAME	SURNAME
DEGREE ATTAINED	INSTITUTION	YEAR	
OTHER EDUCATION & TRAINING		YEAR	
PROFESSIONAL EXPERIENCE TO DATE		YEAR(S)	
MEMBERSHIPS AND AFFILIATIONS		YEAR(S)	

AWARDS

YEAR

COMMITTEES

YEAR(S)

RESEARCH INVOLVEMENT

Have you participated in the following research activities in the past five (5) years? Check all that apply:

- | | |
|--|---|
| ☐ Presented or prepared a poster for a conference | ☐ Applied for a research grant or award |
| ☐ Supervised a student (B.Sc. Med) | ☐ Published in a peer-reviewed academic journal. |
| ☐ Supervised a resident for the QI project | If yes, were you: |
| ☐ Supervised a resident doing a research project | ☐ Lead author |
| ☐ Served as a mentor to other faculty | ☐ Co-author |
| ☐ Acted as a peer reviewer for research papers or proposals | ☐ Contributor |

OTHER INFORMATION

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CONTACT

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