# Curriculum Vitae

**First and Family Name**:

Date of birth (yyyy/mm/dd):

Present appointment:

Position:

Department:

Full address:

Post code and city:

Country:

Qualifications:

MD , year:\_     \_ Specialist , year:\_     \_ Field:\_     \_

Nurse , year:\_     \_ Specialist , year:\_     \_ Field:\_     \_

Other , year:\_     \_ Specify: \_     \_

Previous appointments/experience during last 5 years:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | from: |  | to: |  |
|  | from: |  | to: |  |
|  | from: |  | to: |  |
|  | from: |  | to: |  |
|  | from: |  | to: |  |

Publications (number of articles published): \_     \_

Previous experience in clinical trials:

|  |
| --- |
|  |
|  |
|  |

Any during the last 3 years? Yes  No

GCP (Good Clinical Practice) training received:

At investigators meetings: Yes  No

At courses: (one day course) Yes  No , if yes, specify when:

At courses: (two days or more) Yes  No , if yes, specify when:      

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of signature:**