# 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:

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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:**