

PROFESSIONAL HISTORY

Primary Office: [Institution]
[Mailing Address]
Telephone [Telephone Number]
Email [Email Address]

a. Education, including all degrees and awarding institutions (add rows as needed)

| Degree | Subject | Institution | Year Awarded |
|--------|---------|-------------|--------------|
| | | | |
| | | | |
| | | | |

b. Positions held (add rows as needed)

| Title | Institution/Company | Start Date | End Date (if applicable) |
|-------|---------------------|------------|--------------------------|
| | | | |
| | | | |
| | | | |

c. Major professional achievements and awards

(in reverse chronological order)

INTERNATIONAL

[Date] **[Name of Award or Achievement]**, [Institution/Organization], [Country].
Description. Total Amount (if applicable): [Total Amount] [Currency]

NATIONAL

[Date] **[Name of Award or Achievement]**, [Institution/Organization], [Country].
Description. Total Amount (if applicable): [Total Amount] [Currency]

REGIONAL

[Date] **[Name of Award or Achievement]**, [Institution/Organization], [Region], [Country].
Description. Total Amount (if applicable): [Total Amount] [Currency]

d. Contributions to therapeutic ultrasound, including inventions and patents (max 1 page)

Please describe your most significant contributions to the advancement of therapeutic ultrasound, including achieved/expected impact. Refer to specific research outputs including published papers and patents/inventions.

e. Specific contributions to ISTU

(in reverse chronological order)

ISTU CONFERENCES ATTENDED

[Date] [Meeting Location]

PAPERS PRESENTED AT ISTU MEETINGS

1. [Author(s) - **CV holder's name bolded**]. [Title]. [Conference Name],[Organizer]. [City], [State/Province], [Country], [Date].

SERVICE ON ISTU COMMITTEES

[Dates] [Role], [Committee Name]

OTHER CONTRIBUTIONS TO ISTU (e.g. webinars given, etc)

[Dates] [Contribution]

f. Current and past funding awards (provide the total amount of awards – do not include pending awards)

(in reverse chronological order)

[Start – End Dates] **[Role]**. [Name of Grant]. [Funding Source]. [Funding Program Name]. [Grant/Account Number]. Principal Investigator: [Last Name, First Name(s)]. Collaborators: [Name(s)]. [Amount] [Currency]. [Funding Type] *Description.*

g. Complete List of Publications and Patents

(in reverse chronological order)

PUBLISHED PEER-REVIEWED JOURNAL ARTICLES

1. [Author(s) - **CV holder's name bolded**]. [Article Title]. [Journal Name]. [Year];[Volume]([Issue]):[Page Range]. [Status - *only if "In Press"*].

BOOK CHAPTERS

1. [Author(s) - **CV holder's name bolded**]. [Article Title]. [Journal Name]. [Year];[Volume]([Issue]):[Page Range]. [Status - *only if "In Press"*].

CONFERENCE ABSTRACTS

2. [Author(s) - **CV holder's name bolded**]. [Title]. [Conference Name],[Organizer]. [City], [State/Province], [Country], [Date].

PATENTS

[Date of Issue] **[Title]**. [Status], Filing Date: [Year] [Month]. Patent #: [Patent #], [Country/Region]. Joint Holder Name(s): [Joint Holder Names].

[Brief Description].

SUBMITTED PEER-REVIEWED MANUSCRIPTS (do not include manuscripts in preparation)

1. [Author(s) - **CV holder's name bolded**]. [Article Title]. [Journal Name]. [Year];[Volume]([Issue]):[Page Range]. [Status - *only if "In Press"*].

h. Other Contributions

(in reverse chronological order)

INVITED TALKS

1. [Presenter]. [Title]. [Event], [Organizer]. [City], [State/Province], [Country]. [Date]

PROFESSIONAL ADMINISTRATIVE ACTIVITIES. *List any administrative activities for professional organizations other than ISTU, including committee appointments, conference organization, etc.*

PEER REVIEW ACTIVITIES

Editorial Activities

Journal Peer-Review Activities

Service on Grant Panels

External Grant Reviews

OUTREACH. *List any outreach activities including dates, number of participants and a brief description (one sentence) of the activity.*