**Your Full Name Here**

**CONTACT DETAILS:**

Address:

Mobile No: (including country code)

Email:

**LICENCING:**

\* Registered with the **X medical council** with a license to practice (GMC Ref. No: ……….)

\* Registered with **Saudi Commission for Health Specialties** with a license to practice (No: ……..) - Reg. No: 14-X-X-1234567

\* Registered with **Egyptian Medical Syndicate** with a license to practice (No:123456)

**MEDICAL EDUCATION:**

* **Under-graduate degree – major – university / body – city – country – Date – Grade.**

**QUALIFICATIONS:**

* **Post-graduate qualification title - major – University / body – city - country – Date – Grade.**
* **Post-graduate qualification title - major – University / body – city - country – Date – Grade.**
* **Post-graduate qualification title - major – University / body – city - country – Date – Grade.**

**WORK AND TRAINING EXPERIENCE:**

* Job title – Level/ Grade – Hospital – City – country – dates (from – to) – daily activities and job description.
* Job title – Level/ Grade – Hospital – City – country – dates (from – to) – daily activities and job description.
* Job title – Level/ Grade – Hospital – City – country – dates (from – to) – daily activities and job description.
* Job title – Level/ Grade – Hospital – City – country – dates (from – to) – daily activities and job description.

**MEMBERSHIPS OF PROFESSIONAL BODIES:**

**VOLUNTEERING ACTIVITIES:**

**TEACHING & PRESENTATIONS:**

* Title of the presentation – type of presentation – venue – city – Audience number and type – Feedback.
* Title of the presentation – type of presentation – venue – city – Audience number and type – Feedback.
* Title of the presentation – type of presentation – venue – city – Audience number and type – Feedback.
* Title of the presentation – type of presentation – venue – city – Audience number and type – Feedback.
* Title of the presentation – type of presentation – venue – city – Audience number and type – Feedback.

**COURSES:**

* Course title – organizing institute – course instructor – venue – length – accredited hours – date.
* Course title – organizing institute – course instructor – venue – length – accredited hours – date.
* Course title – organizing institute – course instructor – venue – length – accredited hours – date.
* Course title – organizing institute – course instructor – venue – length – accredited hours – date.

**CONFERENCES: (National & International)**

* Name of the event – Venue – Date – Duration – Accredited hours.
* Name of the event – Venue – Date – Duration – Accredited hours.
* Name of the event – Venue – Date – Duration – Accredited hours.
* Name of the event – Venue – Date – Duration – Accredited hours.

**Presentations in National or International meetings:**

**Management:**

**RESEARCH:**

**AUDITS:**

**ADMINISTRATIVE AND MANAGERIAL EXPERIENCE:**

**HONORS AND AWARDS:**

**LANGUAGES:**

**PERSONAL INTERESTS:**

**References:**

* Dr X – Consultant in ….. – X hospital – X city – email: …..
* Dr X – Consultant in ….. – X hospital – X city – email: …..
* Dr X – Consultant in ….. – X hospital – X city – email: …..
* Dr X – Consultant in ….. – X hospital – X city – email: …..