# FLORIDA ATLANTIC UNIVERSITY

**Christine E. Lynn College of Nursing** 

## **Boca Raton, Florida**

### APPROVED APRIL 26, 2010

**RECOMMENDED TEMPLATE FOR THE CURRICULUM VITAE** (Please include only tose that are ap a

#### C. OTHER APPOINTMENTS

Years Title Academic Institution

#### **CERTIFICATION/LICENSURE**

**Specialty Certification** [List inclusive years, type, certifying body]

Years Type Certifying Body

Licensure [List jurisdictions and years, including inactive status]

State/Country Years

## HONORS/AWARDS/MEMBERSHIPS IN HONORARY SOCIETIES

Include Visiting Faculty Appointments [If any]

Year Name of Honor/Award/Membership in Honorary Societies or Organizations

Journal Articles: Clinical, Other [Peer Reviewed Reviews; Contributions to peer-reviewed clinical research publications, participation cited but not by authorship

#### Journal Articles: Non-Peer Reviewed Research/Other

Abstracts [List only past FIVE YEARS; \* indicates data based, # indicates peer reviewed]

#### BOOKS

#### Textbooks and Reference Books (Sole author; editor; co-editor)

Monographs and Manuals [print or other media]

Chapters in books or monographs

**Guest Editorials, Book Reviews, Other publications** [e.g., letters to the editor, op-ed and newsletter publications]

Alternative Media [List any other non-peer reviewed contributions to alternative communication formats, e.g., instructional audio or video tapes, articles in the lay press, educational material via Internet, etc.]

# SERVICE ACTIVITIES AT CHRISTINE E LYNN COLLEGE OF NURSING [first list School of Nursing Committees followed by University Committees]

School of Nursing Committees [List inclusive years, name of committee, and your role (e.g., Chairperson).]

University Committees [List inclusive years, name of committee, and your role (e.g., Chairperson).]

CLINICAL AGENCY ACTIVITIES [include, e.g., leadership roles, special projects completed]

**DOCTORAL DISSERTATION COMMITTEES AND POST DOCS MENTORED** [List your role (Chair or Member), student name and dissertation title, university and year completed.]

MENTORED PROFESSIONALS [List name, affiliation and rank of mentee, years]

**EDUCATIONAL COURSES TAUGHT** [List course, level (Doctoral, Masters, Undergraduate), and affiliations if applicable]

Codes for past/present funded research and program grants  ${\bf R01}$