**CLINICAL TRIAL INVESTIGATOR CURRICULUM VITAE**

# Contact Information

|  |  |
| --- | --- |
| First Name | <Insert First Name> |
| Last Name | <Insert Last Name> |
| Academic Title | <Insert Academic Title > |
| Medical License (where applicable) |  |
| Present Position | <Insert Present Position > |
| Commencement Date | <dd-mm-yyyy> |
| Name of Institution | <Insert Name of Institution > |
| Department | <Insert Department Name> |
| Address of Trial Site | < Insert Address of Trial Site> |
|  |
|  |
| Phone No: | <Insert Phone No > |
| Fax No: | <Insert Fax No> |
| Email: | <Insert Email> |

# Professional Qualifications

|  |  |  |
| --- | --- | --- |
| Name of Institution | Degree/Certification | Completion Date (Year) |
| <Insert> | <Insert> | <Insert> |
|  |  |  |
|  |  |  |

# Relevant Additional Training

|  |  |  |
| --- | --- | --- |
| Name of Institution | Degree/Certification | Completion Date (Year) |
| <Insert> | <Insert> | <Insert> |
|  |  |  |
|  |  |  |

# Previous Appointments

|  |  |  |
| --- | --- | --- |
| Name of Institution | Title/Role | Start – End Dates |
| <Insert> | <Insert> | <Insert> |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

# Clinical Trials: Training and Experience

Note: Do not include confidential information such as sponsor company investigational product names.

|  |  |
| --- | --- |
| TransCelerate-recognised GCP training | |
| Course details | <Insert name of course provider> |
| Date last completed | <Insert name of course provider> |
| GCP certificate attached? | Yes  No |

|  |  |
| --- | --- |
| Other Training / Experience | Year |
| <Insert details> | <Insert> |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

# Authorization

|  |  |
| --- | --- |
| Name (Print) | < Name (Print)> |
| Signature/Date | < Signature and Date> |