



The University of Utah  
Doctoral Program in Rehabilitation Sciences

Curriculum Vitae Form

Name: \_\_\_\_\_  
Last First Middle

**EDUCATION** (List in chronological order the universities, colleges, and professional schools attended.)

Name and Location of School	Dates Attended	Degree Awarded

**EMPLOYMENT EXPERIENCE** (List in chronological order all professional positions held since graduation from undergraduate college or for the past seven years. Please include periods of military service. Employers may be contacted as references. If the space below is not adequate, use additional sheets.)

Position	Name of Employer	Dates of Employment	Name of Supervisor

**PROFESSIONAL LICENSURE** (please list any professional licenses you have in any states that are related to the clinical delivery of rehabilitation, (e.g., physical therapy, medicine, etc.)

License Type	License Number	State	Active?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you ever been arrested for, charged with, pled guilty or no contest to, or been convicted of a felony charge?  Yes  No

Have you ever had a professional license related to the clinical delivery of rehabilitation suspended or revoked?  Yes  No

Have you ever been named in (and/or had a judgment against you) in a malpractice legal suit?  Yes  No

If you answered "yes" to any of the above questions, provide an explanation (attach separate sheet).