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| Practitioner Name |
| [Phone][E-mail] |  |
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| Educational Qualifications | **Degree 1 (primary degree)**University Name, Country(Start Date - End Date) **Degree 2 (post-graduate degree {if any})**University Name, Country(Start Date - End Date) *(Add more as applicable)* |
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| Internship | (Start Date-End Date) – Institution Name – Job Title* Responsibility 1
* Responsibility 2
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| Clinical Experience(including training)  | Institution Name, CountryJob Title(Start Date – End Date)* Responsibility 1
* Responsibility 2

Institution Name, CountryJob Title(Start Date – End Date)* Responsibility 1
* Responsibility 2

*(Add more as applicable)* |
|  |  |
| License | **License Title 1**Authority Name, Inclusive Years*(Add more as applicable)* |

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| Training Courses  | Course Name 1, Country, Date attendedCourse Name 2, Country, Date attended |

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|  Publications(if applicable) |  (Follow AMA or Vancouver style while referencing) |

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| References | (Name)(Institution Name, Designation)(Contact details) |
|  | ***Provide at least two references*** |

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| Declaration | **I hereby declare the above-mentioned information is true and verifiable to the best of my knowledge and I bear responsibility for the correctness of the above-mentioned particulars.**Date: Signature:  |
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