**Anne E Body**  
123 Main Street  
New York, NY  
**Phone**555-555-5555  
**Cell:**555-555-1234  
**Email:**email@gmail.com

**EDUCATION**

**New York University Medical School**  
M.D., Month 20XX-Month 20XX  
New York, NY

**University of Cincinnati**   
B.A., *magna cum laude,*Month 20XX-Month 20XX  
Cincinnati, OH

**CERTIFICATION AND LICENSURE**

* Board-certified in internal medicine (Month 19XX-present)
* Licensed physician in New York state, Month 20XX
* NPI, Month 20XX
* DEA, Month 20XX

**GRADUATE MEDICAL TRAINING**

**Fellowship**  
Neurology and Neurophysiology  
University of Cincinnati Medical Center, Cincinnati, OH  
Month 20XX- Month 20XX

**Residency**  
Neuropsychiatry  
New York Hospital, New York, NY  
Month 20XX- Month 20XX

**Internship**  
Psychiatry  
New York Hospital, New York, NY  
Month 19XX-Month 20XX

**PROFESSIONAL EXPERIENCE**

**ABC Private Practice**  
**Consultant Physician**  
*Month 20XX-Present*  
New York, NY

**New York Public Hospital**  
**Attending Physician**  
*Month 20XX-Month 20XX*  
New York, NY

**HONORS AND AWARDS**

Magna Cum Laude Graduate, Month 20XX

**PUBLICATIONS AND PRESENTATIONS**

Body, A., “Name of journal article” *American Journal of Medicine*38.5 (20XX): 138-59.

Body, A., “Presentation name here.” American Psychiatry Association Conference. 14, August, 2004

**MEMBERSHIPS AND ASSOCIATIONS**

* American Medical Association
* US Psychiatric Association

**REFERENCES**

Reference 1 first name and last name  
Reference 1 title and workplace  
Reference 1 contact information

Reference 2 first name and last name  
Reference 2 title and workplace  
Reference 2 contact information