**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