



MEDICAL ADMINISTRATION

CODE : MA-F-36

**CURRICULUM VITAE FOR PARTICIPATION
IN A CLINICAL TRIAL**

Edition
-4-

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First, Middle, Last Name				
Phone Number				
Email Address				
Date of birth	Date (_ / _ / _)	Function:		
Hospital or office address				
Medical license acquired (Approbation)	Date (Y_____)	University:	Registration number:	
Specialist in / Professional Career	From (Y_____) to (Y_____)	Field		
GCP & other Trainings related to Clinical Trials	Date (Y_____)	Topic	Provided by	
Experience in Clinical Trials Conduct	From (Y_____) to (Y_____)	Indication / Population (adult, pediatric...)	Phase of the trial (I, II or III)	Or Non-interventional trial (observational, registry, epidemiology...)
(_ / _ / _)	Date _____ Signature _____			