

# MSF CV TEMPLATE : EM DOCTOR



⚠ Any incomplete CV will not be taken into consideration ⚠

LAST NAME(S) \_\_\_\_\_

FIRST NAME(S) \_\_\_\_\_

✉ Email Address \_\_\_\_\_

📱 Private Mobile \_\_\_\_\_

📞 Home Phone Number \_\_\_\_\_

🏠 Home Address \_\_\_\_\_

🏠 Current Address (if different from home address) \_\_\_\_\_

Attach  
Picture

## 👤 PERSONAL DETAILS

Date of birth \_\_\_\_\_

Place of birth \_\_\_\_\_

All current nationality(ies) :  
\_\_\_\_\_  
\_\_\_\_\_

Gender : Male  Female

Marital Status :

Single  Married

Separated/Divorced  Widow(er)

👪 No. of children if any :  
\_\_\_\_\_

🗣 Language(s), you can speak & understand  
(written & spoken) in a working environment :

LEVEL	A1	A2	B1	B2	C1	C2
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
French	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spanish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arabic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others : _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 🎓 EDUCATION

Fill in the spaces applicable to your studies

### Diploma in **MEDICINE**

Place (University/City/Country) \_\_\_\_\_

Registration No. : \_\_\_\_\_

Duration of studies - No of years : \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Date obtained diploma \_\_\_\_\_

### Diploma in **EMERGENCY MEDICINE**

Specify speciality : \_\_\_\_\_

Place (University/City/Country) \_\_\_\_\_

Registration No. : \_\_\_\_\_

Duration of studies - No of years : \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Date obtained diploma \_\_\_\_\_

### Diploma in Other **SPECIALTY** or Sub**SPECIALTY**

Specify speciality : \_\_\_\_\_

Place (University/City/Country) \_\_\_\_\_

Registration No. : \_\_\_\_\_

Duration of studies - No of years : \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Date obtained diploma \_\_\_\_\_

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Board of Emergency Medicine (if any)		Fellow of College of EM Physicians (if any)		
Name of examining Board	Year passed	Name of College	Registration No	Year
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



## PROFESSIONAL EXPERIENCE

Number of years of **AUTONOMOUS** practice \_\_\_\_\_

Employment History Summary including CURRENT employment

Please complete with most recent post first and give a brief description of your role

Date (start-end)	Position	Type of EM activity					Hospital/ City/Country
		Trauma	OB/GYN	Pediatrics	Crit. care	Surgery	



## OTHER PROFESSIONAL EXPERIENCE

Other professional experiences (medical and non medical) including humanitarian work and other NGOs e

Date (start-end)	Position	Type of activity	City/Country



## OTHER MEDICAL TRAINING

(including nursing education, public health, tropical disease, ALS, ATLS, PALS, ultrasound, intensive care medicine, trauma, etc.)

Name of training	Date (start-end)	Duration	City/Country

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## SELF ASSESSMENT SKILLS

I certify that the given information is complete, correct and true

SIGNATURE :

DATE :

CATEGORY	PROCEDURE	NOT	SUPERVISED	Autonomous	Expert	Estimated earlier experience in years
		trained	Can perform under supervision	Can <b>PERFORM</b> Independently	Can <b>TEACH</b>	
		(X if yes)	(X if yes)	(X if yes)	(X if yes)	
Emergency medicine	ECG interpretation					
	Management of acute coronary syndrome					
	Thrombolysis for STEMI					
	Procedural sedation					
	Interpretation of x-rays					
	Interpretation of CT Head scans					
	Conservative fracture management (closed reduction, splinting/casting, application of traction devices)					
	Burn management					
	Escharotomy					
	Wound care					
	Peripheral IV cannula access					
	Intra-osseous access					
	Lumbar puncture					
	Psychiatric emergencies					
	Pelvic examination					
	Medical management of obstetrical emergencies					
	Normal deliveries					
	Triage					
	Mass casualty incident management					
	Pre-hospital care and inter-hospital transport					
ER patient flow management						
Ability to lead in-patient ward rounds						
Bag-valve-mask ventilation						
Intubation						

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CATEGORY	PROCEDURE	NOT trained (X if yes)	SUPERVISED Can perform under supervision (X if yes)	Autonomous Can <b>PERFORM</b> Independently (X if yes)	Expert Can <b>TEACH</b> (X if yes)	Estimated earlier experience in years
Critical care	Initial ventilator settings					
	Non-invasive ventilation					
	Emergency surgical airway					
	Chest tube insertion					
	FAST ultrasound scan					
	Bedside ultrasound (for overall contractility and volume status)					
	Pain management					
	Management of severe trauma patients					
	Management of patients with brain injury					
	Management of haemorrhagic shock					
	Pediatric emergencies					
	Management of septic shock					
	Management of undifferentiated shock					
	Central venous line insertion					
	PICC line insertion					
Arterial line insertion						
Damage control resuscitation						
Hospital management team leading experience	Coaching/mentoring/teaching					
	Formal management experience					
Other (specify)						

## Please state THREE REFERENCES

NAME	TITLES	ADDRESS	CONTACT DETAILS
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1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_