

# MSF CV TEMPLATE : ICU 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 INTENSIVE CARE**

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

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

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

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

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

**Diploma in Other SPECIALTY or SubSPECIALTY**

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

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

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

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

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

# MSF CV TEMPLATE : ICU DOCTOR



Board of Intensive Care Medicine (if any)		Fellow of College of Intensive Care 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

Date (start-end)	Position	Type of ICU activity					Hospital/ City/Country
		Surgical	OB/GYN	Pediatrics	Medical	Other	



## OTHER PROFESSIONAL EXPERIENCE

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

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



## OTHER MEDICAL TRAINING

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

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

# MSF CV TEMPLATE : ICU DOCTOR



## 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)	
Critical care	Bag-valve-mask Ventilation					
	Intubation					
	Advanced airway (including front of the neck access and supra-glottic)					
	Invasive ventilation (incl. ventilatory modes, sedation and weaning)					
	Non-invasive ventilation					
	Tracheostomy management					
	Central venous lines insertion and management					
	PICC access					
	Intra-osseous access					
	Intra-arterial access					
	Cardiac ultrasound (vol. status/contractility)					
	FAST Ultrasound Scan					
	Nutritional management of ICU patients					
	Renal replacement therapy					
	Management of sepsis and septic shock					
	Management of septic haemorrhagic shock					
	Management of un-differentiated shock					
	Management of patients with multiple trauma					
	Management of patients with severe brain injury					
	Management of patients with major burns					
Management of ARDS						
Management of multiple organ failure						
Management of post-operative patients						

# MSF CV TEMPLATE : ICU DOCTOR



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	Management of critically ill obstetrical patients					
	Management of critically ill pediatric patients					
	Management of tropical infectious diseases					
	Critically ill patient transport					
	ICU bed flow management					
	Ability to lead ICU ward rounds					
	End of life care					
	Pain management					
Anaesthesia	Procedural sedation					
	Regional anesthesia					
	Inhalational anesthesia					
	Pediatric anesthesia					
	Obstetric anesthesia					
	Anesthesia for major trauma					
Emergency medicine	Triage					
	Mass casualty incidents management					
	Damage control resuscitation					
	Chest tube insertion					
Hospital management team leading experience	Coaching/mentoring/teaching					
	Formal management experience					
Other (specify)						

## Please state THREE REFERENCES

NAME

TITLES

ADDRESS

CONTACT DETAILS

1.

2.

3.