



Boston University Sargent College of Health and
Rehabilitation Sciences Graduate Admissions Office
Department of Occupational Therapy

Application for the Doctor of Occupational Therapy

Please use this format to develop curriculum vitae (CV). See sample CV for the final format that is submitted with your application.

Curriculum Vitae

PERSONAL

Name: Last First Middle (Maiden)

ADDRESS

Number and Street:
City:
State:
Zip Code:
Province:
Telephone number:
E-mail:
Website:

FORMAL EDUCATION

Graduate Degree: Date of Degree:
Name of University or College:
Location:

Baccalaureate Degree: Date of Degree:
Name of University or College:
Location:

CREDENTIALS (please include title, dates, certification agency)

LICENSED (please include title, dates, licensing agency)

POSITIONS HELD (please list all positions)

Dates: Position:
Location:
Key Responsibilities:
•
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Dates: Position:
Location:
Key Responsibilities:
•

•

Dates:
Location:
Key Responsibilities:

Position:

•
•

Dates:
Location:
Key Responsibilities:

Position:

•
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PROFESSIONAL SOCIETY AND ORGANIZATION MEMBERSHIPS

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SERVICE ORGANIZATIONS

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•

HONORS AND AWARDS

•
•

GRANT AWARDS

Date: Funding Agency:
Title of Award:

PUBLICATIONS – Books (*please use APA format*)

PUBLICATIONS - Refereed articles

PUBLICATIONS – Non-refereed articles

PRESENTATIONS