

Web Bio Template

Electronically fill in only the fields that apply to you and you want displayed on your online bio and return with your application materials. For questions about the content of this document, contact Taysha Byrd at 303.728.6512.

Name and Contact Information	
Display Name (must <u>include</u> first and last name) <i>This is how your name will be displayed</i>	
Are you a: (mark all that apply)	<input type="checkbox"/> Physician or Advanced Care Practitioner <input type="checkbox"/> Researcher <input type="checkbox"/> Nurses & More
Do you treat:	<input type="checkbox"/> Pediatric patients <input type="checkbox"/> Adult patients <input type="checkbox"/> Both
Do you see patients?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you on the NJH faculty?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If 'YES', who is your administrative assistant?</i>
Medical Specialty (Pulmonologist, Nurse Practitioner, etc.)	
Email address (<u>only</u> if you are a researcher) <i>All others we direct patients to portal to contact you</i>	
Phone number (<u>only</u> if you are a researcher) <i>All others we direct patients to main phone number</i>	
List fax number (optional)	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Do you want to include your CV? (optional)	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If 'YES', attach pdf version to email</i>
Do you have a photo taken from Beth Woods?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If 'NO', call Beth Woods to get your photo taken (x7131)</i>
Professional Titles (MD, PhD, PA, PsyD, etc.)	
Job Titles (Professor, Chief, Physician Assistant, etc.)	
List the department, division and all programs and services you are in.	
View full list of programs HERE to choose from. You must choose from this list <u>only</u>. (Ctrl + click on link to view)	
(IE: Department of Medicine, Division of Cardiology, Lung	

Cancer Center, etc.)	
Location(s)	<input type="checkbox"/> Main Campus <input type="checkbox"/> Aspen Valley <input type="checkbox"/> Glenwood Clinic (Basalt, New Castle) <input type="checkbox"/> Highlands Ranch <input type="checkbox"/> Northern Hematology Oncology <input type="checkbox"/> Western Hematology Oncology <input type="checkbox"/> Saint Joseph Hospital <input type="checkbox"/> Sleep Center Englewood <input type="checkbox"/> South Denver <input type="checkbox"/> Vail Valley

Education (required)

Institution Name, City/State: Program of Study:	Start Year: – End Year: <input type="checkbox"/> Education <input type="checkbox"/> Fellowship <input type="checkbox"/> Internship <input type="checkbox"/> Residency
Institution Name (City/State): Program of Study:	Start Year: – End Year: <input type="checkbox"/> Education <input type="checkbox"/> Fellowship <input type="checkbox"/> Internship <input type="checkbox"/> Residency
Institution Name (City/State): Program of Study:	Start Year: – End Year: <input type="checkbox"/> Education <input type="checkbox"/> Fellowship <input type="checkbox"/> Internship <input type="checkbox"/> Residency
Institution Name (City/State): Program of Study:	Start Year: – End Year: <input type="checkbox"/> Education <input type="checkbox"/> Fellowship <input type="checkbox"/> Internship <input type="checkbox"/> Residency
Institution Name (City/State): Program of Study:	Start Year: – End Year: <input type="checkbox"/> Education <input type="checkbox"/> Fellowship <input type="checkbox"/> Internship <input type="checkbox"/> Residency
Institution Name (City/State): Program of Study:	Start Year: – End Year: <input type="checkbox"/> Education <input type="checkbox"/> Fellowship <input type="checkbox"/> Internship <input type="checkbox"/> Residency
Institution Name (City/State): Program of Study:	Start Year: – End Year: <input type="checkbox"/> Education <input type="checkbox"/> Fellowship <input type="checkbox"/> Internship <input type="checkbox"/> Residency

Special Interests

This is to include your research and/or clinical interests. Limit to 1-2 paragraphs.	
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Additional Information

Board Certifications – provide year if applicable (IE: 2012: Internal Medicine)	
Teaching or Professional Positions – list any teaching and professional positions you would like to display	
Academic Affiliation – list affiliation with the University of Colorado Denver	
Professional Memberships – list any professional memberships/societies of which you are a member, provide year if applicable (IE: 2012: AAAAI)	
Awards & Recognition – list any honors, awards, chairs, or professional activities you would like included, provide year if applicable. (IE: 2004: Outstanding Clinical Fellow)	
BioSketch Link (NCBI MY Bibliography) – Remember to set your link to public view and provide the link to us.	Provide URL:

If you're interested in creating a My Bibliography link, visit [online here](#) or contact the library at x1483 for help.

If you don't have an NCBI My Bibliography link, list up to 5 of your most recent or important publications. (5 is the max allowed)

Conditions Treated

Do you treat patients in clinic?

Yes No

If 'YES' –

List the conditions you treat in clinic. (5-10 max)

View full list of conditions [HERE](#) to choose from.

You must choose from this list only.

(Ctrl + click on the link to view)

NOTE: ONLY indicate the conditions you are currently seeing patients for in clinic at NJH. Patients will use this information to make appointment requests.

Research

Do you conduct research?

Yes No

If 'YES' –

List your research interest areas.

Do you have a laboratory webpage you want to display?

If you are interested in creating a lab section online, download the form [HERE](#) and email your complete form to Taysha Byrd at byrdt@njhealth.org.

Yes No

Provide URL:

[View example of a lab section online](#)

(Ctrl + click on link to view)