TransCelerate BIOPHARMA INC.
ACCELERATING THE DEVELOPMENT OF NEW MEDICINES

Abbreviated Curriculum Vitae (CV)

First Name: **Middle Name:** **Last Name:**

Profession:

Current Address/Affiliation	**Study Location (if different)**
Name:	**Name:**
Address Line 1:	**Address Line 1:**
Address Line 2:	**Address Line 2:**
City:	**City:**
Zip:	**Zip:**
State/Province/Region:	**State/Province/Region:**
Country:	**Country:**
Phone:	**Phone:**
Extension:	**Extension:**
Fax:	**Fax:**
Email:	**Email (if different):**

EDUCATION

University	Degree	Year Completed

MEDICAL EDUCATION

University	Degree	Year Completed

PROFESSIONAL EXPERIENCE/OTHER RELATED TRAINING

Institution	Medical Field	Year (Completed)

Professional License Number: **State:**

Expiration Date:

Research Area(s) of Interest: **Clinical Trial Phases:** ☐ I ☐ II ☐ III ☐ IV

List your most Current Clinical Research below:

Therapeutic Area:		Type of trial ▾	Phase:	☐ Completed	☐ On-Going
Therapeutic Area:		Type of trial ▾	Phase:	☐ Completed	☐ On-Going
Therapeutic Area:		Type of trial ▾	Phase:	☐ Completed	☐ On-Going
Therapeutic Area:		Type of trial ▾	Phase:	☐ Completed	☐ On-Going
Therapeutic Area:		Type of trial ▾	Phase:	☐ Completed	☐ On-Going
Therapeutic Area:		Type of trial ▾	Phase:	☐ Completed	☐ On-Going
Therapeutic Area:		Type of trial ▾	Phase:	☐ Completed	☐ On-Going
Therapeutic Area:		Type of trial ▾	Phase:	☐ Completed	☐ On-Going

GCP Training Documentation (Course Provider / Year Completed)____

By signing this form, I confirm that the information provided on this Abbreviated CV is accurate and reflects my current employment and qualifications

Signature:____ **Date:** _______________________