



UT Health
San Antonio

The University of Texas Health
Science Center at San Antonio

FACULTY VERIFICATION OF *CURRICULUM VITAE* (CV) CONTENT

I, _____ (type or print name of faculty member), verify that I have personally reviewed the contents of my official *Curriculum Vitae* (any hard-copy or electronic version using eTalus where required) submitted for the following purpose
_____ (type or print purpose which includes, but is not limited to, appointments, mid-probationary period review, annual review and post-tenure review.)

Further, I agree that the information contained in my *Curriculum Vitae* is a complete and accurate reflection of my career background, activities and accomplishments up to the date the *Curriculum Vitae* is submitted, and that I am responsible for the content as well as any supporting materials that might be requested.

My signature below serves as confirmation of the above.

Original signature of above named faculty member:

Date:

Instructions to the responsible academic and/or administrative home: This signed document shall serve as the CV cover page necessary every time a faculty member submits a CV for any HSC mandated review. An original signature is required with each CV submission.