

**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 eTelus 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.