**CURRICULUM VITAE**

1. **PERSONAL INFORMATION**

|  |  |
| --- | --- |
| A.1. | Name surname:*Fatih ŞAHİNER* |
|  | |
| A.2. | Birth date and place:*1977 / Malatya* |
|  | |
| A.3. | Foreign language knowledge:*English* |
|  | |
| A.4. | Place of duty: *Mogadishu Somalia Turkey Recep Tayyip Erdogan Training and Research Hospital Medical Microbiology* |
|  | |
| A.5. | Contact information *(e-mail address / telephone)*:  *sahinermikro@gmail.com*  *+90 552 2972644* |

1. **TRAINING INFORMATION**

|  |  |
| --- | --- |
| B.1. | Please indicate the university / faculty where graduated:*Gülhane Military Medical Academy. Gülhane Medical Faculty.* |
|  | |
| B.2. | Please indicate the graduation date *(in years)*: *2001* |
|  | |
| B.3. | If so, please indicate the academic titles:*Assoc. Prof.* |

1. **INFORMATION ABOUT WORK EXPERIENCE**

|  |  |
| --- | --- |
| C.1. | Please indicate the institutions / organizations that have been working so far:  *(1) GATA Haydarpaşa Training and Research Hospital.*  *(2) Cyprus Kyrenia Military Hospital.*  *(3) SBU Ankara Gülhane Training and Research Hospital* |

1. **GENERAL INFORMATION ABOUT CLINICAL RESEARCH**

|  |  |
| --- | --- |
| D.1. | If have been trained in Good Clinical Practice (GCP) and clinical research, please indicate the date and the name of the institution / organization that received:  *(1) Basic Epidemiology (Research Methods and Analysis Techniques in Health) Course, GATF Department of Public Health and GATA Haydarpasa Training Hospital 2007, Istanbul.* |
|  | |
| D.2. | If so, please indicate the clinical researchs involved as investigators:*None* |
|  | |
| D.3. | If so, please indicate clinical investigations participated as follower (monitor):*None* |
|  | |
| D.4. | If so, please indicate the clinical researchs involved as field officers:*None* |
|  | |
| D.5. | If so, please indicate the clinical researchs involved as a research pharmacist: |

1. **SIGNATURE OF THE CV OWNER**

|  |  |
| --- | --- |
| E.2. | CV Owner |
| E.2.1. | Manuscript name surname: |
| E.2.2. | Date (day/month/year): |
| E.2.3. | Signature: |

\*Information should be ordered from the oldest to the newest, according to the date order.

\*\*If the number of pages is more than one, all the pages need to be signed.