

ABBREVIATED CURRICULUM VITAE



Name: Melvin Albert Churchill, Jr.
 Professional Title: Rheumatologist
 Organization: Physician Research Collaboration, LLC
 Address1: 3901 Pine Lake Road, Suite #120
 Lincoln, NE 68516
 Address2:
 E-Mail: melvin.churchill@nebraskaarthritis.com

Main Daytime Phone: 402-420-1212 Option #4
 Pager:
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 Fax: 402-328-0971

AFFILIATIONS

Facility Name	Department Name	Facility/Department Address
Physician Research Collaboration, LLC	Clinical Research	3901 Pine Lake Road, Suite #120 Lincoln, NE 68516

EDUCATION

University/School/Program	Degree/Certificate	Specialty	Year Completed
Mayo Graduate School of Medicine, Rochester, Minnesota	Rheumatology		1978
Mayo Graduate School of Medicine, Rochester, Minnesota	Internal Medicine		1976
University College of Medicine, Omaha, Nebraska	Straight Medicine		1973
University of Nebraska Medical Center, Omaha, Nebraska	MD		1972
University of Nebraska, Lincoln, Nebraska	BS		1968

PROFESSIONAL EXPERIENCE

Job Title	Institution	Year Started	Year Completed
Clinical Research Principal/Sub-Investigator - Rheumatology	Physician Research Collaboration, Lincoln, Nebraska	2006	
Rheumatologist & Clinical Research Principal/Sub-Investigator	Arthritis Center of Nebraska, Lincoln Nebraska	1980	
Rheumatologist	American Board of Rheumatology	1978	
Internal Medicine	American Board of Internal Medicine	1975	

LICENSE DETAILS

Type of License	If Other, Type of License	License Issuer	Professional License Number	Country	State, Province or Region	Expiration Date
MD		Department of Health & Human Services	12536	USA	Nebraska	10-1-20

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RESEARCH EXPERIENCE

Study Type (Check all that apply):

- Academic
- Investigator-Initiated
- Other / Please Specify:

- Industry
- Government

Clinical Study Phases (Check all that apply): I II III IV

Therapeutic Areas of Expertise:

Therapeutic Area	Sub-Therapeutic Area
Rheumatology	

Total Clinical Research Experience:

Therapeutic Area	Sub-Therapeutic Area	Number of completed studies	Number of ongoing studies
Rheumatology		276	30

Good Clinical Practice (GCP) Training Details:

Training Provider	Title of Training	Version	Date Completed	Status
University of Miami CITI	GCP ICH course	N/A	2-28-18	Active

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: 10-16-19