

ABBREVIATED CURRICULUM VITAE

Name: Jason R. Potts
 Professional Title: Internal Medicine Specialist
 Organization: Lincoln Internal Medicine Associates, PC
 Address1: 3901 Pine Lake Road, Suite #220
 Lincoln, NE 68516
 Address2:
 E-Mail: jpotts@limadocs.com

Main Daytime Phone: 402-420-1212 Option #4
 Pager:
 Mobile Phone:
 24 Hour Phone:
 Evening Phone:
 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
University of Nebraska Medical Center, Omaha, Nebraska	Primary Care/Internal Medicine Residency		1999-2002
University of Nebraska Medical Center, Omaha, Nebraska	MD		1995-1999
University of Nebraska, Lincoln, Nebraska	BS		1991-1995

PROFESSIONAL EXPERIENCE

Job Title	Institution	Year Started	Year Completed
Clinical Research Principal/ Sub-Investigator – Internal Medicine	Physician Research Collaboration, Lincoln, Nebraska	2009	
Medical Director/Consultant	Independence Center, Lincoln, Nebraska	2003	2009
Internal Medicine Specialist	Lincoln Internal Medicine Associates, PC Lincoln, Nebraska	2002	
Medical Consultant	Madonna Rehabilitation Hospital, Lincoln, Nebraska	2002	
Internal Medicine	American Board of Internal Medicine	2002	

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 and Human Services	22043	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
Internal Medicine	Hypertension
	Gout
	Diabetes
	Osteoarthritis
	Chronic Obstructive Pulmonary Disease
	Asthma

Total Clinical Research Experience:

Therapeutic Area	Sub-Therapeutic Area	Number of completed studies	Number of ongoing studies
Internal Medicine		32	0

Good Clinical Practice (GCP) Training Details:

Training Provider	Title of Training	Version	Date Completed	Status
ACRP/SCRS	GCP	N/A	2019	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: X

Date: