

**ABBREVIATED CURRICULUM VITAE**



Name: Rex F. Largen  
 Professional Title: Dermatologist  
 Organization: Nebraska Dermatology  
 Address1: 5533 South 27<sup>th</sup> Street, Suite #103  
 Lincoln, NE 68512  
 Address2:  
 E-Mail: rexlargen@gmail.com

Main Daytime Phone: 402-420-1212 Option #4  
 Pager:  
 Mobile Phone:  
 24 Hour Phone:  
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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
Kansas University Medical Center, Kansas City, Kansas	Dermatology		1990-1993
Barnes Hospital, Washington University, St. Louis, Missouri	Internal Medicine		1987-1990
University of Nebraska, College of Medicine, Omaha, Nebraska	MD		1983-1987
University of Nebraska, Lincoln, Nebraska	BS		1979-1983

**PROFESSIONAL EXPERIENCE**

Job Title	Institution	Year Started	Year Completed
Clinical Research Principal Investigator - Dermatology	Physician Research Collaboration, Lincoln, Nebraska	2019	
Dermatologist	Nebraska Dermatology, Lincoln, Nebraska	1993	
Dermatologist	American Board of Dermatology	1993	
Internal Medicine	American Board of Internal Medicine	1990	

**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	17872	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
Dermatology	

Total Clinical Research Experience:

Therapeutic Area	Sub-Therapeutic Area	Number of completed studies	Number of ongoing studies
Dermatology		0	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:

Date: 12/20/19