

Abbreviated Curriculum Vitae (CV)

First Name: Brad
Middle Name:
Last Name: Herskowitz
Profession: Sub-Investigator
Affiliation Name: IMIC, Inc.

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City: Palmetto Bay
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Study Location Name same as above
(if different):
Address :

City:
Postal Code:
State/Region/Province:
Country:
Phone:
Extension:
Fax:
Email (if different):

EDUCATION

University	Degree	Year Completed
University of Florida	BSc	1992

MEDICAL EDUCATION

University	Degree	Year Completed
University of Miami School of Medicine	M.D.	1996
University of Miami, Jackson Memorial Hospital, Internal medicine	Residency	1998
Yale-New Haven Hospital, Neurology	Residency	2000
Yale-New Haven Hospital, chief resident in neurology	Residency	2001

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PROFESSIONAL EXPERIENCE/OTHER RELATED TRAINING			
Institution	Medical Field	Year (Completed)	
IMIC, Inc	research	ongoing	
West gables Rehabilitation hospital, Stroke Director	neurology	2012	ongoing h 4/2016
Neuroscience consultants	neurology	2001	ongoing h 4/2016

Professional License Number: ME81159
 State/Region/Province: FL
 Expiration Date: 01/31/2017
 Research Area(s) of Interest: epilepsy, neck and back pain, alzheimer's, OA, neuropathy, MS, headache, bipolar, depression
 Clinical Trial Phases: I II III IV

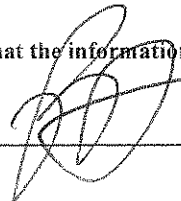
List your most Current Clinical Research below:

Therapeutic Area:	Type of Trial	Phase:	Completed	On-Going
Epilepsy	Industry	2	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mild Alzheimer's disorder	Industry	3	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Moderate Alzheimer's disorder	Industry	3	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Migraine	Industry	2	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Major depressive disorder	Industry	2	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Multiple Sclerosis	Industry	3	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Peripheral neuropathy	Industry	3	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Knee osteoarthritis	Industry	3	<input checked="" type="checkbox"/>	<input type="checkbox"/>

GCP Training Documentation (Course Provider/Year Completed): Oct 26, 2015
 TransCelerate

By signing this form, I confirm that the information provided on this Abbreviated CV is accurate and reflects my current employment and qualifications:
 Brad Herskowitz MD

Signature: _____



Date: Jan 4, 2016