

INVESTIGATOR ONE PAGE CV

Full Name: Davis	J.	Aaron	Date: 01 Feb 2010
Last Name	First Name	Middle Initial	dd/mmm/yyyy
Study Site Affiliation: (e.g., Principal Investigator, Subinvestigator, Coordinator) Principal Investigator, Study Coordinator & Rater			
Professional Mailing Address: (Include institution name.) Davis Clinic, Inc. 8902 N. Meridian Street, Ste. 236 Indianapolis, IN. 46260		Study Site Address: (Include institution name.) Davis Clinic, Inc. 8902 N. Meridian Street, Ste. 236 Indianapolis, IN. 46260	
Telephone: (317) 635-0335		Fax: (317) 635-3522	
<u>Academic Qualifications (most current date first)</u>			
<u>Degree/Certification</u>	<u>Date(mmm/yyyy)</u>	<u>Institution, Country</u>	
Naturopathic Doctor (ND)	June/2004	Bastyr University, USA	
Bachelor of Arts	Dec/1996	Indiana University, USA	
Current and Previous 4 Relevant Positions Including Academic Appointments (most current date first):			
<u>Dates In Years</u>	<u>Title</u>	<u>Institution/Company, Country</u>	
2006—Present	President	The Davis Clinic	
2004—Present	Clinical Study Coordinator/Rater	The Davis Clinic	
2004—2006	Co-Founder	Health Assurance, Inc., USA	
1997—1999	Ski Patrol	Deer Valley Mountain Resort, USA	
Brief Summary of Relevant Clinical Research Experience:			
Since 2004, Dr. Davis has worked as a Clinical Research Coordinator and rater on multiple clinical research trials in the following areas:			
<ul style="list-style-type: none"> • Depression • Hot Flashes • Premature Ejaculation • Rapid Ejaculation • Persistent Developmental Stuttering • Fibromyalgia • Low Testosterone • Peri- & Post-Menopausal Major Depressive Disorder • MDD with insomnia • GAD with insomnia 		<ul style="list-style-type: none"> *Non-Restorative Sleep Disorder *Bipolar I Disorder 	
License/ID Number: 1452		Licensed in State/Province/Country: Oregon	
Signature:		Signature Date:	

Note: CV must be limited to one page for inclusion in the ICH-E3 compliant clinical study report. Please **no attachments**, and **no text** on the reverse side.