

[Your Full Name]

Medical Laboratory Technician

[Address Line]
[City, State, ZIP]
[Phone Number]
[Email Address]

PROFESSIONAL SUMMARY

[Brief 2-3 sentence summary outlining your skills and experience as a Medical Laboratory Technician]

SKILLS

- [Skill One]
- [Skill Two]
- [Skill Three]
- [Skill Four]

WORK EXPERIENCE

[Job Title] – [Employer Name]

[Describe your key responsibilities and achievements]

[Another relevant responsibility]

[Start Date] – [End Date]

[Job Title] – [Employer Name]

[Describe your key responsibilities and achievements]

[Start Date] – [End Date]

EDUCATION

[Degree], [School Name], [City, State]

[Certification] (if applicable), [Institution/Board]

[Year]
[Year]

CERTIFICATIONS & LICENSES

- [Certification Name], [Year]
- [License Name], [Year]

PROFESSIONAL AFFILIATIONS

- [Organization Name], [Role/Member], [Year]