

# [Your Full Name]

Phone: \_\_\_\_\_ | Email: \_\_\_\_\_

Address: \_\_\_\_\_

## PROFESSIONAL SUMMARY

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## LICENSURE & CERTIFICATIONS

- RN License: \_\_\_\_\_
- BLS/ACLS Certification: \_\_\_\_\_
- \_\_\_\_\_

## EDUCATION

Degree: \_\_\_\_\_

School: \_\_\_\_\_

Year: \_\_\_\_\_

Degree: \_\_\_\_\_

School: \_\_\_\_\_

Year: \_\_\_\_\_

## PROFESSIONAL EXPERIENCE

Job Title: \_\_\_\_\_

Employer: \_\_\_\_\_

Location: \_\_\_\_\_

Dates: \_\_\_\_\_

- \_\_\_\_\_
- \_\_\_\_\_

Job Title: \_\_\_\_\_

Employer: \_\_\_\_\_

Location: \_\_\_\_\_

Dates: \_\_\_\_\_

- \_\_\_\_\_
- \_\_\_\_\_

## SKILLS

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## REFERENCES

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