

First Last Name, PA-C

Phone: (xxx) xxx-xxxx
Email: youremail@example.com
City, State ZIP

Professional Summary

-

Education

Degree, Major
School Name, City, State
Month YYYY – Month YYYY

Degree, Major
School Name, City, State
Month YYYY – Month YYYY

Certifications & Licensure

- Certified Physician Assistant (NCCPA), Exp: _____
- State License, Exp: _____
- BLS | ACLS | PALS (if applicable)

Professional Experience

Job Title – Organization Name, City, State
Month YYYY – Present/End

-
-

Job Title – Organization Name, City, State
Month YYYY – Month YYYY

-
-

Skills

-
-

Professional Affiliations

- Organization Name, Member Since _____

References

Available upon request