

[Full Name, RN]

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

PROFESSIONAL SUMMARY

[Brief summary of qualifications, experience, and career objectives.]

LICENSES & CERTIFICATIONS

- Registered Nurse (RN) — [State], License # [XXXXXX], Exp. [MM/YYYY]
- [Additional certifications, e.g., BLS, ACLS]

EDUCATION

[Degree, e.g., Bachelor of Science in Nursing]

[School Name], [City, State]

[Month, Year] – [Month, Year or "Present"]

[Additional Degree, if any]

[School Name], [City, State]

[Month, Year] – [Month, Year or "Present"]

PROFESSIONAL EXPERIENCE

[Job Title] — [Employer Name], [Location]

[Month, Year] – [Month, Year or "Present"]

- [Key responsibility or achievement]
- [Key responsibility or achievement]

[Previous Job Title] — [Previous Employer Name], [Location]

[Month, Year] – [Month, Year]

- [Key responsibility or achievement]
- [Key responsibility or achievement]

SKILLS

- [Skill 1]
- [Skill 2]
- [Skill 3]
- [Skill 4]

PROFESSIONAL AFFILIATIONS

- [Association Name], [Role or Membership Status], [Year(s)]