

[Your Full Name]

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

PROFESSIONAL SUMMARY

[Brief statement highlighting clinical expertise, passion, and career objectives.]

LICENSURE & CERTIFICATIONS

- [State] Registered Nurse License, [License Number], [Expiration Date]
- [Certification], [Certifying Body], [Year]

CLINICAL EXPERIENCE

[Job Title]

[Employer], [Location] · [Month Year]–[Month Year]

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

[Previous Job Title]

[Employer], [Location] · [Month Year]–[Month Year]

- [Key responsibility or achievement]

EDUCATION

[Degree], [Major]

[School Name], [Location] · [Year]

[Previous Degree], [Major]

[School Name], [Location] · [Year]

SKILLS

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

PROFESSIONAL AFFILIATIONS

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

REFERENCES

Available upon request.