

[Your Name]

[Phone] [Email] [City, State] [LinkedIn or Portfolio URL]

Professional Summary

[1–2 brief sentences summarizing your healthcare qualifications, years of experience, and core values.]

Key Skills

[Skill #1]

[Skill #2]

[Skill #3]

[Skill #4]

[Skill #5]

Professional Experience

[Job Title], [Organization]

[Start – End Dates]

[Brief description of your responsibilities, achievements, or key contributions.]

[Job Title], [Organization]

[Start – End Dates]

[Brief description of your responsibilities, achievements, or key contributions.]

Education

[Degree or Certification], [School Name]

[Year]

Certifications & Licensure

[Certification #1]

[Certification #2]

Professional Affiliations

[Organization #1]

[Organization #2]