

First Last Name

Phone

XXX-XXX-XXXX

Email

email@example.com

Address

Street, City, State, ZIP

PROFESSIONAL SUMMARY

Brief summary outlining LPN experience, strengths, and career goals.

LICENSURE & CERTIFICATIONS

LPN License

State, License Number, Expiration Date

Certifications

BLS/CPR (Provider, Date)

Other Relevant Certifications

WORK EXPERIENCE

Job Title

Licensed Practical Nurse (LPN)

Employer/Facility

Organization Name

Location

City, State

Dates Employed

Month YYYY – Month YYYY

Summary of core responsibilities, duties, and achievements.

Key skills or specialized procedures performed.

EDUCATION

Degree/Diploma

Practical Nursing Diploma/Certificate

Institution

School Name

Location

City, State

Graduation Year

YYYY

SKILLS

Patient Care

Medication Administration

Wound Care

Charting & Documentation

Patient Education

Team Collaboration

Other Relevant Skills

PROFESSIONAL AFFILIATIONS

Association Name, Member Since YYYY

REFERENCES

Available upon request
