

# 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 â€“ 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

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## REFERENCES

*Available upon request*

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