

[Full Name, RN]

[Address]

[City, State ZIP]

[Phone Number]

[Email Address]

[LinkedIn/Profile] (optional)

Professional Summary

[Brief summary of qualifications, experience, and professional goals as a Registered Nurse.]

Licensure & Certifications

[Registered Nurse (RN), State, License #, Exp. Date]

[BLS Certification, Exp. Date]

[ACLS/PALS, Exp. Date] (if applicable)

[Other relevant certification]

Education

[Degree], [Major]

[School Name], [City, State] — [Graduation Year]

[Other Degree/Program]

[School Name], [Year]

Professional Experience

[Job Title] — [Employer Name], [City, State]

[Start Date] — [End Date or Present]

[Responsibility/Achievement]

[Responsibility/Achievement]

[Previous Job Title] — [Employer Name]

[Start Date] — [End Date]

[Responsibility/Achievement]

Clinical Rotations

[Unit/Department] — [Facility Name], [City, State]

[Date] | [Key skills/roles]

Skills

[Skill 1]

[Skill 2]

[Skill 3]

Honors & Awards (optional)

[Award/Honor], [Year]

Professional Affiliations (optional)

[Organization Name], [Role/Member], [Year]