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| Your Name  Street Address, City, ST ZIP Code – Phone – Email |

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| **Objective** | What program you are applying to and what are your career goals. (limit 100 words). |
| Experience | Job Title 1 (begin with current position) Company Name, City, ST  Start date – End date  This is the place for a brief summary of your key responsibilities and most stellar accomplishments. Job Title 2 Company Name, City, ST  Start date – End date  This is the place for a brief summary of your key responsibilities and most stellar accomplishments. |
| Education | Degree obtained School Name, City, ST  Date graduated  You might want to include your GPA here and a brief summary of relevant coursework, awards, and honors. |
| Licensure | State you hold an RN license. Note if you have a multi-state license |
| Certification | Any certifications related to nursing or healthcare |
| References | Reference name, Company Give name and contact information of 3 supervisors, co-workers, or colleagues we can contract for additional information |