**FIRST NAME, LAST NAME**

ADDRESS – EMAIL – PHONE NUMBER

**Professional Summary:**

DESCRIBE YOURSELF HERE.

**Education:**

 **UNIVERSITY NAME**  GRADUATION DATE

*DEGREE OBTAINED*

**Work Experience:**

 **FACILITY NAME/TRAVEL COMPANY – JOB TITLE**  DATES

* SETTING (HOSPITAL/SNF/ETC)
* DIAGNOSES TREATED (IF APPLICABLE)
* CASELOAD
* DOCUMENTION SYSTEM

**Equipment experience:**

**SPECIALTY (i.e. CT/X-ray)**

* List
* Equipment
* Here

**Licenses and Certifications:**

**American Heart Association**

First Aid/CPR VALID THROUGH DATE

 **State licenses**