**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
* EQUIPEMENT USED (IF APPLICABLE)

**Clinical Internships (FOR PT’S OR OT’S):**

**FACILITY NAME**

SETTING DATES

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

**Licenses and Certifications:**

**American Heart Association**

First Aid/CPR VALID THROUGH DATE

 **State licenses**