Carrie Caregiver

1234 Any Street • carrie.caregiver@gmail.com • (555) 555-5555

**EDUCATION**

**Name of the University**, City, State Graduation Month Year   
Name of Degree

GPA; Honors/Lists

**Name of the University,** City, State Month Year – Month Year   
Name of Degree

GPA; Honors/Lists

**RELEVANT CLINICAL EXPERIENCE**

**Name of Unit(s) for final semester (immersion),** Clinical Location,Semester and Year

(See Career Services website/Student Resources/Library of Resources for information on documenting future clinicals.)

**Name of Unit**, ClinicalLocation,City, State, Semester and year

* Bullet 1
* Bullet 2
* Bullet 3

**Name of Unit**, Clinical Location, City, State, Semester and year

* Bullet 1
* Bullet 2
* Bullet 3

**Name of Unit,** Clinical Location, City, State, Semester and year

* Bullet 1
* Bullet 2
* Bullet 3

**WORK EXPERIENCE**

**Organization Name,** City, StateMonth Year – Present

* Bullet 1
* Bullet 2
* Bullet 3

**CARRIE CAREGIVER**

**Organization Name**, City, State Month Year – Present

* + Bullet 1
  + Bullet 2
  + Bullet 3

**LEADERSHIP AND ORGANIZATIONS**

**Organization Name,** City, StateMonth Year – Month Year

**Organization Name,** City, State Month Year – Month Year

**Organization Name,** City, State Month Year – Month Year

**COMMUNITY SERVICE**

**Organization Name**, your role

**Organization Name,** your role

**Organization Name,** your role

**CERTIFICATIONS AND TRAINING**

Certification/Training Program Name

Certification/Training Program Name

Certification/Training Program Name

**REFERENCES**

Available on request