

Carrie Caregiver

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EDUCATION

Name of the University, City, State

Name of Degree

GPA; Honors/Lists

Graduation Month Year

Name of the University, City, State

Name of Degree

GPA; Honors/Lists

Month Year - Month Year

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, 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

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

- Bullet 1
- Bullet 2
- Bullet 3

WORK EXPERIENCE

Organization Name, City, State

- Bullet 1
- Bullet 2
- Bullet 3

Month Year - Present

| | |
|--|----------------------|
| Organization Name, City, State | Month Year - Present |
| <ul style="list-style-type: none">Bullet 1Bullet 2Bullet 3 | |

LEADERSHIP AND ORGANIZATIONS

| | |
|--------------------------------|-------------------------|
| Organization Name, City, State | Month 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

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|-------------------------------------|
| Certification/Training Program Name |
| Certification/Training Program Name |
| Certification/Training Program Name |

REFERENCES

Available on request