JANE DOE

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

* Bullet 1
* Bullet 2
* Bullet 3

**Name of Unit Name**, Clinical Location, City, State

* Bullet 1
* Bullet 2
* Bullet 3

**Name of Unit Name,** Clinical Location, City, State

* Bullet 1
* Bullet 2
* Bullet 3

 **WORK EXPERIENCE**

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

* Bullet 1
* Bullet 2
* Bullet 3

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

* Bullet 1
* Bullet 2
* Bullet 3

 **LEADERSHIP AND ORGANIZATIONS**

**Organization Name,** City, State

**Organization Name,** City, State

**Organization Name,** City, State

 **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