

JANE DOE

1234 Any Street • jane.doe@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 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, State

Month Year – Present

- Bullet 1
- Bullet 2
- Bullet 3

JANE DOE

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