



John Doe

1234 Any Street • john.doe@gmail.com • (555) 555-5555

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

Month Year - Present

- Bullet 1
- Bullet 2
- Bullet 3

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