

# John Doe

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

# JD

---

## 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**

- Bullet 1
- Bullet 2
- Bullet 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

Certification/Training Program Name
Certification/Training Program Name
Certification/Training Program Name

REFERENCES

Available on request