

John 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, 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

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 upon request