

1234 Anywhere Lane
Amarillo, TX 77777
nathan1nurse@gmail.com
(555) 555-5555

Nathan Nurse

EDUCATION

Name of the University, City, State
Name of Degree

Graduation Month Year

Name of the University, City, State
Name of Degree/Prerequisites

Dates range attended

RELEVANT CLINICAL EXPERIENCE

Clinical Hours to be completed in Semester, Year

- Unit 1 – number of hours
- Unit 2 – number of hours

Unit Name, Clinical Location, City, State

- Bullet 1
- Bullet 2
- Bullet 3

Unit Name, Clinical Location, City, State

- Bullet 1
- Bullet 2
- Bullet 3

RELATED WORK EXPERIENCE

Organization Name, City, State
Title

Month Year – Month Year

- Bullet 1
- Bullet 2
- Bullet 3

Organization Name, City, State
Title

Month Year – Month Year

- Bullet 1
- Bullet 2

COMMUNITY SERVICE

Organization Name, (Volunteer or Officer or Committee Member or Fundraiser, etc.)

- Bullet
- Bullet

Organization Name, (Volunteer or Officer or Committee Member or Fundraiser, etc.)

- Bullet
- Bullet

CERTIFICATIONS AND TRAINING

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