1234 Anywhere Lane **Nathan Nurse**

Amarillo, TX 77777 nathan1nurse@gmail.com

(555) 555-5555

**EDUCATION**

**Name of the University, City, State** Graduation Month Year

Name of Degree

**Name of the University, City, State** Dates range attended

Name of Degree/Prerequisites

**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** Month Year – Present

*Title*

* Bullet 1
* Bullet 2
* Bullet 3

**Organization Name, City, State**  Month Year – Month Year

*Title*

* Bullet 1
* Bullet 2

**Nathan Nurse**

 **COMMUNITY SERVICE**

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

*City, State*

* Bullet

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

*City, State*

* Bullet

**CERTIFICATIONS AND TRAINING**

Certification/Training Program Name

Certification/Training Program Name

Certification/Training Program Name