

1234 Anywhere Lane  
Amarillo, TX 77777  
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(555) 555-5555

**Nathan Nurse**

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## 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

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## 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

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## RELATED WORK EXPERIENCE

**Organization Name, City, State**  
*Title*

Month Year – Present

- Bullet 1
- Bullet 2
- Bullet 3

**Organization Name, City, State**  
*Title*

Month Year – Month Year

- Bullet 1
- Bullet 2

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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

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CERTIFICATIONS AND TRAINING

Certification/Training Program Name

Certification/Training Program Name

Certification/Training Program Name