**Sally Student**

Address • phone • email

**Education**

**Texas Tech University Health Sciences Center**, City, State *grad month/year*

*Bachelor of Science in Nursing*

*GPA (Honors such as Dean’s List)*

**Texas Tech University**, City, State *dates of attendance*

*Pre-Nursing or nursing prerequisites or declared major*

*GPA (Honors such as Dean’s List)*

**Related Clinical Experience**

**Unit Name for Immersion, Semester & Year,** Clinical Location**,** City, State

* XX hours of clinical experience during last semesters

**Unit Name, Semester and Year,** Clinical Location**,** City, State

* Bullet 1
* Bullet 2
* Bullet 3

**Unit Name, Semester and Year,** Clinical Location**,** City, State

* Bullet 1
* Bullet 2
* Bullet 3

**Unit Name**, **Semester and Year**, Clinical Location, City, State

* Bullet 1
* Bullet 2
* Bullet 3

**Sally Student**

**Recent Work Experience**

**Organization Name, City, State** Month Year - Present

*Title*

* Bullet 1
* Bullet 2
* Bullet 3

**Organization Name, City, State** Start to end date range

*Title*

* Bullet 1
* Bullet 2
* Bullet 3

**Community Service**

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

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

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

**Certifications and Additional Trainings**

Certification/Training Program Name

Certification/Training Program Name

Certification/Training Program Name

Certification/Training Program Name

References available upon request.