

# Sally Student

Address • phone • email

## Education

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**Texas Tech University Health Sciences Center**, City, State  
*Bachelor of Science in Nursing*  
*GPA (Honors such as Dean's List)*

*grad month/year*

**Texas Tech University**, City, State  
*Pre-Nursing or nursing prerequisites or declared major*  
*GPA (Honors such as Dean's List)*

*dates of attendance*

## Related Clinical Experience

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**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

## Recent Work Experience

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**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

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**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

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Certification/Training Program Name

Certification/Training Program Name

Certification/Training Program Name

Certification/Training Program Name

References available upon request.