

Name, Title (Student Nurse)

Highlights

[List a brief summary – such as:
Certified Nursing Assistant for four years
Assistant Retail Store Manager for three years
Lead New Hire Educator in Retail Store for two years]

Education

Degree	University Name	Accomplishments	Grad Date
Degree	University Name	Accomplishments	Grad Date

License

Registered Nurse, Colorado	# _____	expires: **/**
Certified Nursing Assistant	# _____	expires: **/**

Certifications

Advanced Cardiac Life Support	expires: **/**	NIHSS Stroke Certification A & B	expires: **/**
Basic Life Support – Healthcare Provider	expires: **/**	Pediatric Advanced Life Support	expires: **/**

Professional Experience

Company Name <i>Job Title</i> <ul style="list-style-type: none">Super brief description of your job responsibilities in bullet format – your first bullet will be your responsibilitiesYour second bullet (if needed) will be ANYTHING you did above and beyond your normal responsibilities.	City, State ** – current
--	-----------------------------

Company Name <i>Job Title</i> <ul style="list-style-type: none">Super brief description of your job responsibilities in bullet format – your first bullet will be your responsibilitiesYour second bullet (if needed) will be ANYTHING you did above and beyond your normal responsibilities.	City, State ** – current
--	-----------------------------

Company Name <i>Job Title</i> <ul style="list-style-type: none">Super brief description of your job responsibilities in bullet format – your first bullet will be your responsibilitiesYour second bullet (if needed) will be ANYTHING you did above and beyond your normal responsibilities.	City, State ** – current
--	-----------------------------

Clinical Experience

Name of Hospital/Facility <i>Which clinical (Foundations, Med/Surg I, Pediatrics etc.)</i> <i>Number of hours (48, 90 etc) – Charting System utilized (Epic, Meditech...)</i>	City, State
--	-------------

Name of Hospital/Facility <i>Which clinical (Foundations, Med/Surg I, Pediatrics etc.)</i> <i>Number of hours (48, 90 etc)</i>	City, State
---	-------------

Name of Hospital/Facility <i>Which clinical (Foundations, Med/Surg I, Pediatrics etc.)</i> <i>Number of hours (48, 90 etc)</i>	City, State
---	-------------

Name of Hospital/Facility <i>Which clinical (Foundations, Med/Surg I, Pediatrics etc.)</i> <i>Number of hours (48, 90 etc)</i>	City, State
---	-------------