[Your Name]

|  |  |
| --- | --- |
|  |  |
|  | [Address, City, ST ZIP Code] | [Telephone] | [Email] |

OBJECTIVE STATEMENT OR QUALIFICATION SUMMARY

|  |  |
| --- | --- |
|  |  |
|  |  |

Education

|  |  |
| --- | --- |
|  |  |
| [Dates] | [Most Recent Educational Institution], [City, State] Begin with most recent information including degree and date completed or anticipated date of completion.]  [Degree, include program of studies] |
| [Dates] | [Next Educational Institution], [City, State]  [Degree] |

UNM ADULT GERO – ACUTE CARE OR Family Nurse Practitioner Clinical Placements

|  |  |
| --- | --- |
|  |  |
| [Dates] | **[Course Title], [Hours Completed]**  *[Name of Clinic], [City, State]*   * [For each of the courses where you have had clinical placements –describe the following: **setting** (e.g. rural or urban, diverse population, insured, Medicaid, low income), and **types of patients evaluated** (e.g. GYN, well-child, adult PE, sports PE, acute primary care, pediatrics with acute illness, pediatrics with chronic illness, adult chronic medical, adult chronic complex medical, and procedures done). To replace this tip text with your own, just click it and start typing.] |

PRofessional Employment History

|  |  |
| --- | --- |
|  |  |
| [Dates] | **[Most Recent Position Title]***,  [Institution],  [City, State]*   * [Begin with the most recent FIRST. List responsibilities (describe briefly the type of patients). **BOLD** the position title, not the place of employment. To replace this tip text with your own, just click it and start typing.] |
| [Dates] | **[Most Recent Position Title]**, *[Institution],  [City, State]*   * [To replace this tip text with your own, just click it and start typing.] |

HONORS and Awards

|  |  |
| --- | --- |
|  |  |
| [Dates] | Include honors, awards, scholarships received since high school only, [City, State] |

Licensure and Certifications

|  |  |
| --- | --- |
|  |  |
| [Dates] | [Include current RN license and any certifications held. To replace this tip text with your own, just click it and start typing.] |

PRofessional memberships and offices held

|  |  |
| --- | --- |
|  |  |
| [Dates] | Include professional memberships, officer positions held, committee work and responsibilities taken. BEGIN with the most recent. |

Research, publications and presentations (only list if you have any)

|  |  |
| --- | --- |
|  |  |
| [Dates] | [BEGIN with the most recent. Use APA format when listing publications and presentations. If you have participated in research, list the grant name and number, your role in research] |

Community Service

|  |  |
| --- | --- |
|  |  |
| [Dates] | [Include any service or volunteerism with dates. BEGIN with the most recent. To replace this tip text with your own, just click it and start typing.] |

Additional QualificationS

|  |  |
| --- | --- |
|  |  |
| [Dates] | [Include languages spoken, and computer or other skills potentially useful to clinical practice. To replace this tip text with your own, just click it and start typing.] |
|  |  |