**[Major | Degree Title]**

[College or University Names]

[License or Certification Number]

[Dates Attended]

**[Major | Degree Title]**

[College or University Names]

[License or Certification Number]

[Dates Attended]

**EDUCATION**

**LICENSES & CERTS**

**SUMMARY**

**[License or Certification Title]**

[Certifying Body]

[License or Certification Number]

Obtained: [Date]

Expires: [Date]

**[License or Certification Title]**

[Certifying Body]

[License or Certification Number]

Obtained: [Date]

Expires: [Date]

**[License or Certification Title]**

[Certifying Body]

[License or Certification Number]

Obtained: [Date]

Expires: [Date]

**[License or Certification Title]**

[Certifying Body]

[License or Certification Number]

Obtained: [Date]

Expires: [Date]

**[License or Certification Title]**

[Certifying Body]

[License or Certification Number]

Obtained: [Date]

Expires: [Date]

**[License or Certification Title]**

[Certifying Body]

[License or Certification Number]

Obtained: [Date]

Expires: [Date]

**[License or Certification Title]**

[Certifying Body]

[License or Certification Number]

Obtained: [Date]

Expires: [Date]

**[License or Certification Title]**

[Certifying Body]

[License or Certification Number]

Obtained: [Date]

Expires: [Date]

**[License or Certification Title]**

[Certifying Body]

[License or Certification Number]

Obtained: [Date]

Expires: [Date]

**[License or Certification Title]**

[Certifying Body]

[License or Certification Number]

Obtained: [Date]

Expires: [Date]

**LICENSES & CERTS**

**[Agency Name | Facility Name | City, State]**

[Title | Start Date – End Date]

* [Description of work experience]
* [Description of work experience]
* [Description of work experience]
* [Description of work experience]
* [Description of work experience]

**[Agency Name | Facility Name | City, State]**

[Title | Start Date – End Date]

* [Description of work experience]
* [Description of work experience]
* [Description of work experience]
* [Description of work experience]
* [Description of work experience]

**[Agency Name | Facility Name | City, State]**

[Title | Start Date – End Date]

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* [Description of work experience]
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**[Agency Name | Facility Name | City, State]**

[Title | Start Date – End Date]

* [Description of work experience]
* [Description of work experience]
* [Description of work experience]
* [Description of work experience]
* [Description of work experience]

**PROFESSIONAL EXPERIENCE**

[Insert professional summary statement]

**[First Name] [Middle Initial] [Last Name], [Nursing Credentials]**

[Email Address] | [Phone Number]