YOUR NAMEStreet Address, City, State Zip Code
phone number | emailaddress@gmail.com | LinkedIn URL

EDUCATION
Master of Science in Nursing, Family Nurse PractitionerExpected Month Year

 *Name of Institution, City, State*

Bachelor of Science in NursingMonth Year

 *Name of Institution, City, State*

## LICENSURE

Certified Nurse Practitioner Expected Month Year

*The Ohio Board of Nursing*

Registered Nurse Month Year - Present
*The Ohio Board of Nursing, License #12345*

## CERTIFICATIONS

Family Nurse Practitioner-Board Certified Expected Month Year

*American Nurses Credentialing Center*

Basic Life Support Year-Year*American Heart Association*

## RELEVANT CLINICAL EXPERIENCE

Rotation Area(# hours)Month Year-Month Year
*Department Name, Organization Name, City, State*

* **List the clinical experiences that you have had which relate to the position for which you are applying.**
* **Describe your clinical and non-clinical experience, include your range of experience in these 5 areas: setting, population, clinical issues, clinical skills and team you worked with.**
* **Use active verbs, keywords and phrases that you see in actual job description.**
* List your positions in reverse chronological order, beginning with your most recent position.
* Begin each line with an action verb and include details that will help the reader understand your experience, skills, outcomes and achievements.
* Do not use personal pronouns; each line should be a phrase rather than full sentence.
* Ensure your verb tenses agree with your status in the position. For past positions, use past tense verbs (managed, delivered, organized) and if you are still actively in the role, use present tense verbs (manage, deliver, organize).
* Quantify, using numbers and percentages, where possible.

Rotation Area(# hours)Month Year-Month Year
*Department Name, Organization Name, City, State*

* Begin each line with an action verb and include details that will help the reader understand your experience, skills, outcomes and achievements.

## RN EXPERIENCE

Position TitleMonth Year-Month Year
*Department Name, Organization Name, City, State*

* List your positions in reverse chronological order, beginning with your most recent position.
* Begin each line with an action verb and include details that will help the reader understand your experience, skills, outcomes and achievements.

Position TitleMonth Year-Month Year
*Department Name, Organization Name, City, State*

* List your positions in reverse chronological order, beginning with your most recent position.
* Begin each line with an action verb and include details that will help the reader understand your experience, skills, outcomes and achievements.

## ADDITIONAL EXPERIENCE

Position TitleMonth Year-Month Year
*Organization Name, City, State*

* **Consider writing bullet points that address the transferrable skills that you developed through these roles. Here are some of the top skills: critical thinking/problem solving, oral/written communications, teamwork/collaborations, leadership, intercultural fluency/diversity**

Position TitleMonth Year-Month Year
*Organization Name, City, State*

* List your positions in reverse chronological order, beginning with your most recent position.
* Begin each line with an action verb and include details that will help the reader understand your experience, skills, outcomes and achievements.

## HOSPITAL SERVICE

Position TitleMonth Year-Month Year
*Committee/Club/Organization Name, City, State*

* List your positions in reverse chronological order, beginning with your most recent position.

Position TitleMonth Year-Month Year
*Committee/Club/Organization Name, City, State*

## COMMUNITY SERVICE

Position TitleMonth Year-Month Year
*Organization Name, City, State*

* List your positions in reverse chronological order, beginning with your most recent position.

Position TitleMonth Year-Month Year
*Organization Name, City, State*

## FELLOWSHIPS, AWARDS, AND HONORS

Name of Fellowship, Award, or Honor Year-Year

Name of Fellowship, Award, or Honor Year

Name of Fellowship, Award, or Honor Year-Year

## PROFESSIONAL MEMBERSHIPS

Name of Organization Year

Name of Organization Year

 Name of Organization Year

## PUBLICATIONS AND PRESENTATIONS

Citation (APA, MLA, etc.) with your name in bold

Citation (APA, MLA, etc.) with your name in bold

Citation (APA, MLA, etc.) with your name in bold

## SKILLS

 **Computer:** Program, Program, Program

**Trainings:** Name of Training

**Other:** Skill, Skill, Skill

## REFERENCES

**Name**

 Current Title

 Current Organization

 Phone Number
Email Address

 How you know the person

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