**Name**

City/State/ Zip code | My.Name.Is@Duke.edu| (123) 456-7891

**Objective**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (2-3 sentences of a concise, position centered highlighting your skills you possess that you can contribute to a position and what you are looking to develop within that specific role)

**Qualifications**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (List 6-8 strong skills you have that can be beneficial to what the employer is looking for within the position seeking. Be sure to list using bullet points)

**Education\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Duke University,* Bachelor Science of Nursing **May 20XX**

*Undergraduate College*, Bachelor of {Insert Major} **June 20XX**

**Clinical Experience**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Synthesis/Preceptorship: Hospital, Floor XX hours

Adult Health: Hospital, Floor XX hours

Health Assessment: Hospital, Floor XX hours

Maternity: Hospital, Floor XX hours

Pediatrics: Hospital, Floor XX hours

Wellness & Health Promotion: Hospital, Floor XX hours

Geriatrics: Hospital, Floor XX hours

Community Health: Hospital, Floor **Total = XX hours**

 **Work Experience\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Employer, Position, City, State **20XX-20XX**

Employer, Position, City, State  **20XX-20XX**

Employer, Position, City, State **20XX-20XX**

Employer, Position, City, State **20XX-20XX**

**Professional Certifications & Activities**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CPR/BLS certified, American Heart Association, Healthcare Provider (include expiration month/year if applicable)

Licensure Credentials: TBD (Registered Nurse – North Carolina, RN #, expires: TBD)

Member of {Insert Name} Association

Member of {Insert Club Name} Club at Duke University

**Volunteer Experience\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Organization/Site, City/State **Month 20XX**

Organization/Site, City/State **Month 20XX**

Organization/Site, City/State **Month 20XX**