

NAME
ADDRESS, Durham, NC 27705
EMAIL@duke.edu
PHONE NUMBER: (XXX)XXX-XXXX

EDUCATION

Duke University, Durham, NC May 20XX
Accelerated Bachelor of Science in Nursing

Undergraduate College, City, State May 20XX
Bachelor of XXXX

CLINICAL EXPERIENCE

Preceptorship	Hospital, Floor ###	XX Hours
Adult Medical/Surgical Floor	Hospital, Floor ###	XX Hours
Pediatrics	Hospital, Floor ###	XX Hours
Geriatrics	Hospital, Floor ###	XX Hours
Obstetrics	Hospital, Floor ###	XX Hours
Community Health	Hospital, Floor ###	XX Hours
Health & Wellness	Hospital, Floor ###	XX Hours
Community Health	Hospital, Floor ###	XX Hours

WORK EXPERIENCE

Your employer, City, State January 20XX-December 20XX
Position at Employer

- Brief skill description of what you completed in your position.
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Position at Employer

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Position at Employer

- Brief skill description of what you completed in your position.
- Brief skill description of what you completed in your position.

PROFESSIONAL ACTIVITIES, CERTIFICATIONS, & HONORS

AHA Basic Life Support for the HCP and CPR/First Aid for Infants/Children/Adult, expires: June 2020
Licensure Credentials: TBD (Registered Nurse – North Carolina, RN #, expires: TBD)
Member of {Insert Name} Association
Member of {Insert Club Name} Club at Duke University

Name

My.Name.Is@Duke.edu (123) 456-7891

Education

Duke University Bachelor Science of Nursing
Undergraduate College, Bachelor of {Insert Major}

May 20XX
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	XX hours

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
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 Activities
