Certified Nursing Assistant in [unit/specialty] for ??? years and current Nurse Apprentice in [unit/specialty]

**Education**

|  |  |  |
| --- | --- | --- |
| Nursing, Bachelor Degree of Science | College/University Name | Expected: Month year\* |
| Pre-Nursing Courses / other degree | College/University Name | Year completed |
| Nursing Assistant | Trade school name | Year completed |

**License**

|  |  |  |
| --- | --- | --- |
| Registered Nurse, Colorado | *Pending* | Expected:Month Year\* |
| Certified Nursing Assistant or Emergency Medical Technician…, Colorado | #license number | Expires: Month/Year |

**Certifications**

|  |  |  |
| --- | --- | --- |
| Advanced Cardiac Life Support | ACLS | Expires: month/year |
| Basic Life Support – Healthcare Provider | BLS | Expires: month/year |
| The National Institutes of Health Stroke Scale Certification A&B | NIHSS | Expires: month/year |

**Professional Experience**

|  |  |  |
| --- | --- | --- |
| **Hospital Name**  *Job Title – Unit* |  | City, state  Year *–* Year |
| * Provide direct patient care, comfort, and nurse apprentice skills as outlined by Colorado Department of Regulatory Agencies (DORA) and [Hospital name] rules and regulations. Proficient in medical charting utilizing [EMR]. | | |

|  |  |  |
| --- | --- | --- |
| **Hospital Name**  *Job Title – Unit* |  | City, state  Year *–* Year |
| * Provide direct patient care, comfort, and nurse apprentice skills as outlined by Colorado Department of Regulatory Agencies (DORA) and [Hospital name] rules and regulations. Proficient in medical charting utilizing [EMR]. | | |

|  |  |  |
| --- | --- | --- |
| **Hospital Name**  *Job Title – Unit* |  | City, state  Year *–* Year |
| * Provide direct patient care, comfort, and nurse apprentice skills as outlined by Colorado Department of Regulatory Agencies (DORA) and [Hospital name] rules and regulations. Proficient in medical charting utilizing [EMR]. | | |

**Teaching Experience**

|  |  |  |
| --- | --- | --- |
| **University/College Name**  *Nursing Program Tutor* |  | City, state  Year *–* Year |
| * Provide one-on-one tutoring in Fundamentals/Foundations, Obstetrics, Pediatrics, Medical-Surgical Nursing and Pharmacology | | |

**Volunteer Experience**

|  |  |  |
| --- | --- | --- |
| **Name of organization –** try to only list volunteer positions that are medical related  *Title* |  | City, state  Year *–* Year |
| * One line description of responsibilities | | |

**Professional Memberships & Accomplishments**

|  |  |
| --- | --- |
| National Nursing Association | Member: [number] |
| University/College Name | President’s List, year *–* current  Student Nurses Association, President year *–* current |

**Clinical Experience**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Hospital | Capstone |  | Name of Hospital | Mental Health |
| Name of Hospital | Community Health |  | Name of Hospital | Med/Surg II |
| Name of Hospital | Obstetrics |  | Name of Hospital | Med/Surg I |
| Name of Hospital | Pediatrics |  | Name of Hospital | Foundations |