## John Smith, RN

12th Street, Philadelphia, PA, 00001 (123) 456-7890, John.Smith@samplecv.com

# Objective

To obtain a position in the emergency department of a well-reputed hospital.

# **Licensure and Certification**

State, Inactive/Active (ACLS, PALS, etc), YYYY Board Certified, American Board of Your Specialty, YYYY

# **Education and Medical Training**

**Fellowship** MM/YYYY—MM/YYYY Hospital or Program Name, City, State Title/Department if applicable

**Residency** MM/YYYY—MM/YYYY Hospital or Program Name, City, State Title/Department if applicable

Internship MM/YYYY—MM/YYYY Hospital or Program Name, City, State Title/Department if applicable

**Undergraduate Degree** MM/YYYY—MM/YYYY *Institution*, City, State Distinction (summa cum laude, etc.) and honors

## **Professional Work History**

**Most recent experience (title and department)** MM/YYYY—MM/YYYY *Hospital affiliation*, City, State Responsibilities of position

#### Continue professional experience MM/YYYY—MM/YYYY

*Hospital affiliation*, City, State Responsibilities of position

### **Teaching Experience**

**Most recent experience (title and department)** MM/YYYY—MM/YYYY *Hospital affiliation*, City, State Responsibilities of position

#### Continue professional experience MM/YYYY—MM/YYYY

Hospital affiliation, City, State Responsibilities of Position

## **Professional Memberships**

American Nurses Association, member since YYYY National Society of Allied Health, member since YYYY Other memberships, member since YYYY

### Honors

Giving Organization (if applicable), Honor, YYYY

## **Additional Accomplishments**

Volunteer Work MM/YYYY—MM/YYYY Community Service MM/YYYY—MM/YYYY

#### **Research and Publications**

List all published written work and research in standard MLA format.

#### **EMR Competencies**

List what systems you have used and your proficiency with them.

## **Personal Interests**

Briefly list any hobbies or extracurricular activities you enjoy.

### **Professional References**

List at least three references from any position within the past 2-5 years. Include their full name, specialty, relationship to you, address, phone number, fax, and email.