

First Name Last Name, Title - BE or BC

Street Address, City, St, Zip Code

Phone Number

Email Address

OBJECTIVE

Psychiatric Nurse Practitioner with two years of experience seeks full-time...

EDUCATION AND TRAINING

- ❖ **Name of University, City, ST** MM/YYYY GPA X.XX
Master of Science, Nursing—Specialty
- ❖ **Name of University, City, ST** MM/YYYY GPA X.XX
Bachelor of Science, Nursing
- ❖ **Name of University, City, ST** MM/YYYY
Associate Degree, Nursing
- ❖ **Board Certified (Specialty) Nurse Practitioner (#####): DEA# (XX#####)**
- ❖ **Suboxone (XX#####) NPI# (#####)**
- ❖ **Any additional certifications**

PROFESSIONAL EXPERIENCE

- Name of Facility** Month, Year - Month, Year
Title City, ST
Description of responsibilities
- Name of Facility** Month, Year - Month, Year
Title City, ST
Description of responsibilities
- Name of Facility** Month, Year - Month, Year
Title City, ST
Description of responsibilities
- Name of Facility** Month, Year - Month, Year
Title City, ST
Description of responsibilities

REFERENCES

Salutation First Name Last Name Job Title Phone Number Email Address
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PUBLICATIONS

Publication, Title, Date
Publication, Title, Date
Publication, Title, Date

HOBBIES AND INTERESTS

Family, Parenthood, International Dance, Swimming

First Name Last Name Title
Street Address City, State, Zip Code
Phone number email address

Objective

Physician Assistant with three years of experience in family practice/adult medicine seeks full-time employment...

Licenses/Certificates

XXXXX Certified
XX State Physician Assistant License
XX State Physician Assistant License
Prescribing Privileges (National Provider identification) DEA License

Employment History

Month, Year - Month, Year Name of Facility City, ST
Title
Description of responsibilities

Month, Year - Month, Year Name of Facility City, ST
Title
Description of responsibilities

Education

Month, Year – Month, Year Name of University City, ST
Degree
Brief description of program.

Month, Year – Month, Year Name of University City, ST
Bachelor of XXXX
Program Name

Professional Associations

- American Academy of Physician Assistants, Year - Year
- ST XX Academy of Physician Assistants, Year - Year
- ST XX Academy of Physician Assistants, Year - Year

References

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Salutation First Name Last Name Job Title Phone Number Email Address

Hobbies/Interests

Family, Parenthood, International Dance, Swimming