First and Last Name

# City, State | Phone (Cell/Home, include area code) | Email Address

# Professional Profile

**Example:**

**CCA- Clinical Center Associate I**

* **Answers routine inquiries**
* **Screens calls**
* **Assists visitors and patients**
* **Records and transcribes physician orders**
* **Maintains and coordinates clinic schedules**
* **Manages the co-pay collection process**
* **Participates in the team or group work activities in the center(s)**

# Education

## Name of College/ University- City, State YYYY-YYYY

* Degree
* Minor

## Name of College/ University- City, State YYYY-YYYY

* Degree
* Minor

# Work Experience

## Job Title MM/YYYY-MM/YYYY

**Company Name- City, State**

**Job Responsibilities**

## Job Title MM/YYYY-MM/YYYY

**Company Name- City, State**

**Job Responsibilities**

**Job Title**

**Company Name- City, State MM/YYYY-MM/YYYY**

**Job Responsibilities**

# Additional Experience/ Volunteer

## Title MM/YYYY-MM/YYYY

**Organization- City, State**

# Professional Licenses & Certifications

States Licensed:

Please list any **certifications/** **licenses** and their respective expiration dates:

Here, are examples of certifications:

BLS/CPR Expiration Date: 08/2025

ACLS

PALS

# Skills & Abilities

Example:

* Management
* Problem solving
* Communication
* Leadership