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| --- | --- |
| Your Name  Registered Nurse License type and number | Your Name [Street Address]  [City]  [Zip code]  [Contact number]  [Email Address] |
| **Competencies**  Summary | [Competency 1] [Competency 2]  horizontal line  [Briefly talk about your background, accomplishments, and what you hope to achieve in the role you’re applying for]. |
| **Experience** | horizontal line Company Name / Job TitleMonth 20XX - Present, LocationCompany Name / Job TitleMonth 20XX - Month 20XX, LocationCompany Name / Job TitleMonth 20XX - Month 20XX, Location |
| Education | horizontal line School Name / DegreeMonth 20XX - Month 20XX, LocationSchool Name / DegreeMonth 20XX - Month 20XX, Location |
| Licensure & CertificatesAwards | horizontal line  [List all your licenses and certificates].  horizontal line  [List all your awards by date]. |