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# Your Name

username@gmail.com | (123) 456-7890 | linkedin.com/in/yourname

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## SUMMARY

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A summary statement is typically 3-5 sentences and has 3 parts.

1. State degree, major and school. Highlight internships and team-based school or independent projects.
2. Quantify co-curricular involvement (i.e., athletics, part-time job, student orgs) with the number of hours you devote to each activity.
3. List your most complex technical skills that set you apart as a candidate.

Click [here](#) to view example SUMMARIES.

## EDUCATION

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**B.S. Nursing** | Milwaukee School of Engineering | GPA: X.XX | Expected Month Year

## CLINICAL EXPERIENCE

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<b>Clinical Area</b>	Organization & Unit	City, State	Clinical Hours	Semester
<b>Clinical Area</b>	Organization & Unit	City, State	Clinical Hours	Semester
<b>Clinical Area</b>	Organization & Unit	City, State	Clinical Hours	Semester
<b>Clinical Area</b>	Organization & Unit	City, State	Clinical Hours	Semester
<b>Clinical Area</b>	Organization & Unit	City, State	Clinical Hours	Semester
<b>Clinical Area</b>	Organization & Unit	City, State	Clinical Hours	Semester
<b>Clinical Area</b>	Organization & Unit	City, State	Clinical Hours	Semester

## SKILLS

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List skills in 3 categories using a comma between each skill.

**Category:** Skill, Skill, Skill, Skill, Skill, Skill

**Category:** Skill, Skill, Skill, Skill, Skill, Skill

**Category:** Skill, Skill, Skill, Skill, Skill, Skill

Click [here](#) to view example SKILLS by major.

## HEALTHCARE RELATED EXPERIENCE (optional)

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**Title** | Company | Month Year - Month Year | # hrs per wk (if working while in school)

**Title** | Company | Month Year - Month Year | # hrs per wk (if working while in school)

## SENIOR CAPSTONE PROJECT EXPERIENCE (optional)

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**Project Title (Team of #):** Describe the project goal, objective or the problem to solve.

- In chronological order explain what you did, how you did it and why you did it.
- What, how, why.
- What, how, why.

Click [here](#) to view example PROJECTS by major.

## CERTIFICATIONS & AWARDS (optional)

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**Certification/Award Name** | Issuing Organization | Month Year - Month Year

**Certification/Award Name** | Issuing Organization | Month Year - Month Year

## LEADERSHIP EXPERIENCE | CO-CURRICULAR INVOLVEMENT | COMMUNITY SERVICE

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**Title** | Organization | Month Year - Month Year | # hrs per wk (if while in school)

**Title** | Organization | Month Year - Month Year | # hrs per wk

## WORK EXPERIENCE

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**Title** | Company | Month Year - Month Year | # hrs per wk (if working while in school)