

Name with Credentials

Name:
Address:
Phone:
E-mail:

Education

<i>Date Degree Conferred</i>	<i>Degree</i>	<i>Institution and City</i>
April, 2020	Doctor of Nursing Practice	 University
	Scholarly Project Title:	
April, 2010	Masters of Science in Nursing	 College of Nursing
Feb, 2007	Bachelors of science in Nursing	 College of Nursing

Licensure as Registered Nurse:

Licensure as Advanced Practice Registered Nurse: N/A

National Professional Certifications

<i>Certification</i>	<i>Certifying Organization</i>	<i>Dates of Certification</i>
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Professional Work History

<i>Dates of Employment</i>	<i>Position</i>	<i>Institution</i>	<i>Location</i>
02/2020 to present	Utilization Management Field Nurse	ABC Health and Human Services Commission	Leave blank
04/2017 to 01/2020	Clinical Research Associate	Pharmaceutical Company LLC	Leave blank
07/2014 to 04/2017	Registered Nurse	Kindred Hospital	Leave blank
06/2009 to 07/2014	RN Case Manager	Texas Department of Aging and Disability Services	Leave blank
2/2006 to 7/2009	Registered Nurse	South Texas Medical Center	Leave blank

Professional Associations and Activities

Your name here

<i>Dates</i>	<i>Role</i>	<i>Organization</i>
10/ 2012 to present	Member	Sigma Theta Thau Nursing honor society
02/2015 to present	Member	American Nurses Association

Awards/Honors

<i>Date</i>	<i>Award</i>	<i>Organization</i>
2002	Award of Excellence	St Mary Hospital

Research and Grants: N/A

<i>Date</i>	<i>Role</i>	<i>Title</i>	<i>Sponsor</i>	<i>Monetary Award</i>
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Publications: N/A

Books and Book Chapters

Journal Articles

Presentations

International, National, or Regional: N/A

<i>Date</i>	<i>Title(s)</i>	<i>Conference</i>	<i>Sponsor</i>	<i>City</i>
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Local Professional Development Presentations : N/A

<i>Date</i>	<i>Title(s)</i>	<i>Sponsor</i>	<i>City</i>
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Volunteer Activities:

<i>Dates</i>	<i>Role</i>	<i>Organization</i>
02/2015 to 6/2017	Registered Nurse	Non-Profit Healthcare clinic

References Available Upon Request