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| Susie Que | |  | (403) 123 - 4567 |
|  | 123NAME@GMAIL.COM |
| *PRACTICAL NURSE LEARNER* | |  | @YOUR-NAME-PNL |
| CLINICAL EXPERIENCE | | | |
| *Unit # - Care Type* | *Month Year - Month Year* | | |
| Facility, City  Student Nurse   * #1 Duties or skills learned/developed (Keep this ideally 1 line, no more than 2 lines) * #2 Duties or skills learned/developed * #3 Duties or skills learned/developed | | | |
|
| *Unit # - Care Type* | *Month Year - Month Year* | | |
| Facility, City  Student Nurse   * #1 Duties or skills learned/developed (Keep this ideally 1 line, no more than 2 lines) * #2 Duties or skills learned/developed * #3 Duties or skills learned/developed | | | |
| *Unit # - Care Type* | *Month Year - Month Year* | | |
| Facility, City  Student Nurse   * #1 Duties or skills learned/developed (Keep this ideally 1 line, no more than 2 lines) * #2 Duties or skills learned/developed * #3 Duties or skills learned/developed | | | |
| *Unit # - Care Type* | *Month Year - Month Year* | | |
| Facility, City  Student Nurse   * #1 Duties or skills learned/developed (Keep this ideally 1 line, no more than 2 lines) * #2 Duties or skills learned/developed * #3 Duties or skills learned/developed | | | |
| OTHER WORK EXPERIENCE | | | |
| *Company, City* | *Month Year - Month Year* | | |
| Job Title   * #1 Transferable skill learned/developed * #2 Transferable skill learned/developed * #3 Transferable skill learned/developed | | | |
| EDUCATION HISTORY | | | |
| *Program Name* | *Month Year - (Projected Grad) Month Year* | | |
| School Name   * Graduating with an expected X.XX GPA (Only include if over 3.5, also include if in academic societies) \*High School education optional\* | | | |
| *Program Name/HS Diploma* | *Month Year - Month Year* | | |
| School Name   * Include if you graduated highschool with any distinctions or honour roll | | | |
| AWARDS AND NOMINATIONS | | | |
| *Award Name* | *Awarded: Month Year \*leave blank if not awarder* | | |
| Nominated and/or Awarded   * Brief award description/criteria | | | |
| *Award Name* | *Awarded: Month Year \*leave blank if not awarder* | | |
| Nominated and/or Awarded   * Brief award description/criteria | | | |
| EXCEPTIONAL SKILLS | OVERVIEW | | |
| * Quality or skill * Quality or skill * Quality or skill * Quality or skill * Quality or skill | 1 sentence introduction stating when you are graduating and 3 of the qualities you place high value on.  1 short sentence on what area of nursing is your goal.  1 sentence on why you are interested in that area and brief highlight of why you would excel. | | |
| CERTIFICATIONS | | CONTACT | |
| *Certification*  EXPIRY: MONTH YEAR or Organization | *Certification*  EXPIRY: MONTH YEAR or Organization | *Phone****:***  (403) 123 - 4567 | *Email****:*** 123NAME@GMAIL.COM |
| *Certification*  EXPIRY: MONTH YEAR or Organization | *Certification*  EXPIRY: MONTH YEAR or Organization | *LinkedIn****:***  @YOUR-NAME-PNL | 123 Street Name NE  City, Province |
| REFERENCES AVAILABLE UPON REQUEST | | | |