# Name with Credentials (list with highest degree first, licensure, then certifications)

Street Address

City, State Zip

Phone:

E-mail:

**Education** (list from most recent first to oldest last)

|  |  |  |
| --- | --- | --- |
| *Date Degree Conferred* | *Degree* | *Institution and City* |
| Month, Year | Doctor of Nursing Practice Scholarly Project Title:  | Chamberlain College of NursingDowners Grove, IL |
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**Licensure as Registered Nurse:** list states

**Licensure as Advanced Practice Registered Nurse:** list states

**National Professional Certifications**

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| --- | --- | --- |
| *Certification* | *Certifying Organization* | *Dates of Certification* |
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**Professional Work History** (again most recent first)

| *Dates of Employment* | *Position* | *Institution* | *Location* |
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**Professional Associations and Activities** (examples include memberships or leadership roles in professional organizations, reviewer of a publication)

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| --- | --- | --- |
| *Dates* | *Role* | *Organization* |
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**Awards/Honors**

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| *Date* | *Award* | *Organization* |
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**Research and Grants**

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| --- | --- | --- | --- | --- |
| *Date* | *Role* | *Title* | *Sponsor* | *Monetary Award* |
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**Publications** (put in APA format, bold your own name)

*Books and Book Chapters*

*Journal Articles*

**Presentations**

*International, National, or Regional*

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| --- | --- | --- | --- | --- |
| *Date* | *Title(s)*  | *Conference* | *Sponsor* | *City* |
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*Local Professional Development Presentations*

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| --- | --- | --- | --- |
| *Date* | *Title(s)*  | *Sponsor* | *City* |
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**Volunteer Activities**

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| --- | --- | --- |
| *Dates* | *Role* | *Organization* |
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**References Available Upon Request**