**Name, Certification**

Address, Phone Number, Email Address

**Objective Statement**

**Education** (list in reverse chronological order)

School Name**,** City, State(Dates)

* Degree

Major (GPA)

**Clinical and Professional Experiences**

School Name, City, State (Dates)

* Description of clinical experiences and skills

Healthcare related positions, City, State (Dates)

* Short description of responsibilities

**Professional Memberships and Certifications** (include all healthcare related memberships/certifications)

* American Society of Echocardiography (Dates)
* ARDMS Adult Echocardiography (Dates)
* Basic Life Support, American Heart Association (Dates)

**Honors and Awards** (healthcare related)

Name of the honors/awards (Dates)

* Description of the accomplishments

**Volunteer and Extracurricular Activities** (healthcare related)

Name of the organization (Dates)

* Short description

**Institution Lectures/Presentations**

* “Title of Presentation.” Seminar Name. Institution, City, State. (Dates)

**Regional Lectures/Presentations**

* “Title of Presentation.” Seminar Name. Institution, City, State. (Dates)

**National and International Lectures/Presentations**

* “Title of Presentation.” Seminar Name. Institution, City, State. (Dates)

**Publications**

* Author, Author, Author. “Title of Article.” Journal Name. 443(2): 67-71. (Dates)