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| **CERTIFICATIONS**  Certificate  EXPIRY: Month Year or Organization  **Certificate**  EXPIRY: Month Year or Organization  **Certificate**  EXPIRY: Month Year or Organization  **EXCEPTIONAL EVALUATIONS IN:**  - Quality or skill  - Quality or skill  - Quality or skill  - Quality or skill  - Quality or skill  **OVERVIEW**  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.  **CONTACT**  **Telephone**  (403) 123 - 4567  **Email**  123NAME@GMAIL.COM  **LinkedIn**  @YOUR-NAME-PNL  **123 Streetname NE**  **City, Province** | 123NAME@GMAIL.COM | (403) 123 - 4567 | @YOUR-NAME-PNL | |
| SUSIE QUE | | | |
| PRACTICAL NURSE LEARNER | | | |
| RELATED PROFESSIONAL EXPERIENCE | | | |
| STUDENT NURSE | | Month Year - Month Year | |
| ***Facility: City***  Unit #: Care Type   * #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 | | | |
| STUDENT NURSE | | Month Year - Month Year | |
| ***Facility: City***  Unit #: Care Type   * #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 | | | |
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| STUDENT NURSE | | Month Year - Month Year | |
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| OTHER WORK EXPERIENCE | | | |
| JOB TITLE | | Month Year - Month Year | |
| ***Company: City***   * #1 Transferable skill learned/developed (Keep this ideally 1 line, no more than 2 lines) * #2 Transferable skill learned/developed * #3 Transferable skill learned/developed | | | |
| EDUCATION HISTORY | | | |
| SCHOOL NAME | | Month Year - (Projected Grad) Month Year | |
| ***Program Name*** | | | |
| * Graduating with an expected X.XX GPA (Only include if over 3.5, also include if in academic societies) \*High School education optional\* | | | |
| SCHOOL NAME | | Month Year - Month Year | |
| ***Program/High School Diploma*** | | | |
| * Include if you graduated highschool with any distinctions or honour roll | | | |
| VOLUNTEER | | | |
| TITLE/ROLE | | Month Year - Month Year | |
| ***Company/Organization: City***   * #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 | | | |
| AWARDS AND NOMINATIONS | | | |
| AWARD NAME | | Awarded: Month Year \*leave blank if not awarded\* | |
| ***Nominated and/or Awarded***   * Brief award description/criteria | | | |
| AWARD NAME | | Awarded: Month Year \*leave blank if not awarded\* | |
| **REFERENCES AVAILABLE UPON REQUEST** | ***Nominated and/or Awarded***   * Brief award description/criteria | | | |