

Sample Format for Resumes

LAST NAME, FIRST NAME, MIDDLE NAME
ADDRESS
CITY, STATE, ZIP
WORK PHONE
HOME PHONE
FAX
E-MAIL

DATE OF BIRTH

PLACE OF BIRTH

SSN:

PERSONAL DATA: i.e. married/two children

EDUCATION:

(Name of Schools) (Degrees) From (Day-Month-Year) to (Day-Month-Year)

NOTE: Enter Internships/Clinical Rotations

PROFESSIONAL EXPERIENCE (INCLUDES VOLUNTEER WORK):

(Name of Facility) (Position Held) From (Day-Month-Year) To (Day-Month-Year) (Location if Self-employed)

NOTE: Enter time period and explain any periods of unemployment

MILITARY EXPERIENCE:

(Name of Service) (Active Duty/Reserve) From (Day-Month-Year) To (Day-Month-Year) (Rank) (Branch)

BOARD CERTIFICATION:

List ALL states that you have been licensed with even if no longer current. Submit a copy of your first original license and your current license.

PROFESSIONAL ORGANIZATIONS:

List all organizations of which you are a member and any positions held.

MISCELLANEOUS EXPERIENCE (INCLUDES VOLUNTEER WORK):

List any unusual experience you feel may be of interest and may affect your constructive credit, and is related to your profession. You may also list community service you feel adds to your resume.

PUBLICATIONS:

List books and articles published and the date.

CERTIFICATION OF CONTINUING MEDICAL EDUCATION: Annotate, along with the category type. The information must cover 3 years or from the time you obtained the qualifying degree, if less than three years. Attach continuing medical education certificates to verify this information.

All dates listed must agree with diplomas, certificates, DD Form 214, etc. A detailed resume is preferred.