**Your Name, Title**

Street Address City, ST Zip Code

Phone Number • email address

**Objective**

To employ my Dental Assisting skills, further my knowledge in my profession and sustain company morale as a team member of Company Name

**Areas of Expertise**

|  |  |  |
| --- | --- | --- |
| * Take and Develop Impressions * Fluoride Application * Place Dental Sealants * Teamwork * OSHA Training * Dental Instrument Care | * Tray Set-up * Treatment Charting * Patient Education * Operate Ultrasonic Equipment * HIPAA Certified | * Coronal Polish Certificate * Radiology Certificate * Bleaching & Mouth Guard Fabrications * Front Desk Experience * CPR/First Aid |

**Work History**

Start/End – *Company Name* City, ST

**Position Title**

* Responsibilities and Duties
* Responsibilities and Duties
* Responsibilities and Duties

Start/End – *Company Name* City, ST

**Position Title**

* Responsibilities and Duties
* Responsibilities and Duties
* Responsibilities and Duties

Start/End – *Company Name* City, ST

**Position Title**

* Responsibilities and Duties
* Responsibilities and Duties
* Responsibilities and Duties

**Education**

Graduated Milan Institute Sparks, NV

Mm/yyyy Dental Assisting Program

GPA

Graduated Name of High School City, ST

Mm/yyyy Diploma