**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