**Your Name, Title**

Home Phone ❖ Cell Phone ❖ Street Address City, State zip

**Objective**

To obtain a position as a Dental Assistant with Company Name, where I can enhance my skills and establish my career while supporting a teamwork environment

**Dental Assisting Skills**

|  |  |  |
| --- | --- | --- |
| 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  CPR/ First Aid | Coronal Polish Certificate  Radiology Certificate  Bleaching & Mouth Guard Fabrications  Front Desk Experience  Excellent Customer Service |

**Education**

Dental Assisting Program Graduated mm/yyyy Milan Institute, Sparks, NV

* Certificate of Completion
* GPA

Name of High School Graduated yyyy City, ST

* GPA

**Employment History**

**Company Name**  Position Title City, Sate Start/End

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

**Company Name**  Position Title City, State Start/End

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

**Company Name**  Position Title City, State Start/End

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