**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 ImpressionsFluoride ApplicationPlace Dental SealantsTeamworkOSHA TrainingDental Instrument Care | Tray Set-upTreatment ChartingPatient EducationOperate Ultrasonic EquipmentHIPAA CertifiedCPR/ First Aid | Coronal Polish CertificateRadiology CertificateBleaching & Mouth Guard FabricationsFront Desk ExperienceExcellent 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
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