**Your Name, Title**

Phone Street Address City, ST Zip

**objective**

To utilize my skills as a Dental Assistant and promote teamwork while growing with Company Name

**Professional Abilities and Attributes**

|  |  |  |
| --- | --- | --- |
| 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 Experience |

**Education**

Milan Institute Sparks, NV Graduated mm/yyyy

* + Dental Assisting
	+ GPA

Name of High School City, ST Graduated mm/yyyy

**Work Experience**

**Extern Site,** Dental Assistant ExternStart/End

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

**Company Name,** Position TitleStart/ End

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

**Company Name,** Position TitleStart/End

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