**Your Name, Title**

Street Address ◾ City ◾ State Zip Phone

**Objective**

|  |
| --- |
| To enhance my skills as a Dental Assistant by providing efficient work that is focused on pleasant patient experiences |

**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 | Coronal Polish Certificate  Radiology Certificate  Bleaching & Mouth Guard Fabrications  Front Desk Experience  CPR/First Aid |

**Education/Training**

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

* Certificate of Completion
* GPA

**Name of High School** City, ST Graduated yyyy

* Diploma/ GED

**Employment History**

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

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

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

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