**Your Name, Title**

Street Address ◾ City ◾ State Zip Phone

**Objective**

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

**Dental Assisting Skills**

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| --- | --- | --- |
| Take and Develop ImpressionsFluoride ApplicationPlace Dental SealantsTeamworkOSHA TrainingDental Instrument Care | Tray Set-upTreatment ChartingPatient EducationOperate Ultrasonic EquipmentHIPAA Certified | Coronal Polish CertificateRadiology CertificateBleaching & Mouth Guard FabricationsFront Desk ExperienceCPR/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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