**Your Name, Title**

Street Address City, ST Zip Code

Phone Number• Email Address

**Objective**

To employ my Medical Assisting skills and become a contributing member of Company Name

**Areas of Expertise**

|  |  |  |
| --- | --- | --- |
| CPR CertifiedPhlebotomyElectrocardiographBandagingUrinalysis | Patient ChartingSterilizationPatient EducationThroat CultureBlood Glucose Testing | Surgical SetupAssist with ProceduresSnellen Eye ChartInsurance Verification |

**Work History**

Start/End – Company Name City, ST

**Position Title**

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

Start/End – Company Name City, ST

**Position Title**

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

Start/End – Company Name City, ST

**Position Title**

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

**Education**

Graduated Milan Institute Sparks, NV

Mm/yyyy Dental Assisting Program

 GPA

Graduated Name of High School City, ST

yyyy Diploma