**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 Certified  Phlebotomy  Electrocardiograph  Bandaging  Urinalysis | Patient Charting  Sterilization  Patient Education  Throat Culture  Blood Glucose Testing | Surgical Setup  Assist with Procedures  Snellen Eye Chart  Insurance 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