**Your Name, Title**

Home Phone ❖ Cell Phone ❖ Street Address City, State zip

**Objective**

To obtain a position as a Medical Assistant where I can use my skills to advocate a healing environment for patients

**Medical Assisting Skills**

|  |  |  |
| --- | --- | --- |
| 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 |

**Professional Attributes and Qualifications**

Strong organizational and detail-oriented skills

Effectively handle multiple tasks simultaneously

Demonstrated ability to acquire and apply knowledge rapidly

Independent work with minimal supervision and contribute to teamwork

Strong computer skills *(65wpm)*

**Education**

Medical Assisting Program Graduated mm/yyyy City, ST

* + Certificate of Completion
  + GPA

Name of High School Graduated yyyy City, ST

* + GPA

**Employment History**

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

* Responsibilities and Duties
* Responsibilities and Duties

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

* Responsibilities and Duties
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**Company Name**  Position Title City, State Start/End

* Responsibilities and Duties
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