**Your Name, Title**

Street Address ◾ City ◾ State Zip Phone

**Objective**

|  |
| --- |
| To enhance my skills as a Medical Assistant by exhibiting excellent work focused on my patients comfort and healing while promoting teamwork with my coworkers |

**Skills and Attributes**

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

**Education**

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

* Certificate of Completion
* GPA

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

* Diploma/GED
* GPA

**Employment History**

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

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

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