**Your Name, Title**

Street Address ◾ City ◾ State Zip PHONE

**Objective**

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| --- |
| To utilize my skills as a Massage Therapist by providing body work focused on physical relaxation, healing and rehabilitation for my clients. |

**Massage Training and Modalities**

|  |  |  |  |
| --- | --- | --- | --- |
| ShiatsuDeep TissueAromatherapyHot Stone TherapyBody Wraps | KinesiologyPassive Joint MobilizationChair MassageSports Massage | ReflexologyHot Stone TherapyPrenatal MassageAcupressureSwedish | First Aid/CPR HIPAA CertificationPediatric MassageBody Scrubs |

**Education/Training**

**Massage Therapy 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**

**Massage Therapist Intern** Milan Institute Massage Clinic/Sparks, NV Start/End

* Provide massage based on customer request
* Assess client through use of SOAP Notes

**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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