**Your Name, Title**

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

**Objective**

To obtain a position as a Massage Therapist so I can use my creativity to provide healing aspects that are alternative to medication

**Massage Modalities and Training**

|  |  |  |  |
| --- | --- | --- | --- |
| Swedish  Deep Tissue  Sports Massage  Passive Joint Mobilization/ROM | Aromatherapy  Hydrotherapy  Hot Stone Therapy  Body Wraps/  Body Scrubs | Cryotherapy  Reflexology  Shiatsu  Acupressure/  Energetic Bodywork | Chair Massage  Kinesiology  Prenatal Massage  Pediatric/Elderly Massage |

**Professional Attributes and Qualifications**

Provided Chair Massage/Client Intake at Location/Event Name

Provided Chair Massage at Location/Event Name

Provided Chair Massage/Client Intake at Location/Event Name

CPR, HIPAA, and First Aid Certifications

**Education**

Massage Therapy Program Graduated mm/yyyy Milan Institute, Sparks, NV

* + Certificate of Completion
  + Dean’s List of Academic Excellence
  + GPA

Name of High School Graduated yyyy City, ST

* + GPA

**Employment History**

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

* Provided massage based on client’s request
* Assessed client through the use of SOAP notes

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

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

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

* Responsibilities and Duties
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* Responsibilities and Duties