**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**

|  |  |  |  |
| --- | --- | --- | --- |
| SwedishDeep TissueSports MassagePassive Joint Mobilization/ROM | AromatherapyHydrotherapyHot Stone TherapyBody Wraps/Body Scrubs | CryotherapyReflexologyShiatsuAcupressure/Energetic Bodywork | Chair MassageKinesiologyPrenatal MassagePediatric/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