**Your Name, Title**

Street Address City, ST Zip Code

Phone Number • Email address

**Objective**

To employ my Nursing Assistant skills, further my knowledge in my profession, and be part of the health providing team at Company Name

**Areas of Expertise**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
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|  |  |
| --- | --- |
| * Safety and Infection Control
* Personal Care Procedures-skin care
* Oral Hygiene, Bathing Procedures
* Dressing and Undressing, Shaving
* Nail and Hair Care
* Teamwork
* Safety/Sanitation/Quality Controls
* H.I.P.A.A. Regulations
* Vital Signs
* Nutritional Requirements and Techniques
 | * Admission and Discharge Procedures
* Exercise and Activity
* Elimination Procedures
* Care of patients with Nervous System Diseases
* Care of patients with Diabetes
* Care of patients with Respiratory Diseases
* Care of patients with Cognitive Diseases
* Care of clients who are Grieving, Dying or Deceased
 |

 |  |  |

**Clerical Skills**

|  |  |  |
| --- | --- | --- |
| * Keyboarding
* 10-Key
* Microsoft Word
* Microsoft Excel
 | * Correspondence
* Grammar/Punctuation
* Proper Phone Etiquette
 | * Data Entry
* Appointment Scheduling
* Distribute/Process Mail
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**Work History**

Start/End – Name of Company City, ST

**Position Title**

Responsibilities and Duties

Start/End – Company Name City, ST

**Position Title**

Responsibilities and Duties

Start/End – Company Name City, ST

**Position Title**

Responsibilities and Duties

**Education**

Graduated Milan Institute Sparks, NV

Mm/yyyy Administrative Medical Assisting Program

 GPA

Graduated Name of High School City, ST

 Diploma