**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**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | * 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 |

**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