

First name Last Name, Degree, RN

Skills Summary:

Any Information regarding specific Skills Strengths, Awards, Trauma Level

Work History:

Month Year – Month Year **Name of Hospital – City, State**
UNIT/Specialty—Staff/Travel/Per-diem RN
*Unit Ratios, Floating Options, Trauma Level/NICU
Level, Charting System, # of Beds on unit, Preceptor
or Charge Experience*

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UNIT/Specialty—Staff/Travel/Per-diem RN
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or Charge Experience*

Education: Name of School – City, State
ADN/BSN/Diploma – Month/Year

Certifications: BLS/ACLS/PALS Etc...(Month/Year),

Licenses: State - # (Expiration)