**[Your Name]**

Address: [Your Address]

Phone: [Your Phone Number]

Email: [Your Email Address]

## **Professional Summary**

Compassionate and dedicated Nurse with [X] years of experience providing quality patient care in hospital and clinical settings. Skilled in patient assessment, treatment planning, and medication administration. Committed to promoting health and wellness while maintaining patient safety and comfort.

## **Education**

**[Degree Title]** - [Field of Study, e.g., Nursing]

[University Name], [Location]

Graduation Date: [Month, Year]

* [Add any additional relevant training, courses, or certifications.]

## **Work Experience**

**Registered Nurse**

[Hospital/Clinic Name], [Location]

[Month, Year] - Present

* Provide patient care and treatment according to established protocols and standards.
* Conduct patient assessments, monitor vital signs, and administer medications.
* Collaborate with doctors, specialists, and other healthcare professionals to develop and implement care plans.
* Educate patients and families on medical conditions, treatment options, and post-treatment care.
* Maintain accurate patient records and documentation.

**Nursing Intern**

[Hospital/Clinic Name], [Location]

[Month, Year] - [Month, Year]

* Assisted registered nurses with patient care and treatment tasks.
* Conducted patient assessments and monitored vital signs under supervision.
* Assisted with medication administration and treatment planning.
* Provided support to patients and families, answering questions and providing information.
* Maintained a clean and organized patient care environment.

## **Skills**

* Patient assessment and monitoring
* Medication administration and treatment planning
* Strong communication and interpersonal skills
* Ability to work effectively as part of a healthcare team
* Knowledge of medical terminology and procedures
* Proficiency with medical equipment and technology
* Attention to detail and critical thinking

## **Certifications and Licenses**

* [Certification Name, e.g., Registered Nurse (RN)], [State/Organization], [Month, Year]
* [Other relevant certifications, e.g., Basic Life Support (BLS), Advanced Cardiovascular Life Support (ACLS)]

## **Professional Affiliations**

* [Membership Name, e.g., American Nurses Association], [Year]

## **References**

Available upon request.