

## Resume Template Nursing

The resume section, of the application process gives you the opportunity to highlight your work experience, extracurricular activities, awards and honors you would like to bring to the attention of the nursing program.

Experiences outside of the classroom are a critical part of a pre-nursing student preparation. Not only do these activities help you learn as much as possible about your future profession, grow and develop as an individual, and enhance your worldview, but they are also a major part of our application process.

Please complete the resume template. As you fill out your resume, it's important to be explicit, detailed, and concise in your roles and responsibilities. Many times, in resumes, opportunities to highlight your experience and activities are missed. If you performed responsibilities as a CNA, or a MA, identify in your experience. Remember, a resume is the *highlight* of your work that you want to bring *attention* to the nursing program.

Additional fields have been provided for additional education, healthcare, non-healthcare, and extra-curricular experience.

### PRIMARY INFORMATION

First name

Last name

Address

City

State

Zip Code

Phone

Preferred email (*if you are a current, registered USU student, use you're a-number email. If you are a non-registered USU student, provide your preferred email that we can email information to*)

### (1) EDUCATION – Post High School Education

Institution/School Name

City

State

Program Name (*and earned certificate, diploma, and degree*)

Start date (month/year)

Completion date  
(month/year)

### (2) EDUCATION – Post High School Education

Institution/School Name

City

State

Program Name (*and earned certificate, diploma, and degree*)

Start date (month/year)

Completion date  
(month/year)

**(1) HEALTHCARE EXPERIENCE – Identify any healthcare experience you have gained**

Facility/Company Name	
City	State
Position	
Start date – End date	
Total hours with this facility/company or total hours of patient care	
Supervisor Name	
List skills and responsibilities (also identify if you performed skills and responsibilities as a certified CNA/MA/EMT/PN)	

**(2) HEALTHCARE EXPERIENCE – Identify any healthcare experience you have gained**

Facility/Company Name	
City	State
Position	
Start date – End date	
Total hours with this facility/company or total hours of patient care	
Supervisor Name	
List skills and responsibilities (also identify if you performed skills and responsibilities as a certified CNA/MA/EMT/PN)	

**(3) HEALTHCARE EXPERIENCE – Identify any healthcare experience you have gained**

Facility/Company Name

City

State

Position

Start date – End date

Total hours with this facility/company or total hours of patient care

Supervisor Name

List skills and responsibilities (also identify if you performed skills and responsibilities as a certified CNA/MA/EMT/PN)

**(1) NON-HEALTHCARE WORK EXPERIENCE**

Company Name

City

State

Position

Start date – End date

Roles and Responsibilities

## **(2) NON-HEALTHCARE WORK EXPERIENCE**

Company Name

City

State

Position

Start date – End date

Roles and Responsibilities

## **(3) NON-HEALTHCARE WORK EXPERIENCE**

Company Name

City

State

Position

Start date – End date

Roles and Responsibilities

### **(1) EXTRA-CURRICULAR ACTIVITIES**

Identify the experience you participated in (*for example—leadership, volunteer, certification, study abroad, humanitarian*)

Start date – End date or total of hours

Description of what you did or do

### **(2) EXTRA-CURRICULAR ACTIVITIES**

Identify the experience you participated in (*for example—leadership, volunteer, certification, study abroad, humanitarian*)

Start date – End date or total of hours

Description of what you did or do

### **(3) EXTRA-CURRICULAR ACTIVITIES**

Identify the experience you participated in (*for example—leadership, volunteer, certification, study abroad, humanitarian*)

Start date – End date or total of hours

Description of what you did or do