

Name, Credentials

Address, City, State, Zip

Phone (best number)

e-mail:

EDUCATION

University of, City, State

Master of Science, Advanced Practice Pediatric Nursing

date

Comprehensive Examination topic:

University School of Nursing, City, State

Bachelor of Science in Nursing

date

University, City, State

Bachelor of Science

date

CLINICAL EXPERIENCE

Pediatric Nurse Practitioner, Hospital, City, State

date

(Unit Name)

Summary

include # beds

procedures (some)

clinical knowledge

committee memberships

Title, Hospital, City, State

date

(Unit Name)

Provided post-operative, family-centered, direct nursing care to pediatric patients in #-bed cardiovascular intensive care unit.

Provided care to intubated children requiring multiple vasoactive drips and monitoring via central lines. Clinical knowledge sedation, vascular access, external and internal pacing, open chests, and admitting patients from operating room following surgical repair of congenital heart defect.

Member of mock code and tours and transitions committees.

Title, Clinic Name, City, State

date

Summary

Patients/day

From Melnic Consulting Group

Jill Gilliland, President

www.melnic.com

jill@melnic.com



Name, Credentials

Address, City, State, Zip

Phone (best number)

e-mail:

RESEARCH, PRESENTATIONS AND PAPERS

University, School of Nursing

(Date) Brief summary research

Names (Date). *Title*. Journal, volume: pages.

Names (Date). *Title*: brief summary. Presentation Name including organization, City, State.

AWARDS AND HONORS

Speaker

Poster Presentation

Awarded scholarship

LICENSURE AND CERTIFICATION

State Pediatric Nurse Practitioner (PNP), September 200

State Clinical Nurse Specialist (CNS), September 200

Pediatric Nursing Certification Board, Certified Primary Care PNP, Date, #

Pediatric Nursing Certification Board, Certified Acute Care PNP, Date, #

State Licensure, RN #

Certificate name, Dates

PROFESSIONAL ORGANIZATIONS

Title (if applicable), Organization

CATEGORY OF SKILLS AND INTERESTS

Foreign language

Technical skills and training

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Name, Credentials

Address, City, State, Zip

Phone (best number)

e-mail:

Excellent oral and written communication skills

Leadership and or team skills

From Melnic Consulting Group

Jill Gilliland, President

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