Name

Address

Phone

Email

Objective\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I offer 19 years of experience in nursing specializing in wound care. My training and experience have allowed me to gain knowledge and growth. I am looking to expand my practice within a facility that rewards dedication, motivation and enthusiasm while rendering quality care to patients.

Experience\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2009 – 2013 REGISTERED NURSE**

**CARE CENTER**

address

Wound Care Coordinator – Managed the wound care program and participated as a member of the Interdisciplinary team in MDS process, care plans, care conferences and assessing resident’s needs in regard to wound treatment.

**2004 – 2009 LPN/REGISTERED NURSE**

**CARE CENTER**

address

Wound Care Coordinator – Worked closely with physicians, wound clinics and families’ to provide wound care for long-term residents’ as well as residents’ admitted for therapy after surgical procedures.

**1996 – 2004 LPN**

**CARE CENTER**

address

LPN Staff Nurse - Pass medications, worked with ventilator patients, admission assessments, providing overall care of long-term residents.

Education\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2006 – 2007 Associates Degree Nursing CCAC South Campus

1993 – 1994 LPN Program

Certifications & Licensures\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2007-2014 Registered Nurse Licensure Licensure No.

2012-2014 CPR Certification

**REFERENCES FURNISHED UPON REQUEST**