

**First Name MI Last Name**  
123 Main Street, Hometown, ID 12345  
555-555-555 / [youremail@email.com](mailto:youremail@email.com)

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Objective

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**Qualification Skills**

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**Education & Certifications**

*Your School, Location, State – Program* 7/17

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*Phlebotomy Certification – Location, State* 7/17

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*Any other Certs – Location, State* 7/17

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**Work & Professional Experience**

*Clinical Location* 7/17

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*Current Job (if applicable)* 7/17