

First Name, Middle Initial, Last Name

Address, City, State, Zip Code

Phone Number

Email Address (create a professional one if you don't already have one)

EDUCATION

Required: Name of Institution, city/state, degree, major, and year the degree was (will be received)

Optional: GPA

****List your highest degree first, followed by college or university.****

RESEARCH/PROFESSIONAL EXPERIENCE

Required: Job title, name of organization, city/state, dates of employment, description of accomplishments and responsibilities.

****Tailor this section to what you are applying for (residency, associateship, ect.) Use action verbs. Use only whole years, not months.****

LEADERSHIP AND PROFESSIONAL SERVICE

Required: Name of organization, dates of membership, offices held

****Be sure to include specific details to your leadership to help stand out from the competition.****

PUBLICATIONS & PRESENTATIONS

Publications Required: Authors, title, publications, date/issue, pages

Research Required: Title, co-researchers, description, results.

****List in reverse chronological order****

COMMUNITY SERVICE

Required: Name of organization/charity. If dates are listed, you should present your volunteer work in reverse chronology. If you don't include dates, list your community service according to impact. Be sure to list your responsibilities as well as your greatest achievements in this role.

Optional: Dates

PROFESSIONAL AFFILIATIONS

Required: Name (List either alphabetically, in order of relevance to your profession), or chronologically (list dates).

Optional: Dates

Awards (This is optional)

Include any Dental School scholarship awards, memberships, special achievements, and/or military experience.

OTHER SKILLS

Customize the skills section of your resume to match the requirements of the position.