

Form C: RÉSUMÉ

Standard B

Name: _____

Check the box that reflects this person's title:

Program Director Program name: _____

Clinical Coordinator Program name: _____

Affiliate Education Supervisor Affiliate name: _____

A. EDUCATION* (list highest degree first)

Institution	Major	Degree	Date Earned

*For Program Director and Clinical Coordinator, attach copy of the diploma or transcript for the highest degree.

B. BOARD CERTIFICATION – supporting documentation must be attached (refer to note below table)

Certification Agency Acronym & Specific Credential	Year of initial certification

NMTCB documentation must be a copy of NMTCB wallet card or print-out from NMTCB website directory located in the PD portion of the website to demonstrate original year of certification. ARRT certification documentation can come from the ARRT website directory or wallet card.

C. EMPLOYMENT HISTORY (list most recent position first)*

From Month/Year	To Month/Year	Employer	Position/Title

*If submitting this résumé for a Program Director be sure teaching experience is noted in position/title above

Please utilize this form. Do not substitute a comprehensive résumé or CV.