**RESUME FOR DATHS NURSING APPLICANTS**

**PERSONAL INFORMATION**

Name:

Current Address:

Mobile Number:

E-mail Address:

Skype ID:

Age:

Date of Birth:

Civil Status:

Gender:

**EDUCATION**

**MASTER’S**

Degree:

Name of University:

Full Address:

Period Attended:

Date of Graduation:

**COLLEGE**

Diploma:

Name of University:

Full Address:

Period Attended:

Date of Graduation:

Honor:

**SECONDARY**

Name of School:

Full Address :

Period Attended:

**ELEMENTARY**

Name of School:

Full Address:

Period Attended:

**LICENSING/CERTIFICATION**

**Philippine Nursing License**

PRC ID No.:

Date of Issue of first PRC license - Day/Month/Year:

Date of Expiration of current PRC license – Day/Month/Year:

**Other License:**

Title:

License No.:

Date of Issue:

Date of Expiration:

**ORGANIZATIONAL AFFILIATIONS**

Name:

Name:

Name:

**IELTS/OET SUMMARY**

Type of Test:

Date of Test:

Overall Test Score:

Listening Score:

Reading Score:

Writing Score:

Speaking Score:

**NMBI REGISTRATION STATUS**

Awaiting Decision Letter: Date payment made to the NMBI:

Holding Decision Letter: Date Decision Letter issued:

**HISTORY FROM THE PRESENT DATE DOWN TO THE DATE OF GRADUATION**

Name of Hospital:

Full Address:

Brief Description of Hospital:

**CASES HANDLED – ONE SUMMARY FROM ALL EMPLOYMENT EXPERIENCES**

**EQUIPMENT HANDLED - ONE SUMMARY FROM ALL EMPLOYMENT EXPERIENCES**

**TRAINING/SEMINARS**

Title:

Date:

Title:

Date:

Title:

Date:

**PROFESSIONAL/ACADEMIC REFERENCES**

Name:

Title:

Name of Hospital:

Landline No.:

Mobile No.:

E-mail Address:

Name:

Title:

Name of Hospital/College:

Landline No.:

Mobile No.:

E-mail Address:

**HR REFERENCE** - **CURRENT EMPLOYER**

Name:

Title:

Name of Hospital:

Landline No.:

Mobile No.:

E-mail Address:

 **VERIFICATION OF SERVICE ‘VOS’ CONTACTS**

Name:

Title:

Name of Hospital:

Landline No.:

Mobile No.:

E-mail Address:

Name:

Title:

Name of Hospital:

Landline No.:

Mobile No.:

E-mail address: