**Provider Name, Last Name, Degree**

**Address**

**Phone number**

**Email**

**LICENSE # or BOARD CERTIFICATION # (if applicable)**

* + Type
	+ Granting body
	+ License/Certification status
	+ Issue and expiration date
	+ NPI and/or DEA number (if applicable)

**EDUCATION – DEGREE(S) –** Highest Level of Education

* + Name of institution
	+ State institution is located
	+ Degree received
	+ Start and end date

**GRADUATE TRAINING** – *Internship, Residency, and Fellowship (if applicable)*

* + Name of institution
	+ State institution is located
	+ Department or specialty
	+ Start and End Date

**WORK HISTORY**- Past 5 years required

* Company Name
* Start and End Date
* Brief Description

**SPECIAL POPULATIONS SERVED** *Examples but not limited to:*

* Veterans, Youth/Teens, Older Adults
* LGBTQI, Immigrants, Perinatal
* Justice, Human Trafficking
* Victims of Crime, Criminal

**SPECIALTIES/ SPECIAL CERTIFICATIONS** *Examples:*

* Addiction, EMDR
* Play Therapy
* Moral Reconnection Therapy
* Motivational Interviewing

**HOSPITAL AFFILIATIONS** – *Past and present medical staff appointments (if applicable) – Physician*

* + Affiliation type
	+ Affiliation state/Country
	+ Department or specialty
	+ Appointment status
	+ Start date
	+ End date (if applicable)
	+ Reason left (if applicable)

**CLINICAL PRACTICE MEMBERSHIPS** - *Solo or group clinical practice memberships (if applicable)*

* Organization name
* City, State
* Start date – End date
* Department or specialty

**\* DISCLAIMER:** *This SAMPLE resume template is a sample option* ***ONLY****. It is not a requirement that you as a provider utilize this template. However, the highlighted areas are key components needed on a resume. This sample resume format above is the most efficient format to help expedite your online credentialing application process. Again, you* ***do not*** *need to use this specific resume, it is optional. If you choose to submit a different format type of resume, it must be updated within the last year.*