# **Bella Bluejay**

2500 California St, Omaha, NE 68178

Email: BellaBlueJay@gmail.com Phone: (555) 000-0000

#### **EDUCATION**

Creighton University August 20XX - Present

School of Pharmacy and Health Professions, Omaha, NE

Doctor of Pharmacy, Anticipated May 20XX

Creighton University August 20XX – May 20XX

College of Arts and Sciences, City, State Bachelor of Science in Social Work

#### PROFESSIONAL EXPERIENCE

Pharmacy Intern May 20XX - Present

Facility Name, Omaha, NE

Preceptor/Manager, Credentials

• List responsibilities, skills, processes, and procedures in bullet points. No more than 3 bullets

Pharmacy Intern November 20XX – June 20XX

Facility Name, City, State

Preceptor/Manager, Credentials

• List responsibilities, skills, processes, and procedures in bullet points. No more than 3 bullets

#### ADVANCED PHARMACY PRACTICE EXPERIENCES (APPES)

Ambulatory Care: Anticoagulation Clinic Planned for April 20XX

Facility Name, Omaha, NE

Preceptor: Name, Pharm.D., BCACP

Intensive Care Unit Planned for February 20XX

Facility Name, City, State Preceptor: Name, Pharm.D.

**Drug Information** January 20XX

Facility Name, City, State Preceptor: Name, R.Ph.

Pediatrics November 20XX

Facility Name, Omaha, NE Preceptor: Name, Pharm.D.

#### ADVANCED PHARMACY PRACTICE EXPERIENCES (APPEs) (Continued)

**VOLUNTEER EXPERIENCE** 

Magis Clinic, Student Pharmacist

**Project Homeless Connect**, Student Navigator

**Community Pharmacy** October 20XX Facility Name, City, State Preceptor: Name, Pharm.D. **Internal Medicine** September 20XX Facility Name, City, State Preceptor: Name, Pharm.D. INTRODUCTORY PHARMACY PRACTICE EXPERIENCES (IPPEs) **Introductory Clinical Pharmacy** January – April 20XX Facility Name, Omaha, NE Preceptor: Name, Pharm.D. **Introductory Community Pharmacy** September – December 20XX Pharmacy Name, City State Preceptor Name, Pharm.D. **Introductory Hospital** January – April 20XX Facility Name, City, State Preceptor: Name, Pharm.D. TEACHING EXPERIENCE **Graduate Lab Assistant** June 20XX – August 20XX Creighton University, Omaha, NE Faculty: Name, Pharm.D. **EDGE Tutor** August 20XX – March 20XX Creighton University, Omaha, NE LEADERSHIP EXPERIENCE American Society of Health System Pharmacists, Leadership Role June 20XX – May 20XX **Undergraduate Organization,** *Leadership Role* August 20XX – May 20XX PROFESSIONAL AFFILIATIONS American Society of Health System Pharmacists August 20XX – Present State Pharmacy Organization August 20XX – Present

September 20XX – April 20XX

November 20XX

### HONORS AND AWARDS

Spirit of Creighton Award	April 20XX

### LICENSURES AND CERTIFICATIONS

Pharmacy Technician (State License Number)	May 20XX – Present
Immunization Certification	November 20XX
Basic Life Support Certification	September 20XX

## REFERENCES

Available upon request