

# NAME

123 Your Address, Apt. #  
City, Province, Postal Code  
(xxx)-xxx-xxxx  
your@email.ca

Your Photo

## DATE

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*(add or delete lines as needed)*

## DENTAL EDUCATION

### Name of Institution, City, Country

Degree & Date: *Example Bachelor of Dental Surgery (BDS), May 2008*

## PROFESSIONAL DENTAL EXPERIENCE

### POSITION, Dates

Clinic/Office, City, Country

- List duties here

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Clinic/Office, City, Country

- List duties here

## CONTINUING DENTAL EDUCATION

### Name of Institution, City, Country

Course/Certificate, Date

## ADDITIONAL INFORMATION

*(Awards, publications, affiliations, etc)*

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