

**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City/ZIP code:** \_\_\_\_\_  
**Email address:** \_\_\_\_\_  
**LinkedIn profile:** \_\_\_\_\_

### Objective

Dedicated and skilled dentist with \_\_\_\_\_ of experience providing comprehensive dental care. Adept at performing dental procedures, educating patients on oral health, and ensuring a comfortable and positive patient experience. Seeking to contribute expertise in \_\_\_\_\_ to a dynamic dental practice.

### Education

Doctor of Dental Medicine (DMD)

Doctor of Dental Surgery (DDS)

**University:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_  
**Graduation date:** \_\_\_\_\_

### License

**State dental license:** \_\_\_\_\_  
**Expiration date:** \_\_\_\_\_

### Skills

### Professional experience

1. \_\_\_\_\_  
**Dental practice:** \_\_\_\_\_  
**City and state:** \_\_\_\_\_  
**Duration:** \_\_\_\_\_

☐ Present ☐ Ended

### Certifications

### Professional memberships

2. \_\_\_\_\_  
**Dental practice:** \_\_\_\_\_  
**City and state:** \_\_\_\_\_  
**Duration:** \_\_\_\_\_

☐ Present ☐ Ended

### Professional development

### References

Available upon request.