

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/ZIP Code: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
LinkedIn Profile: \_\_\_\_\_

**Objective:**

Dedicated and skilled dentist with \_\_\_\_ years 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: \_\_\_\_\_

**Professional Experience:**

1. \_\_\_\_\_  
Dental Practice: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Duration: \_\_\_\_\_

Present     Ended

2. \_\_\_\_\_  
Dental Practice: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Duration: \_\_\_\_\_

Present     Ended

**Skills:**

- Comprehensive Patient Care
- Dental Procedures (e.g., fillings, extractions, root canals)
- Digital Radiography
- Treatment Planning
- Periodontal Therapy
- Pediatric Dentistry
- Cosmetic Dentistry
- Patient Education
- Infection Control
- Team Collaboration
- Emergency Dental Care

**Certifications:**

- Basic Life Support (BLS) Certification
- Advanced Cardiovascular Life Support (ACLS) Certification
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Professional Memberships:**

- American Dental Association (ADA)
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Professional Development:**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**References:**

- Available upon request.