

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.