**First Name Last Name**

Lastname.osu.edu **|** Cell Phone # **|** LinkedIn profile custom URL | City, State

**EDUCATION**

**The Ohio State University, College of Veterinary Medicine Columbus, OH**

*Doctor of Veterinary Medicine Graduation Month Year*

* Optional Interest Area

**Undergraduate Institution City, State**

*Degree, Major/Minor Graduation Month Year*

* *magna cum laude*

**RESEARCH EXPERIENCE**

**University Name City, State**

*Position Title*; Advisor: Dr. First Name Last Name *Month Year – Month Year*

* Achievement-oriented bullet points
* Describe what you specifically did for the research, remember to include numbers to provide important context

**VETERINARY EXPERIENCE**

**Company Name City, State**

*Position Title Month Year – Month Year*

* Achievement-oriented bullet points
* Strong Action Verb + skill demonstrated + quantifiable information + result/impact/goal
* Performed more than 40 spays and neuters on felines and canines, in a high-volume shelter, honing laparoscopic technique and efficiency

**Company Name City, State**

*Position Title Month Year – Month Year*

* Achievement-oriented bullet points
* Achievement-oriented bullet points
* Achievement-oriented bullet points

**Company Name City, State**

*Position Title Month Year – Month Year*

* Achievement-oriented bullet points
* Achievement-oriented bullet points
* Achievement-oriented bullet points

**TEACHING EXPERIENCE**

**Class Title - University Name City, State**

*Position Title*; Faculty: Dr. First Name Last Name *Month Year – Month Year*

* Achievement-oriented bullet points
* Describe what you specifically did teaching the course, include numbers to provide important context

**PRESENTATIONS & ABSTRACTS**

[Presentation Format] Author Last Name, Author First Initial., & Author Last Name, Author First Initial. (Year). Title of Presentation. Method of presentation and location/audience [remember to bold your name if there are multiple authors]

Smith, S., & **Doe, J**. (2025). Advancements in Veterinary Cancer Immunotherapy. Poster presentation at annual meeting of American Veterinary Medical Association, Columbus, OH.

[Abstract Format] Status of Abstract: Author Last Name, Author First Initial., & Author Last Name, Author First Initial. (Year). Title of Abstract, *Journal Name* [remember to bold your name if there are multiple authors]

Published Abstract: Smith, S., & **Doe, J.** (2025). Advancements in Veterinary Cancer Immunotherapy, *Journal of the American Veterinary Medical Association*

**PUBLICATIONS**

[Publication Format] Author Last Name, Author First Initial., & Author Last Name, Author First Initial. (2025). Title of publication. *Journal Title*, *volume #*(issue #), page numbers. <https://doi.org/fillinwiththenumbershere> [remember to bold your name if there are multiple authors]

Smith, S., & **Doe, J.** (2025). Advancements in Veterinary Cancer Immunotherapy. *Journal of Veterinary Internal Medicine, 10*(2), 100-115.https://doi.org/12.1234/567

**PROFESSIONAL ASSOCIATIONS**

**Organization Name City, State**

*Position Title Month Year – Month Year*

**Ohio Veterinary Medical Association Columbus, OH**

*Student Member Month Year – Month Year*

**LEADERSHIP EXPERIENCE**

**Company Name City, State**

*Position Title Month Year – Month Year*

**Students of the American Veterinary Medical Association – OSU CVM Columbus, OH**

*President; Member Month Year – Month Year*

**HONORS & AWARDS**

* Ohio Veterinary Medical Association Student Scholarship Month Year
* The Ohio State University, College of Veterinary Medicine Junior Service Award Month Year
* The Ohio State University, College of Veterinary Medicine Anatomy Award Month Year

**LICENSES & CERTIFICATIONS**

* North American Veterinary Licensing Examination - Passed Month Year
* Fear Free Certification Month Year

**SKILLS**

* Foreign language and fluency level (ex: Spanish (fluent), Mandarin (basic), American Sign Language (advanced)
* Research specific software used/other relevant technology skills

**REFERENCES**

**Dr. First Name Last Name**

*Position Title*

University Name

Street Address City, State, Zip Code

Email address

Phone number

**Dr. First Name Last Name**

*Position Title*

University Name

Street Address City, State, Zip Code

Email address

Phone number

**Dr. First Name Last Name**

*Position Title*

University Name

Street Address City, State, Zip Code

Email address

Phone number