DMHRN AND MRN RESUME INFORMATION FORMAT

Registry Provider's Name	
Specialty/Classification	
Registry Providers Residence Address:	
Phone Number/email address	
NPI Number	

EDUCATION #1

Colleges/University/Location:

Start and End Dates Attended (include month/year):

Degree Earned:

EDUCATION #2

Colleges/University/Location:

Start and End Dates Attended (include month/year):

Degree Earned:

TRAINING #1 (PSYL, PCP, PSYT & DEN MUST HAVE TRAINING LISTED)

Training/Internship relevant to job classification:

Start and End Dates (include month/year):

TRAINING #2 (PSYL, PCP, PSYT & DEN MUST HAVE TRAINING LISTED)

Training/Internship relevant to job classification:

Start and End Date (include month/year):

PROFESSIONAL AFFILIATIONS-CURRENT
Name of Institution/Organization:
Start and End Dates (include month/year):
Any Limitations?

PROFESSIONAL AFFILIATIONS-PAST
Name of Institution/Organization:
Start & End Dates (include month/year)
Any Limitations?

EXPERIENCE/WORK HISTORY
ALL Experience/Work History within the last five (5) years. **PROVIDE WORK HISTORY AND IMMEDIATE SUPERVISOR'S CONTACT INFORMATION IF ANY WORK HISTORY IS FOR A CDCR FACILITY/INSTITUTION INCLUDING PRIOR TO PAST FIVE YEARS. WORK HISTORY SHOULD BE PRESENTED IN CHRONOLOGICAL ORDER WITH MOST CURRENT EXPERIENCE FIRST.**
Employer #1
Start & End Dates Employed (include month/year):
Position/Job Classification:
Supervisor:
Responsibilities:

Employer #2:

Start & End Dates Employed include (month/year):

Position/Job Classification:

Supervisor:

Responsibilities:

Employer #3:

Start & End Dates Employed (include month/year):

Position/Job Classification:

Supervisor:

Responsibilities:

Employer #4:

Start & End Dates Employed (include month/year):

Position/Job Classification:

Supervisor:

Responsibilities:

Employer #5:
Start & End Dates Employed (include month/year):
Position/Job Classification:
Supervisor:
Responsibilities:
Explain any gaps in work history over 3 months during the past five years: