

CURRICULUM VITAE

Name, Degree, any certification or license

Contact Information

Address
Phone
email

Professional Address

Department of Counselor Education and Counseling Psychology
College of Education
560 N. 16th Street, SC 150
Marquette University
Milwaukee, WI 53201-1881
Phone: (414) 288-5790

Professional License/Certification

Professional Interests

For example-- Addictive Behaviors, Brief Therapies, Family Therapy (probably should include 3-6 areas—depends on who will be reading it)

Education

**** - present Pursuing M.S. in Clinical Mental Health Counseling (specialization)
or M.A. in School Counseling (school counseling emphasis).
Expected graduation date: **/**/**

Scholarships/Honors:

2010- 20XX Bachelor of ...
University of *****
Major:

Scholarships/Honors:

Professional Experience

Date-date Name of employer, title, very brief description of work

Relevant field work, practicum, internship and volunteer positions

Date-date site, type of placement (i.e., volunteer, undergrad field work etc.,
name of supervisor and their credentials)

Other relevant experiences

Publications *(if any, if not don't include)* (APA format)

Paper Presentations *(if any, if not don't include)* (APA format)

Invited Workshop Presentations *(if any, if not don't include)* (APA format)

Grants *(if any, if not don't include)*

Research in Progress *(if any, if not don't include)*

Other Research Experience *(if any, if not don't include)*

Teaching Experience *(if any, if not don't include)*

Professional Affiliations

(for example)

American Psychological Association –student affiliate

Division 17 - Counseling Psychology

Division 50 - Psychology of Addictive Behaviors

American Counseling Association- student affiliate

Specialized Training (i.e workshops, colloquium attended):

Community Service

References (3-4)

Examples

Jane Doe, M.S.
Clinical Supervisor
XYZ Agency
Milwaukee, WI

Phone: (414) 555-5555

XX, Ph.D.
Associate Professor/Chair
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