



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):	

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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:



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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:

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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: