# Victor E. Bull

716-645-2231 // victorebull@buffalo.edu // Current Address: 259 Capen Hall, Buffalo, NY 14260 // Permanent Address: 123 Address Ave, City, ST 12345

## **EDUCATION**

### **University at Buffalo, the State University of New York**

#### Doctor of Pharmacy, May 20XX

#### Master of Public Health, May 20XX

### **Syracuse University**

#### Bachelor of Science, May 20XX

* Renee Crown University Honors Program
* Senior Thesis: Insert Name of Thesis Here

## **PROFESSIONAL EXPERIENCE**

### **Name of Pharmacy, City, ST**

#### Student Intern, Month Year – Month Year

* What, How, and Results
* More details about the experience that relates to the job positng

## **RESEARCH EXPERIENCE**

### **Name of University/ College, Name of Supervisor**

#### January 20XX – Present

* Provide description of your job function and responsibilities, as well as the focus area of research
* Elaborate on your achievements and what you contributed to your role in conducting this research
* Use qualitative examples where possible

## **PRESENTATIONS**

### **"Insert name of presentation here"**

#### March 20XX

* Provide brief description of presentation topic

## **SKILLS**

* STAT Statistical Analysis Package
* Licenses & Certifications
* BLS for Healthcare Providers (CPR & AED), Exp: Month Day, Year
* Protecting Yourself Aga inst Blood borne Pathogens 20XX, Exp: Month Day, Year
* HIPAA & Privacy 20XX: A Survival Gu ide to the Law, Exp. Month Day, Year
* HIPAA & Security 20XX: A Survival Guide to the Law, Exp. Month Day, Year

## **HONORS & AWARDS**

* List all honors awarded during Graduate school
* List all awards awarded during Graduate school

## **PROFESSIONAL MEMBERSHIPS**

* American Pharmacists Association
* Student Society of Health-System Pharmacists

## **COMMUNITY SERVICE**

### **Name of University/College, Wellness Education Center (WEC)**

#### Breathe Free campaign, November 20XX – December 20XX

* Counseled smokers on the path to quitting smoking
* More details can be added here as well

## **EXPERIENTIAL PHARMACY ROTATIONS**

### **Name of Pharmacy and Location**

#### Preceptor Name: Date(s) of Rotation: Hours Earned:

* Provide description of your job function and responsibilities, as well as the focus area of research
* Elaborate on your achievements and what you contributed to your role in conducting this research