

CURRICULUM VITAE

PERSONAL INFORMATION

Name Last Harrell	First Marita	Middle Initial	
Work Address PO Box 460	City Kountze	State TX	ZIP 77625
Work Phone 409-246-3747	Work Email Address mharrell@kountzeisd.org		

EDUCATION *(List Highest Degree First)*

Institution	Major	Degree	Year
Parker University	Chiropractic	Doctorate	2015
Parker University	Anatomy	B.S.	2015
Parker University	Health & Wellness	B.S.	2015
UT Tyler	Biology	B.S.	2008

CERTIFICATION AND LICENSURE

Teaching Certificate Math 7-12	
Teaching Certificate Science Composite 7-12	
Chiropractice License- TX	

RELEVANT PROFESSIONAL EXPERIENCE *(List current primary position first.)*

Employer	Position	Department	Date
Kountze ISD	Teacher	Math & Science	8/2020
SETX ChiroSport	Chiroprator		2020- current
Vitality Family Wellness	Chiropractor		2018-2020

PROFESSIONAL MEMBERSHIPS/MAJOR COMMITTEES *(Last 5 years)*

Organization	Officer (if applicable)	Date

CONFERENCE PRESENTATIONS *(Last 5 years)*

Conference Name	Title of Presentation	Date

COMMUNITY SERVICE *(Last 5 years)*

HONORS AND AWARDS

TIA Designated - Master Teacher	

OTHER MAJOR PROFESSIONAL DEVELOPMENT *(Up to 5 activities)*

Title	Type of Activity	Date(s)