

## CURRICULUM VITAE

### PERSONAL INFORMATION

Name Last Hernandez		First Michael		Middle Initial
Work Address 16655 Southwest Fwy		City Sugar Lan	State TX	ZIP 77479
Work Phone	Work Email Address mhernandez10@lit.edu			

### EDUCATION *(List Highest Degree First)*

Institution	Major	Degree	Year
Walden University	Nursing	Major	2022
University of Alabama at Birmingham	Nursing	Bachelors	2016
Wallace Community College	Nursing	Associates	2014
Wallace Community College	Licensed Practical Nurse	Associates	2012

### CERTIFICATION AND LICENSURE

Registered Nurse	Texas Board of Nursing
Basic Cardiac Life Support (BCLS)	American Heart Association
Advanced Cardiac Life Support (ACLS)	American Heart Association
Medical-Surgical Registered Nurse (CMSRN)	Certification

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

Employer	Position	Department	Date
Houston Methodist Sugar Land Hospital	System Float Pool Accute Care Nurse	System Float Pool Nurse	10/25 - Present
Houston Methodist Sugar Land Hospital	Relief Charge Nurse, Registered Nurse III	Medical-Surgical Observation Uni	8/2016 – 10/25
Southeast Alabama Medical Center	Staff Register Nurse	Cardiac Step-Down Intensive Care Unit	9/2012 – 7/2016

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

Organization	Officer (if applicable)	Date
Houston Methodist Sugar Land Hospital Magnet Champion committee		1/2017 - Present
Houston Methodist Sugar Land Hospital American Heart Association Heart Walk unit committee		2024
Houston Methodist Sugar Land Hospital Infection Control Unit Champion		2024
Active donor to the University of Alabama at Birmingham School of Nursing Program		2017 - Present

### CONFERENCE PRESENTATIONS *(Last 5 years)*

Conference Name	Title of Presentation	Date

### COMMUNITY SERVICE *(Last 5 years)*

Activity	Organization	Date
Heart Walk -Houston	Methodist Hospital x University of Houston	2024

### HONORS AND AWARDS


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

Title	Type of Activity	Date(s)
Process Improvement for Surgical Consent	Surgical Consent	01/24 – 12/24

