

CURRICULUM VITAE

PERSONAL INFORMATION

Name Last Spurlock	First Kimberly	Middle Initial D
Work Address 12212 Hwy 92	City Spurger	State Texas
Work Phone 409-429-3464	Work Email Address spurlockk@spurgerisd.org	ZIP 77660

EDUCATION *(List Highest Degree First)*

Institution	Major	Degree	Year
LSCO	Nursing	Associate	2018

CERTIFICATION AND LICENSURE

Nursing	

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

Employer	Position	Department	Date
Spurger ISD	School Nurse/Adjunct Instructor	Health Dept	
Olive Branch Hospice	Case Manager	Nursing	

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

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

Title	Type of Activity	Date(s)