9/25/23, 11:49 PM Candidate Detail

MY ACCOUNT

| Summary | Detail | inDepth | Updates | ATS | Campaigns | CRM | Emails | | |
|--|------------------------|---|--------------------------|--------|-----------------------------|--|-------------|--------------------|--|
| Alana Ma Podiatrist - | | com | | 11 | , | | O .: | ID#: 549108 | |
| 6503 68th Ave Ridgewood, NY 11385 | | | Mobile Phone: Home | | (443) 752- 2562 Not | Date 07/2022 Available: Date 10/24/2021 | | | |
| | | | Phone: Work Phone: | | Provided Not Provided | Submit Date Update | | 10/25/2021 | |
| Client I | nformatio | 1 | | | | | | | |
| Descrip | otion: | | | | | | | | |
| Profession | al Informa | tion | | | | | | | |
| Professional Status: Residency | | | | | | | | | |
| Board Status: | | | Not Applicable | | | | | | |
| | l to work fon | | U.S. C | itizen | | | | | |
| State Licen | ise: | | NY | | | | | | |
| School: | | New York College of Podiatric Medicine, New York N (2019) | | | | | | | |
| nternship: | | Not Provided | | | | | | | |
| Residency: | | Forest Hills Hospital, North Shore LlJ Hospital (2022) Not Provided | | | | | | | |
| Fellowship: Professional Interests: | | | | | | | | | |
| Profession | al Interests | 5: | Podiatr | У | | | | | |
| Personal Ir | nformation | | | | | | | | |
| Type of Co | mmunity: | No Pre | eference | | | | | | |
| Significant | Other: | Not Pr | rovided | | | | | | |
| Gender: | | Femal | e | | | | | | |
| Specific Ge Preference | | | rovided | | | | | | |
| Language: | | Not Pr | ovided | | | | | | |
| | | | | | | New | | | |
| | Sig. Other Occupation: | | | | | | Provided | | |
| Sig. Other | | | | | | AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY Not Provided | | | |
| | c Preferenc | ce: | | | | ND, (| он, ок, о | | |