9/21/23, 9:59 PM Candidate Detail

MY ACCOUNT

| | | | | | | | | | | Candidate Prof |
|---|------------|--------------|----------------|--------------|---|-----------------------------------|--|------------|--|-----------------------------------|
| Summary | Detail | inDepth | Updates | ATS | Campaigns | CRM | Emails | | | |
| Cell dfs Health Car Psychiatry AbrahamS\ | | | dical Office / | Assistan | t - Addiction | | | | | O: ID#: 527838 |
| Sem Majorie Jones-Age25. 2384 Hickory Heights Drivebaltimore Md 2384 Hickory Heights Drive Baltimore, AL 21206 | | | | Hom | Mobile Phone: Home Phone: Work Phone: | | (443) 868-8730 Not Provided Not Provided | | e Available: e Submitted: e Updated: | 04/2021 4/25/2021 4/26/2021 |
| Client I | nformatio | n | | | | | | | | |
| Descri | ption: | | | | | | | | | |
| Profession | al Informa | ition | | | | | | | | |
| Professional Status: | | Not Provided | | | | School: | | Not Provid | ded | |
| Board Status: | | | Not l | Provide | d | Internship: | | p: | Not Provid | ded |
| uthorized to work for any | | | Not I | Not Provided | | | | | Not Provid | ded |
| Employer in the United States: | | | NI-4-1 | Not Provided | | | Fellowshi | | Not Provid | |
| itate License: | | NOU | Not Provided | | | Professional Not Pr Interests: | | Not Provid | ded | |
| Personal Ir | nformatio | า | | | | | | | | |
| Type of Co | mmunity: | No Pi | No Preference | | Home State: | Not Provided | | d | | |
| | | Not P | Not Provided | | Sig. Other Occupation: | | Not Provided | | | |
| Significant | | Not P | Not Provided | | | | | | | |
| | | | . | | Geographic Preference: | | Not Provided | | | |
| Significant | • . | Not P | rovided | | Preference: Personal | | Not Provided | | | |