9/25/23, 10:56 PM Candidate Detail

MY ACCOUNT

|  |             |             |                |  |                                      |                |  |        |           | Candidate Pr                               |  |
|--|-------------|-------------|----------------|--|--------------------------------------|----------------|--|--------|-----------|--|--|
| iummary                                    | Detail      | inDepth     | Updates        | ATS  | Campaigns                            | CRM            | Emails   |        |           |  |  |
| Philip Jiar<br>Podiatrist -<br>pyjiang@gr  | Podiatry    |             |                |  | 1                                    |                | <b>O</b> .:  | ID#:   | 699797    |  |  |
| 245 Scuc                                   | lder Ave A  | pt 2        | Mobile         |  | (415) 823-                           | Date           |  | 11/202 | 2         |  |  |
| Northpo                                    | rt, NY 117  | 68          | Phone:         |  | 5893                                 | Availab        |  |        |           |  |  |
|  |             |             | Home<br>Phone: |  | Not<br>Provided                      | Date<br>Submit |  | 11/5/2 | 022       |  |  |
|  |             |             | Work<br>Phone: |  | Not<br>Provided                      | Date<br>Update |  | 2/13/2 | 023       |  |  |
| Client I                                   | nformatio   | n           |                |  |                                      |                |  |        |           |  |  |
| Descrip                                    | otion:      |             |                |  |                                      |                |  |        |           |  |  |
| Profession                                 | al Informa  | tion        |                |  |                                      |                |  |        |           |  |  |
| rofession                                  | al Status:  |             |                | Priv   | ate Practice                         |                |  |        |           |  |  |
| Board Stat                                 | us:         |             |                | Boa  | rd Certified                         |                |  |        |           |  |  |
| Authorized<br>United Star                  |             | or any Empl | oyer in the    | Oth  | er - Requires Sp                     | oonsorshi      | p  |        |           |  |  |
| State Licen                                | se:         |             |                | CA,  |                                      |                |  |        |           |  |  |
| School:                                    |             |             | ä              | at Samue   | a School of Pod<br>el (2017), United |                | dicine   |        |           |  |  |
| Internship:                                |             |             |                | Not Provided  Stony Brook University Hespital (2020) |                                      |                |  |        |           |  |  |
| Residency:                                 |             |             |                | Stony Brook University Hospital (2020)               |                                      |                |  |        |           |  |  |
| Fellowship:<br>Professional Interests:     |             |             |                | Not Provided   |                                      |                |  |        |           |  |  |
| Profession                                 | al Interest | s:          | ı              | Podiatry   |                                      |                |  |        |           |  |  |
| Personal Ir                                | nformation  | 1           |                |  |                                      |                |  |        |           |  |  |
| ype of Co                                  | mmunity:    | No Pr       | eference       |  |                                      |                |  |        |           |  |  |
| Significant                                | Other:      | Not P       | rovided        |  |                                      |                |  |        |           |  |  |
| Gender:                                    |             | Not P       | rovided        |  |                                      |                |  |        |           |  |  |
| Specific Ge<br>Preference                  |             | Not P       | rovided        |  |                                      |                |  |        |           |  |  |
| anguage:                                   |             | Not P       | rovided        |  |                                      |                |  |        |           |  |  |
| Home Stat                                  | e:          |             |                |  |                                      | New            | York   |        |           |  |  |
| Sig. Other Occupation:                     |             |             |                |  |                                      | Not F          | Not Provided   |        |           |  |  |
| Geographic Preference: Personal Interests: |             |             |                |  |                                      | LA, N          | AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY,<br>LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC,<br>ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY<br>Not Provided |        |           |  |  |
|  |             |             |                |  |                                      |                |  | ,,     | ., 50, 55 | , 114, 174, 51, 41, 474, 474, 444, 441, 44 |  |