9/27/23, 6:52 PM Candidate Detail

MY ACCOUNT

| | | | | | | | | | | Candidate P |
|---|----------------------------------|---|--------------------------|---------------------------|-----------------------------|---------------------------|----------------------|-------------------|-----|-------------|
| Summary | Detail | inDepth | Updates | ATS | Campaigns | CRM | Emails | | | |
| jodi subc l Nurse Prac cruisejunki | titioner - F | amily Medi | cine | 1 | r | 1 | ः | ID#: 845 4 | 148 | |
| 4509 180th St Clinton, IA 52732-8747 | | Phone: 4 | | (563) 212- 4835 Not | Date Availab Date | e: | 09/2023 9/27/2023 | | | |
| | | | Phone: Work Phone: | | Provided Not Provided | Submite Date Update | | 9/27/2023 | | |
| Client I | nformatio | n | | | | | | | | |
| Profession Profession | | tion | Gradu | ate Sch | nool | | | | | |
| Board Status: | | | Board Certified | | | | | | | |
| Authorized Employer i | | | U.S. C | itizen | | | | | | |
| State Licer | | | IA | | | | | | | |
| School: nternship: | | chamberlain college of nursing (2022), United States Not Provided | | | | | | | | |
| mremonib | | | Not Provid | | | | | | | |
| | | | Not Provid | | | | | | | |
| Residency: | | | | | | | | | | |
| Residency: Fellowship | al Interest | s: | Not Provid | | | | | | | |
| Residency: Fellowship Profession | | | Not Provid | | | | | | | |
| Residency: Fellowship Profession Personal Ir | nformation | | | | Home State: | | lowa | | | |
| Residency: Fellowship Profession Personal Ir Type of Co | nformation | Rural | | | Sig. Other | | lowa Not Prov | ided | | |
| Residency: Fellowship Profession Personal Ir Type of Co Significant Gender: | nformation mmunity: Other: | Rural Not P | | | Sig. Other Occupation: | | Not Prov | ided | | |
| | nformation mmunity: Other: | Rural Not P Not P | rovided | | Sig. Other | | | | | |