9/26/23, 7:33 PM Candidate Detail

MY ACCOUNT

| | | | | | | | | | Candidate F | |
|--|---------------|--------------------------|--------------------------|--|-----------------------------|----------------------------------|--------------|-------------|-------------|--|
| ummary | Detail | inDepth | Updates | ATS | Campaigns | CRM | Emails | | | |
| Sima Shay Nurse Prac Simajillo@g | titioner - I | er, hers) Family Medi | cine | | | | 0. | ID#: 845173 | | |
| Not Prov | vided | | Mobile | | (714) 334- | Date | | 09/2023 | | |
| Laguna Beach, CA 92651 | | 92651 | Phone: Home | | 4116 Not | Available: Date Submitted: | | 9/24/2023 | | |
| | | | Phone: Work Phone: | | Provided Not Provided | Date Updat | | 9/26/2023 | | |
| Client I | nformatio | n | | | | | | | | |
| Descrip | otion: | | | | | | | | | |
| Profession | al Informa | ition | | | | | | | | |
| Professional Status: | | | Private Practice | | | | | | | |
| Board Stati | Board Status: | | Board Certified | | | | | | | |
| Authorized Employer i | | - | Not I | Provide | d | | | | | |
| State Licen | se: | | Not I | Provide | d | | | | | |
| School: | | | | California State University, Long Beach, California, United States (1997) | | | | | | |
| nternship: | | Not Provided | | | | | | | | |
| Residency: | | | N | Not Provided | | | | | | |
| Fellowship: | | | N | Not Provided | | | | | | |
| Profession | al Interest | s: | N | lurse Pr | actitioner - Fam | ily Medio | cine | | | |
| Personal In | ıformatioı | ו | | | | | | | | |
| • | | No Pr | No Preference | | Home State: | lome State: California | | | | |
| Significant Other: Not | | Not P | ot Provided | | U | | Not Provi | Provided | | |
| Gender: | | Fema | le | | Occupation: | | | | | |
| Specific Geographic Not Preference: | | Not P | Not Provided | | Geographic Preference: | e: | | | | |
| anguage: Not Provi | | | rovided | rided Personal Interests: | | | Not Provided | | | |