



Request for the Completion of Licensure Forms and/or Licensure Letters

Creighton University School of Pharmacy and Health Professions
2500 California Plz, Criss III Suite 154

Omaha, NE 68178
fax: (402) 280-1148

<http://spahp2.creighton.edu/oasa/Student%20Use%20Forms.aspx>

Instructions:

- All requests for completion of licensure (or registration) forms or a letter from the Dean must be made in writing and delivered, faxed, or mailed to the address in the header of this form. Since we must have a signed request from you, no requests will be taken over the telephone or accepted via email without completion of this form.
- Complete all sections of the form below. Be sure to attach the appropriate forms, if applicable. You may scan the signed form and e-mail it as an attachment from your Creighton University e-mail account.
- Under ordinary conditions, your request will be processed within 5 working days. However, please be aware that some requests cannot be completed and verified until after final grades have been submitted and / or you have officially graduated. In some cases the form must be notarized (there is a notary in the School).
- Specific questions may be directed to Mr. Ron Hospodka, Special Assistant to the Dean for Professional Affairs at (402) 280-1854 or Liz Gustin, Senior Administrative Assistant at (402) 280-3109.

Your Information:

First Name:		MI:		Last Name:		
Class Year:				Circle one:	Male	Female
Address:						
City:		State:		Zip Code:		
Phone Number:			Email :			

Request Information:

<input type="checkbox"/> Form - please attach or enclose	
<input type="checkbox"/> Letter	Addressed to:
	What should it state:
	For what purpose will this information be used?

Do you want this form / letter handled for you?

<input type="checkbox"/> Deliver to me*	<input type="checkbox"/> Mail to addressee on form/letter	<input type="checkbox"/> Fax # _____
---	---	--------------------------------------

*Campus students - your request will be placed in your student mailbox; distance students - your request will be mailed to you. An email will be sent as notification that the form/letter has been completed and distributed.

Release Information:

Signature:	Request Date:
-------------------	---------------

Office Use Only	
Original Mailed To:	Mail Date:
Date & initials Put in Student Mailbox:	Date & initials Student Notified: