Request for the Completion of Board Licensure Form / Letter

Creighton University School of Pharmacy and Health Professions

2500 California Plz, Criss III Suite 154 Omaha, NE 68178 - Fax: 402-280-1148

Instructions:

All requests for the release of information pertaining to licensure by the Dean of the School of Pharmacy and Health Professions must be made in writing and delivered, faxed, mailed, or emailed to the address in the header of this form or the contact information below (scanned copy / electronic version of form must be an attachment from your Creighton University email account). Requests will not be taken over the telephone. **All sections** of this form must be completed. An email notification will be sent to the student when the form / letter has been completed and distributed.

Your request will be processed within **10-15** business days. 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 (notary is available free of charge in the school).

Contact the following as to the status of your request:

All Licensure Letters / Forms:	Specific Questions: OT & PT	Specific Questions: Pharmacy
Liz Gustin; Criss III, Rm 154E	Dr. Kelly Nystrom; Criss III, Rm 154F	Teri A. Miller, R.Ph., Hixson Lied, Rm 139
ElizabethGustin@creighton.edu	KellyNystrom@creighton.edu	TeriMiller@creighton.edu

Current Information:

First Name:		MI:		Last Name:
Maiden Name:		Gender: ☐ Female ☐ Male		
☐ OT ☐ Pharmacy ☐ PT	Class Year:		☐ Campus ☐ Distance ☐ Phoenix	
Address:				
City:		State:	Zip Code:	
Phone Number:		NetID:		

Must mark all that are applicable:

☐ Licensure Form (must provide)   ☐ Licensure Letter
Must list state for which form / letter is needed. *(A separate request is required for each state!)*
Must indicate purpose of form / letter:
Deadline(s) – Must provide any applicable deadline(s) / due date(s):

☐ Return to student   ➔ If no box is checked, the document(s) will be returned to the student. ⬅

☐ Mail to appropriate board: letter and/or form **ONLY** (any form of payment will **NOT** be forwarded by us)

⮕ **Signature:**	Date: