

Dear Creighton University Student,

Thank you for your interest in completing your internship at Creighton Pediatric Therapy. Our mission at Creighton Pediatric Therapy is consistent with student development, as we strive to be a center of excellence in occupational therapy, physical therapy, and speech therapy for clinical services, research, and education. Please refer to our clinic website for background information about our services and programs: [pediatrictherapy.creighton.edu](http://pediatrictherapy.creighton.edu)

We are located just northwest of 168th and Center in the Lakeside area. From the intersection of 168th and Center, just go a few blocks north on 168th and then turn left (west) at the Frances Street stoplight. Creighton Pediatric Therapy is located in a brick building that will be on your left just prior to the roundabout. Our front entrance faces south, towards Lakeside Hospital. Our address is 17055 Frances Street, Suite 103, Omaha, NE 68130. Our phone number is 402-280-2200, and our fax number is 402-280-2210.

We will consider applications for a full-time summer/fall internship and part-time fall internships to fulfill requirements for EXS 492, Exercise Science Internship. We ask interested students to submit their resume and completed application to Stacy Wong, student coordinator, at [stacywong@creighton.edu](mailto:stacywong@creighton.edu). Students applying for the full-time summer/fall internship may be asked to participate in an on-site interview, based on number of applicants. Hours available for part-time internships will also vary based on number of applicants.

An application is included along with this cover letter. Please answer the questions as thoroughly as possible, so we can gain a better understanding of your interests and goals for your internship. Once you have submitted your resume and application, you will be contacted within one week for scheduling of interview and/or orientation date. You will also be asked to provide dates of required immunizations to attest your health status, as well as complete online training modules for HIPAA compliance.

We wish for you to have the best internship experience possible; therefore, we welcome comments and feedback. Thank you again for choosing Creighton Pediatric Therapy!

Sincerely,

Kelly Nelson, PT, DPT, PCS, CWS  
Director, Creighton Pediatric Therapy  
[kellynelson@creighton.edu](mailto:kellynelson@creighton.edu)

Stacy Wong, PT, DPT, PCS  
Student Coordinator, Creighton Pediatric Therapy  
[stacywong@creighton.edu](mailto:stacywong@creighton.edu)

Lisamarie Hugo, CPPM  
Clinic Manager, Creighton Pediatric Therapy  
[lisamariehugo@creighton.edu](mailto:lisamariehugo@creighton.edu)

## Internship Application

Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Anticipated graduation date: \_\_\_\_\_

Applying for internship: full-time \_\_\_\_\_ part-time \_\_\_\_\_

What are your professional goals following graduation? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What are you hoping to achieve through this internship experience? \_\_\_\_\_

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\_\_\_\_\_

How will the skills and knowledge you gain from an internship experience at Creighton  
Pediatric Therapy help you to achieve your professional goals? \_\_\_\_\_

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Days/Times available: \_\_\_\_\_

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