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|  | ***Creighton University*** ***Creighton Pediatric Therapy***  |  |

APPLICATION – Licensed PT, OT, or SLP

Please submit the following items:

1. Application form
2. Essay question responses (see below)
3. Resume (please copy and paste at the end of the form)

Requirement – Licensure and good standing in the state of Nebraska in one’s respective profession. Pediatric therapy experience is highly preferred.

Submit completed application to:

Kelly Nelson, PT, DPT, PCS, CWS

Director, Creighton Pediatric Therapy

Phone: (402) 280-2200

Fax: (402) 280-2210

kellynelson@creighton.edu

Licensed PT/OT/SLP Application

**PERSONAL INFORMATION**:

Last Name First Middle

Present Address

City State Zip/Postal Code Country

Area Code/Telephone Cell Work Fax

Permanent Address

City State Zip/Postal Code Country

Area Code/Telephone Cell Work Fax

**EDUCATION**:

College or University City/State Dates Degree

College or University City/State Dates Degree

College or University City/State Dates Degree

Licensed PT/OT/SLP Application

**PREVIOUS WORK EXPERIENCE**

Employer Title Dates

Employer Title Dates

Employer Title Dates

Employer Title Dates

**RECOMMENDATIONS**

**List at least two references:**

1.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name Relationship to you Phone E-mail

2.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name Relationship to you Phone E-mail

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**ESSAYS (2)**:

1. How would employment at Creighton Pediatric Therapy benefit your personal and professional development?

2. Describe a past experience interacting with children and/or families. Please tell a little about what was rewarding and what was challenging.