



CUSOM - Clinical Assessment Center
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Standardized Patient Application

Personal Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit#

_____ *City State ZIP Code*

Home Phone: () _____ Alternate Phone: () _____

E-mail Address: _____

Social Security Number: _____

Birth Date: _____

Work Phone: _____ Cell Phone: _____ E-mail Address: _____

Job Information

Previous Experience

Arts (Acting) _____

Social Science _____

Medical Field _____

Emergency Contact Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit#

_____ *City State ZIP Code*

Primary Phone: () _____ Alternate Phone: () _____

Relationship: _____

Please email to JanetStawniak@creighton.edu