Personal Information				
Last Name First Name	(M.I.)			
Present Phone Perman	nent Phone	Email Address		
Present Address	Permanent Addre		ess	
City State/Province ZIP Code Country	City	State/Province	ZIP Code Country	
	nergency Contact			
In case of emergency, notify:				
Name Relationship		Address		
Home Phone Work Phone	City	State/Province	ZIP Code Country	
Appli	cation Catego	ry		
University-affiliated (practicum hours will count toward course credit) If University-affiliated:	[☐ Independent (practice NOT count toward course]		
University Supervisor/Advisor Name	Email Add	ress	Phone	
University Name	University Departmen	nt Address		
Acade	emic Informati	on		
Please list ALL colleges and universities attended:*				
1.				
College/University Name			City, State/Province	
TO				
Dates Attended (mm/year) Graduation Date (include anticipated as		M	lajor	
Level: ☐ Bachelor's ☐ Master's Check one of the above	-	GPA Cum	GPA in Major	
- Check the true above		Of A Guill	Of At III Major	
2.			01: 0: 10: 1	
College/University Name			City, State/Province	
Dates Attended (mm/year) Graduation Date (include anticipated as	(mm/year) s well as official)	N	lajor	
Level: Bachelor's Master's Check one of the above	-	GPA Cum	GPA in Major	
*NOTE: If additional space is necessary to complete the list of form.	of ALL colleges and u			

	Healthcare Settings		
1.	J		
Institution	Position Title (e.g., volu	inteer, practicum student) May we contact?	
Supervisor's Name and Credentials TO	Supervisor's Title	☐ Yes ☐ No	
Dates (mm/year to mm/year) Hours/ Week # of Weeks Briefly describe population and responsibilities: (approx 100 word limit)	Total Hours Completed	Supervisor's Phone	
2.			
Institution	Position Title (e.g., volu	inteer, practicum student)	
Supervisor's Name and Credentials	Supervisor's Title	May we contact? ☐ Yes ☐ No	
TO Dates (mm/year to mm/year) Hours/ Week # of Weeks	Total Hours Completed	Supervisor's Phone	
3.			
		Position Title (e.g., volunteer, practicum student) May we contact?	
Institution	Position Title (e.g., volu		
Supervisor's Name and Credentials TO	Supervisor's Title	May we contact?	
Supervisor's Name and Credentials TO Dates (mm/year to mm/year) Hours/ Week # of Weeks Briefly describe population and responsibilities: (approx 100 word limit)	Supervisor's Title Total Hours Completed	May we contact?	
Supervisor's Name and Credentials TO	Supervisor's Title Total Hours Completed go to page 7 of this form.	May we contact?	
Supervisor's Name and Credentials TO Dates (mm/year to mm/year) Hours/ Week # of Weeks Briefly describe population and responsibilities: (approx 100 word limit) NOTE: If additional space is necessary to complete this list, please Other Child-Related E (i.e., child care, camps, education)	Supervisor's Title Total Hours Completed go to page 7 of this form. Experiences ation/teaching)	May we contact? Yes No Supervisor's Phone	
Supervisor's Name and Credentials TO Dates (mm/year to mm/year) Hours/ Week # of Weeks Briefly describe population and responsibilities: (approx 100 word limit) NOTE: If additional space is necessary to complete this list, please Other Child-Related E (i.e., child care, camps, education) Organization/Employer	Supervisor's Title Total Hours Completed go to page 7 of this form. Experiences ation/teaching) Position Title (e.g., nana	May we contact? Yes No Supervisor's Phone ny, teen counselor, teacher) May we contact?	
Supervisor's Name and Credentials TO Dates (mm/year to mm/year) Hours/ Week # of Weeks Briefly describe population and responsibilities: (approx 100 word limit) NOTE: If additional space is necessary to complete this list, please Other Child-Related E (i.e., child care, camps, education)	Supervisor's Title Total Hours Completed go to page 7 of this form. Experiences ation/teaching)	May we contact? Yes No Supervisor's Phone	

Other Child-Related Experiences (continued)		
2.		
Organization/Employer	Position Title (e.g., nann	y, teen counselor, teacher)
		May we contact?
Supervisor's Name	Supervisor's Title	☐ Yes ☐ No
TO House/Week # of Weeks	Total Hours Completed	Cupanicaria Dhana
Dates (mm/year to mm/year) Hours/ Week # of Weeks Briefly describe population and responsibilities: (approx 100 word limit)	Total Hours Completed	Supervisor's Phone
3.		
Organization/Employer	Position Title (e.g., nanny, teen counselor, teacher) May we contact?	
Supervisor's Name TO	Supervisor's Title	☐ Yes ☐ No
Dates (mm/year to mm/year) Hours/ Week # of Weeks	Total Hours Completed	Supervisor's Phone
Briefly describe population and responsibilities: (approx 100 word limit)		
4. Organization/Employer	Position Title (e.g., nann	y, teen counselor, teacher)
Our en Sanda Maria	Our and and Title	May we contact?
Supervisor's Name TO	Supervisor's Title	☐ Yes ☐ No
Dates (mm/year to mm/year) Hours/ Week # of Weeks	Total Hours Completed	Supervisor's Phone
Briefly describe population and responsibilities: (approx 100 word limit)		
NOTE: If additional space is necessary to complete this list, please	go to page 8 of this form.	
Professional Invo	lvement	
Please list the names of any professional organizations you are a member of:		

CHILD LIFE PRACTICUM APPLICATION For Practicum Session:

Child Life Relevant Coursework Information

(Must have at least 5 classes in Child Life, Child Development or a related field) $\,$

Course number and title	Institution	Term	Year	Grade
e.g. HDFS 201 Child Development	Johns Hopkins University	Summer	2006	Α

Essay Questions
Please answer the following questions:
How did you first become interested in or aware of child life? (Approx. 200 words)
What have you done to increase your knowledge/awareness of this profession? (Approx. 200 words)
What do you hope to gain from your child life practicum? (Approx. 200 words)
Provide a specific example of a time that you used play to meet the developmental needs of a child. (Approx. 200 words)

CHILD LIFE PRACTICUM APPLICATION For Practicum Session:

Application Checklist Review

☐ Completed and Signed Application Form	
☐ College/University Transcripts (if applicable, include both undergraduate an	d graduate)
☐ 3 Reference Letters	
☐ Resume/Curriculum Vitae	
I attest that the information in this application is true and accura knowledge.	te to the best of my
Signature:	Date:

For Practicum Session:

For completion ONLY if additional space is required to complete applicant's listing of Academic Information, Experience with Children in Healthcare Settings, and/or Other Child-Related Experience.

		Aca	ademic Information	(Continu	ed)	
Please list remaining c	colleges and u	niversities attende	ed:			
3.						
College/University N	lame					City, State/Province
ТО						
Dates Attended (m	nm/year)	Graduation Date (mm/year) (include anticipated as well as official)		l)	Major	
Level:	Bachelor's	☐ Maste	r's			_
	Check one o	f the above			GPA Cum	GPA in Major
4.						
College/University N	lame					City, State/Province
ТО						
Dates Attended (m	nm/year)	Graduation Da (include anticipa	ate (mm/year) ated as well as officia	ıl)		Major
Level:	Bachelor's	☐ Maste	r's			
	Check on	e of the above			GPA Cum	GPA in Major
		Experience with	Children in Healthc	are Settir	ngs (Continued)	
4.						
	Insti	tution			Position Title (e.g., volunteer, practicum student) May we contact?	
Supe	ervisor's Name	and Credentials		Sı	upervisor's Title	☐ Yes ☐ No
TO						
Dates (mm/year to mm/y	year)	Hours/ Week	# of Weeks	Total F	lours Completed	Supervisor's Phone
Briefly describe popul	lation and res	sponsibilities:				
5.	Ineti	tution			Position Title (e.g. ve	plunteer, practicum student)
	mou	tation			1 OSMOTT THE (e.g., ve	May we contact?
Supervisor's Name and Credentials TO		S	upervisor's Title	Yes No		
Dates (mm/year to mm/y	vear)	Hours/ Week	# of Weeks	Total F	lours Completed	Supervisor's Phone
Briefly describe popul			6		iouio compietos	

	Other (Child-Related Exper	riences (Continued)	
5.				
Organization/Employer Supervisor's Name			Position Title (e.g., nar	nny, teen counselor, teacher) May we contact?
			Supervisor's Title	Yes No
ТО				
Dates (mm/year to mm/year)	Hours/ Week	# of Weeks	Total Hours Completed	Supervisor's Phone
Briefly describe population ar	nd responsibilities:			
6.				
Orga	nization/Employer		Position Title (e.g., nar	nny, teen counselor, teacher) May we contact?
Supervisor's Name			Supervisor's Title	☐ Yes ☐ No
ТО				
Dates (mm/year to mm/year)	Hours/ Week	# of Weeks	Total Hours Completed	Supervisor's Phone
Briefly describe population ar	nd responsibilities:			