

CHILD LIFE PRACTICUM APPLICATION

For Practicum Session: _____

Personal Information

Last Name First Name (M.I.)

Present Phone

Permanent Phone

Email Address

Present Address

Permanent Address

City State/Province ZIP Code Country

City State/Province ZIP Code Country

Emergency Contact

In case of emergency, notify:

Name Relationship

Address

Home Phone

Work Phone

City State/Province ZIP Code Country

Application Category

University-affiliated (practicum hours will count toward course credit)

Independent (practicum hours will NOT count toward course credit)

If University-affiliated:

University Supervisor/Advisor Name

Email Address

Phone

University Name

University Department Address

Academic Information

Please list ALL colleges and universities attended:*

1.

College/University Name

City, State/Province

TO

Dates Attended (mm/year)

Graduation Date (mm/year)
(include anticipated as well as official)

Major

Level:

Bachelor's Master's

Check one of the above

GPA Cum

GPA in Major

2.

College/University Name

City, State/Province

TO

Dates Attended (mm/year)

Graduation Date (mm/year)
(include anticipated as well as official)

Major

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 ALL colleges and universities attended, please go to page 7 of this form.**

CHILD LIFE PRACTICUM APPLICATION

For Practicum Session: _____

Experience with Children in Healthcare Settings

1.

Institution			Position Title (e.g., volunteer, practicum student)	
Supervisor's Name and Credentials			Supervisor's Title	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
TO				
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)				

2.

Institution			Position Title (e.g., volunteer, practicum student)	
Supervisor's Name and Credentials			Supervisor's Title	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
TO				
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)				

3.

Institution			Position Title (e.g., volunteer, practicum student)	
Supervisor's Name and Credentials			Supervisor's Title	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
TO				
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 7 of this form.

Other Child-Related Experiences

(i.e., child care, camps, education/teaching)

1.

Organization/Employer			Position Title (e.g., nanny, teen counselor, teacher)	
Supervisor's Name			Supervisor's Title	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
TO				
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)				

CHILD LIFE PRACTICUM APPLICATION

For Practicum Session: _____

Other Child-Related Experiences (continued)

2.

Organization/Employer			Position Title (e.g., nanny, teen counselor, teacher)	
Supervisor's Name			Supervisor's Title	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
TO				
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)				

3.

Organization/Employer			Position Title (e.g., nanny, teen counselor, teacher)	
Supervisor's Name			Supervisor's Title	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
TO				
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., nanny, teen counselor, teacher)	
Supervisor's Name			Supervisor's Title	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
TO				
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 Involvement

Please list the names of any professional organizations you are a member of:

CHILD LIFE PRACTICUM APPLICATION

For Practicum Session: _____

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 and graduate)
- 3 Reference Letters
- Resume/Curriculum Vitae

I attest that the information in this application is true and accurate to the best of my knowledge.

Signature:

Date:

CHILD LIFE PRACTICUM APPLICATION

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.

Academic Information (Continued)

Please list remaining colleges and universities attended:

3. _____

College/University Name	City, State/Province
TO	
Dates Attended (mm/year)	Graduation Date (mm/year) (include anticipated as well as official)
Major	Major
Level: <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <i>Check one of the above</i>	GPA Cum GPA in Major

4. _____

College/University Name	City, State/Province
TO	
Dates Attended (mm/year)	Graduation Date (mm/year) (include anticipated as well as official)
Major	Major
Level: <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <i>Check one of the above</i>	GPA Cum GPA in Major

Experience with Children in Healthcare Settings (Continued)

4. _____

Institution	Position Title (e.g., volunteer, practicum student)
Supervisor's Name and Credentials	Supervisor's Title
TO	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Dates (mm/year to mm/year)	Hours/ Week
# of Weeks	Total Hours Completed
Supervisor's Phone	Supervisor's Phone

Briefly describe population and responsibilities:

5. _____

Institution	Position Title (e.g., volunteer, practicum student)
Supervisor's Name and Credentials	Supervisor's Title
TO	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Dates (mm/year to mm/year)	Hours/ Week
# of Weeks	Total Hours Completed
Supervisor's Phone	Supervisor's Phone

Briefly describe population and responsibilities:

CHILD LIFE PRACTICUM APPLICATION

For Practicum Session: _____

Other Child-Related Experiences (Continued)

5. _____

Organization/Employer			Position Title (e.g., nanny, teen counselor, teacher)	
Supervisor's Name			Supervisor's Title	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
TO				
Dates (mm/year to mm/year)	Hours/ Week	# of Weeks	Total Hours Completed	Supervisor's Phone

Briefly describe population and responsibilities:

6. _____

Organization/Employer			Position Title (e.g., nanny, teen counselor, teacher)	
Supervisor's Name			Supervisor's Title	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
TO				
Dates (mm/year to mm/year)	Hours/ Week	# of Weeks	Total Hours Completed	Supervisor's Phone

Briefly describe population and responsibilities: