

CHILD LIFE PRACTICUM APPLICATION

For Practicum Session _____

(Example: Fall 2015)

Personal Information

_____				_____				_____ (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	

Application Category

_____ University Affiliated _____ Independent

If university affiliated:

_____				_____				_____			
University Supervisor/Advisor Name				Email Address				Phone			
University Name				University Department Address							

Academic Information

Please list ALL colleges and universities attended: (If additional space needed, attach a separate sheet)

1. _____

College/University Name				City, State/Province							
_____ TO _____				_____				_____			
Dates Attended (mm/yr)				Graduation Date (mm/yr)				Major			
Level: _____ Bachelors _____ Masters				_____ GPA Cum				_____ GPA in Major			

2. _____

College/University Name				City, State/Province							
_____ TO _____				_____				_____			
Dates Attended (mm/yr)				Graduation Date (mm/yr)				Major			
Level: _____ Bachelors _____ Masters				_____ GPA Cum				_____ GPA in Major			

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Experience with Children in Healthcare Settings

1. _____
Institution Position Title (e.g. volunteer)

Supervisor's Name and Credentials Supervisor's Title Yes No
May we contact

Dates (mm/yr) TO Hours/Week # of Weeks Total Hrs Completed Supervisor's Phone Number

Briefly describe population and responsibilities (approximately 100 word limit):

2. _____
Institution Position Title (e.g. volunteer)

Supervisor's Name and Credentials Supervisor's Title Yes No
May we contact

Dates (mm/yr) TO Hours/Week # of Weeks Total Hrs Completed Supervisor's Phone Number

Briefly describe population and responsibilities (approximately 100 word limit):

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Other Child-Related Experiences (i.e., child care, camps, education/teaching)

1. _____
Institution Position Title (e.g. volunteer)

Supervisor's Name and Credentials Supervisor's Title Yes No
May we contact

TO _____
Dates (mm/yr) Hours/Week # of Weeks Total Hrs Completed Supervisor's Phone Number

Briefly describe population and responsibilities (approximately 100 word limit):

2. _____
Institution Position Title (e.g. volunteer)

Supervisor's Name and Credentials Supervisor's Title Yes No
May we contact

TO _____
Dates (mm/yr) Hours/Week # of Weeks Total Hrs Completed Supervisor's Phone Number

Briefly describe population and responsibilities (approximately 100 word limit):

3. _____
Institution Position Title (e.g. volunteer)

Supervisor's Name and Credentials Supervisor's Title Yes No
May we contact

TO _____
Dates (mm/yr) Hours/Week # of Weeks Total Hrs Completed Supervisor's Phone Number

Briefly describe population and responsibilities (approximately 100 word limit):

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Professional Involvement

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

1. _____
2. _____
3. _____
4. _____

Please answer the following questions:

1. How did you first become interested in or aware of child life? (approx. 200 words)
2. What have you done to increase your knowledge/awareness of this profession? (approx. 200 words)
3. What are your academic and career goals? (approx. 200 words)
4. If a child life career would not be obtainable, what other profession would you pursue?

APPLICATION CHECKLIST REVIEW

- _____ Completed and signed application form
- _____ College/University transcripts and CLC coursework review/Eligibility Assessment Form
- _____ Reference letters (optional)
- _____ Resume/Curriculum Vitae
- _____ Essay Questions

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

Signature: _____

Date: _____