CHILD LIFE PRACTICUM APPLICATION

For Practicum Session ___

(Example: Fall 2012)

			ersonai illiorili	ation			
Last Name	First	Name				(M.I.)	
Present Phone	Pern	nanent Pho	one			E-mail Address	
Present Address		Permaner	nt Address				
City State/Province Zip Code	Country	City	State/Province	Zip Code	Country		
In case of emergency, notify:			Emergency Cor	ntact			
Name Relationsh	hip				Addres	s	
Home Phone	 Wor	k Phone				City State/Prov	ince Zip Code Country
University Affiliated If University affiliated:			pplication Cate	egory			
University Supervisor/Advisor Name			E-	-mail Addres	SS		Phone
University Name		University	/ Department Add	ress			
Please list ALL colleges and universities atten		ditional spa			eet)		
1College/University NameTO				y, State/Pro	vince		
Dates Attended (mm/year) Level: Bachelor's Master's		Gr	raduation Date (mi	m/year)			Major GPA in Major
2College/University Name				y, State/Pro	vince		
TO Dates Attended (mm/year)		Gr	aduation Date (mi	m/year)			Major

Level:	Bachelor's	Master's	GPA Cum	GPA in Major

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		(Example: Fall 201				
	Experience with C	children in Healthcare Se	ttings			
•	Institution			Position Title (e.g. volunteer)		
	Supervisor's name and Credentials		Supervisor's Title May we contactYN			
то						
Dates (mm/year)	Hours/Week *Official dcur	# of Weeks nentation of hours required.	Total Hrs. Completed	Supervisor's Phone		
riefly describe populatio	n and responsibilities: (approximately 10	00 word limit)				
2	Institution		Position 1	Fitle (e.g. volunteer)		
	Supervisor's name and Credentials		Supervisor's Title May we contactYN			
	Supervisor's frame and credentials		Supervisor's Title			
TO			 Total Hrs.	_		
Dates (mm/year)		# of Weeks nentation of hours required.	Completed	Supervisor's Phone		
3riefly describe populatio	n and responsibilities: (approximately 10	00 word limit)				
		RACTICUM APPLICATION	I			
	Other Child-Related Experies	(Example: Fall 201 CCES (i.e., child care, camps, o				
l	Organization/Employer		Position Title (e.g. nanny, teen counselor)			
Supervisor's name			—— Supervisor's Title	May we contactYN		

то		-		
Dates (mm/year)	Hours/Week	# of Weeks	Total Hrs. Completed	Supervisor's Phone
Briefly describe populatio	n and responsibilities: (approximately	y 100 word limit)		
2				
	Organization/Employer		Position Title (e.g. r	nanny, teen counselor)
	Supervisor's name	_	Supervisor's Title Ma	y we contactYN
то				
Dates (mm/year)	Hours/Week	# of Weeks	Total Hrs. Completed	Supervisor's Phone
Briefly describe populatio	n and responsibilities: (approximately	y 100 word limit)		
3				
	Organization/Employer		Position Title (e.g. r	nanny, teen counselor)
	Supervisor's name	_	—— Supervisor's Title Ma	y we contactYN
то		-		
Dates (mm/year)	Hours/Week	# of Weeks	Total Hrs. Completed	Supervisor's Phone
Briefly describe populatio	n and responsibilities: (approximately	y 100 word limit)		

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Please list the names of any professional organizations you are a member of:	
1	
2	
3	
4	
Essay Questions	
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 professions would you pursue?	
APPLICATION CHECKLIST REVIEW	
Completed and Signed Application Form	
College/University Transcripts and CLC coursework review (If applicable, include both undergrad & grad.)	
(Suggested: if any of these are not available, please explain why.)	
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:	