

Nebraska Medicine Child Life Practicum Application

Practicum Session _____ (Example: Fall 2023)

Personal Information

Name _____

Phone _____ Email Address _____

Present Address _____

Permanent Address _____

Emergency Contact

Name _____ Relationship _____

Address _____

Phone _____

Application Category

University Affiliated _____ Independent _____

If affiliated:

University _____

University Supervisor/Advisor Name _____

Email Address _____ Phone _____

University Department Address _____

Academic Information

Please list ALL colleges and universities attended. If additional space needed, attach on separate sheet.

1. College/University Name _____

City, State/Province _____ Attended (mm/year) _____ TO _____

Graduation Date (mm/year) _____ Major _____

Major Level: Bachelor's _____ Master's _____

GPA Cum _____ GPA in Major _____



2. College/University Name _____
City, State/Province _____ Attended (mm/year) _____ TO _____
Graduation Date (mm/year) _____ Major _____
Major Level: Bachelor's _____ Master's _____
GPA Cum _____ GPA in Major _____

Experience with Children in the Healthcare Setting

1. Institution _____
Position title (e. g. volunteer) _____
Dates (mm/year) _____ TO _____
Hours/week _____ Number of weeks _____ Total hours _____
Supervisor's name, title/credentials _____
Supervisor's phone _____ May we contact: YES or NO
Briefly describe population and responsibilities (approximately 100 word limit):

2. Institution _____
Position title (e. g. volunteer) _____
Dates (mm/year) _____ TO _____
Hours/week _____ Number of weeks _____ Total hours _____
Supervisor's name, title/credentials _____
Supervisor's phone _____ May we contact: YES or NO
Briefly describe population and responsibilities (approximately 100 word limit):

Other Child-Related Experiences (childcare, camps, education/teaching, etc.)

1. Organization/employer _____

Position title (e. g. nanny, counselor) _____

Dates (mm/year) _____ TO _____

Hours/week _____ Number of weeks _____ Total hours _____

Supervisor's name, title/credentials _____

Supervisor's phone _____ May we contact: YES or NO

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

2. Organization/employer _____

Position title (e. g. nanny, counselor) _____

Dates (mm/year) _____ TO _____

Hours/week _____ Number of weeks _____ Total hours _____

Supervisor's name, title/credentials _____

Supervisor's phone _____ May we contact: YES or NO

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

3. Organization/employer _____

Position title (e. g. nanny, counselor) _____

Dates (mm/year) _____ TO _____

Hours/week _____ Number of weeks _____ Total hours _____

Supervisor's name, title/credentials _____

Supervisor's phone _____ May we contact: YES or NO

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

Professional Involvement

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

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

Essay 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 and essays

_____ Unofficial transcript

_____ Resume

_____ Child Life Course Verification form (in progress forms not accepted)

_____ 1 letter of recommendation from someone who has observed your interactions with children

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

Signature _____ Date _____