

Nebraska Medicine Child Life Practicum Application

Practicum Session _____ (Example: Fall 2025)

Personal Information

Name _____

Phone _____ Email address _____

Current address _____

Permanent address _____

Emergency contact

Name _____ Relationship _____

Address _____

Phone _____

Affiliation

University _____

University supervisor/advisor name _____

Email address _____ Phone _____

University department address _____

Academic information

Please list ALL colleges and universities attended. If additional space is needed, attach it to separate sheets.

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 health care 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? (Approximately 200 words)

2. What have you done to increase your knowledge/awareness of this profession?
(Approximately 200 words)

3. What are your academic and career goals? (Approximately 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

_____ Proof of Child Life course (if completed: Child Life Course Verification form – if in progress: transcript showing proof of enrollment in course)

_____ One 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 _____

