

Child Life Department**Practicum Application**

Name: _____

Date: _____

Address: _____

Phone Number: _____

Email Address: _____

Emergency Contact Name and Phone #: _____

College/University: _____

Degree Sought/Major: _____

Cumulative GPA: _____ Date of Expected Graduation: _____

Well Child Volunteer Hour Total: _____ Sick Child Volunteer Hour Total: _____

Practicum Session (please check **ONE**): Summer _____ Fall _____ Winter/Spring _____***Applications and their information will not be kept on file, you must resubmit for each practicum session.**

The practicum will consist of 2 days – 5 hours each, each week and specific days will depend on rotations available. What is your availability?

What other commitments will you have during your practicum?

Enclosed is a complete practicum application packet:

___ Application

___ Current Resume

___ Two Letters of Recommendation (at least one must have directly observed your work with children in any setting)

- ___ Official or unofficial college or university transcript(s)
- ___ Separate list of child life relevant courses and grades
- ___ Verification of volunteer hours
- ___ Four personal and/or professional goals
- ___ Written practicum essay (300 to 500 words)

I understand it is the sole responsibility of the applicant to confirm receipt of the application packet. I understand if my application packet is incomplete, I *will not* be considered for the practicum program.

Signature _____ **Date** _____