



## **Child Life Practicum Application**

\*Please complete and return with application materials\*

Name:	Date:
Address:	
Phone Number:	Email Address:
Emergency Contact Name and Phone #: _	
College/University:	
Degree Sought/Major:	
Cumulative GPA: Major GPA:	Date of Expected Graduation:
Well Child Hour Total:	Medical/Stressful Situations Hour Total:
*Applications and their information will The practicum will consist of 2 days – 6 h	Summer Fall Winter/Spring not be kept on file, you must resubmit for each practicum session. ours each, each week and specific days will depend on rotations a NOT available. What is your availability?
setting) These MUST be emailed by the Official or unofficial college or univer Separate list of child life relevant coursely Verification of hours – medical/stress Four personal and/or professional go	least one must have directly observed your work with children in any ne person writing the reference. sity transcript(s) crses and grades (see link for form on web page) sful situations (see web page)
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