



PRACTICUM APPLICATION

Date

Month Day Year

Personal Information:

Name

Address:

First Name

Last Name

Email

Phone number:

Applying for:

Academic Information:

Undergraduate Program (REQUIRED)

Name of institution:

Major and GPA:

Graduation date:

Major

GPA

Month Day

Year

Advisor name:

Advisor contact information:

Graduate Program (if applicable)

Name of institution:

Major and GPA:

Graduation date:

Major

GPA

Month Day

Year

Advisor name:

Advisor contact information:

Experience Information

1)

Type of experience:

Position title:

Hours completed:

Organization:

Address:

Supervisor name:

Supervisor contact information:

Please describe your role and responsibilities:

2)

Type of experience:

Position title:

Hours completed:

Organization:

Address:

Supervisor name:

Supervisor contact information:

Please describe your role and responsibilities:

3)

Type of experience:

Position title:

Hours Completed:

Organization:

Address:

Supervisor name:

Supervisor contact information:

Please describe your role and responsibilities:

4)

Type a question

Position title:

Hours completed:

Organization:

Address:

Supervisor name:

Supervisor contact information:

Please describe your role and responsibilities:

Please answer the following questions:

What is your understanding of the role of a Child Life Specialist in the healthcare setting?

What interests you about the field of child life?

What qualities do you possess that make you the right fit for child life?

What have you done to prepare for a practicum/pre-internship experience?

What are you hoping to gain from a practicum/pre-internship experience?

***Thank you for your interest in the child life practicum program at SHCH.
Please submit this application, your resume, and unofficial transcript to:***

SHCHCLStudents@providence.org