

Child Life Practicum Application

(Please type for legibility)

Session: ____ Spring ____ Summer ____ Fall

Personal Information

Name of Applicant: _____

Address: _____

Phone Number: _____

Email Address: _____

Academic Information

____ University Affiliated ____ Independent (Does not count toward course credit)

Please list all universities attended:

1. University Name: _____ City/State: _____

Dates Attended: _____ Graduation Date: _____

Major: _____ GPA: _____

2. University Name: _____ City/State: _____

Dates Attended: _____ Graduation Date: _____

Major: _____ GPA: _____

*Please list additional universities on a separate sheet of paper.

Child Life Practicum Application

Experience with Children

1. Institution Name: _____ Position Title: _____

Supervisor's Name/Title : _____

Dates: _____ Hours per week: _____ Total Hours Completed: _____

Brief Description of your experience:

2. Institution Name: _____ Position Title: _____

Supervisor's Name/Title : _____

Dates: _____ Hours per week: _____ Total Hours Completed: _____

Brief Description of your experience:

*Please list additional experiences on a separate sheet of paper.

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Please list three personal and/or professional goals using this bulleted format

1.

2.

3.

Essay Questions

How will the practicum at the University of Maryland Children's Hospital benefit your professional goals? What are three things that make you stand out as a candidate?

All interested applicants must submit ALL of the following completed materials to be considered for an interview as a practicum student:

- Completed practicum application
- 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)
- Current resume
- Three personal and/or professional goals written using bulleted format
- Essay (300 - 500 words) about how the practicum at University of Maryland Children's Hospital will benefit your professional goals, as well as, 3 things that make you stand out as a candidate
- Separate list of child life field related classes and grade received
- Verification of hospital volunteer hours.

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

Applicant Signature: _____ **Date:** _____

*All materials must be postmarked by the application deadline date.

Please send completed application to:

Molly Baron
Child Life Practicum Coordinator
Child Life Department
University of Maryland Children's Hospital
22 South Greene Street
N5E39
Baltimore, Maryland 21201