**Please complete the following application fully. Incomplete application packets will not be considered.**

**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Semester**: \_\_\_Fall \_\_\_Spring \_\_\_Summer

**Current Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Primary Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Academic Information**:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Institution | Location | Major | Degree | GPA | Graduation Date |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Professional Memberships**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Tell us about your experience interacting with well children and their families.***

|  |  |  |
| --- | --- | --- |
| Name of Site and Location | Dates | Total Hours |
|  |  |  |
| Description | | |
| Name of Site and Location | Dates | Total Hours |
|  |  |  |
| Description | | |
| Name of Site and Location | Dates | Total Hours |
|  |  |  |
| Description | | |

***Tell us about your experience interacting with children and families experiencing hospitalization, crisis, developmental disabilities, and/or stress.***

|  |  |  |
| --- | --- | --- |
| Name of Site and Location | Dates | Total Hours |
|  |  |  |
| Description | | |
| Name of Site and Location | Dates | Total Hours |
|  |  |  |
| Description | | |
| Name of Site and Location | Dates | Total Hours |
|  |  |  |
| Description | | |

**Essays: Please respond to the following questions. Limit each response to 200 words.**

|  |
| --- |
| 1. Explain your understanding of the role of a child life specialist in the healthcare setting. |
|  |
| 2. Explain how you became interested in the role of child life. |
|  |
| 3. What qualities do you possess that will help you be successful in the field of child life/ in your future role as a child life specialist? |
|  |

**Essays: Please respond to the following questions. Limit each response to 200 words.**

|  |
| --- |
| 4. What have you done to prepare yourself for this practicum? |
|  |
| 5. What do you expect to gain from this practicum experience? Please state 2-3 goals. |
|  |

**Application Checklist**

☐ Completed and signed application

☐ Essays

☐ Professional resume and cover letter

☐ Unofficial Transcripts: please include both undergraduate and graduate transcripts.

☐ Professional References

I verify that the information provided is complete and truthful to the best of my knowledge. I understand that it is the sole responsibility of me, as the applicant, to confirm the receipt of the application packet. I agree that if an application packet is incomplete, I will not be considered for the practicum program.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date** **Signature of Applicant**