Child Life Practicum Application For Practicum Session:

(Example: Fall 2015)

	First Name	Last Name
	Application Ch	ecklist Review
	Completed and Signed Application Form	
	Cover Letter	
	Resume	
	Transcript (unofficial transcript is acceptable	
I attest that knowledge.	the information in this application	is true and accurate to the best of my
Signature:_		Date:

SUBMITTING YOUR APPLICATION:

Completed applications should be mailed **directly** to:

Pediatrics-Child Life Services 1215 E. Michigan Ave P.O. Box 30480 Lansing, MI 48909-7980

Applications should be postmarked by CLC's Recommended Deadline for the specific practicum session in which you are applying.

Practicum Session	Application Deadlines	Initial Offer Dates	Acceptance Dates	2 nd Offer Date
Winter/Spring	September 5	2 nd Tuesday of October	Following Wednesday	Following Thursday
Summer	January 5	2 nd Tuesday of February	Following Wednesday	Following Thursday
Fall	March 15	1 st Tuesday of May	Following Wednesday	Following Thursday

			Persona	al Information	: Faii 2013)		
Last Name			Firs	st Name		(N	(I.I.)
Present Phone	Perma	nent Phone		Email Address	s		
Present Address				Permanent Addre	ess		
City	State/Province	ZIP Code	Country	City	State/Province	ZIP Code	Country
			Emerg	ency Contact			
In case of emergency, notify:							
Name			Relationship	Address			
Home Phone	Work	Phone		— City	State/Province	ZIP Code	Country
			Applica	tion Category			
•	•	~		oward course credit.)			
University Supervisor/Advisor	or Name		Email Addı	ress		Phone	
University Name				University Depar	tment Address		
				ic Information colleges/universities atte	ended.)		
1.							
College/University Name					City, Sta	ate/Province	
to Dates Attended (mm/year)	Gradu	ation Date (n	nm/year)	Major			
Level (check one):							
□Associate's □Bac	helor's □M	aster's	(GPA Cum	GPA in Major		

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College/University Name				City, State/P	rovince
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Associate's □Bachelor's	☐Master's				
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to Dates (mm/year)			Total Hours Complete	d Supervisor's Phor	ne

Experience with Infants, Children, Youth, and/or Families in Stressful Situations

(e.g., camps for children with chronic illnesses, programs for children with special needs, advocacy programs, bereavement/hospice experiences)

Organization/Employer				Position Title (e.g., voluntee	er, practicum	n stude
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upervisor's Name		Super	visor's Title			□No
to Dates (mm/year)	Hours/Week	# of Weeks	Total Hours Completed	Supervisor's Phone		
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Organization/Employer Supervisor's Name Supervisor's Title Supervisor's Title Dates (mm/year) Ifours/Week # of Weeks Total Hours Completed Supervisor's Phone Briefly describe population and responsibilities (approx. 100 word limit) Essay Questions Please answer the following questions: How did you first become interested in or aware of child life? What have you done to increase your knowledge/awareness of this profession? What have you done to increase your knowledge/awareness of this profession?	2					
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	nd and ms/ner ranniy.					

Please list 3 of your strengths
Please list 3 of your weaknesses or areas of improvement
Briefly describe 3 goals you hope to accomplish during your practicum.
Please list the names of any professional organizations you are a member of: