

Child Life Department Practicum Program Application

APPLICANT INFORMATION

Name:		
	Cell Phone:	Home Phone:
Address:		
City:	State:	ZIP Code:
Email:		

ACADEMIC INFORMATION

Current College/University:	Major:
Academic Advisor:	Phone:
Email address:	
Cumulative GPA:	Date of Graduation:

VOLUNTEER EXPERIENCE

Facility:	Dates:	Number of Hours:
Responsibilities:		
Facility:	Dates:	Number of Hours:
Responsibilities:		
Facility:	Dates:	Number of Hours:
Responsibilities:		

QUESTIONS

Why do you want to participate in this practicum?

What have you done to prepare for this practicum? (pertinent employment, volunteer work, academic courses, independent study, life experience)

What do you hope to learn and practice in a child life practicum?

How did you become interested in the child life profession?

REQUIREMENTS

1. Practicum Program Application
2. Resume
3. Two reference letters in sealed envelopes (One letter from a person who has observed your work with children)
4. Official transcript from each college attended (Include list of courses in which you are currently enrolled, if applicable)
5. Volunteer hours verification form/letter
6. In order to satisfy any required academic credit, please also return with your application any pertinent requirements as determined by your course of study (i.e. course outlines, syllabus, etc.)

APPLICATION DEADLINE: SUMMER PROGRAM FEBRUARY 15 – FALL PROGRAM JULY 20

Mail to:

Peyton Manning Children's Hospital at St. Vincent
Child Life Program - Practicum
2001 West 86th Street
Indianapolis, IN 46260

Email Questions to:

clcat@stvincent.org