



ARNOLD PALMER
HOSPITAL
For Children

**Child Life
Practicum Program Application**

Personal Information

Name: _____

Address: _____

Phone Number: _____ Email Address: _____

Emergency Contact

Name: _____

Relationship: _____

Phone Number: _____ Email Address: _____

Academic Information

Current level of education (check one):

undergraduate junior undergraduate senior graduate student graduated

Academic Institution: _____

Major: _____ Minor (if applicable): _____

Degree: _____

Graduation date (or expected date): _____

Cumulative GPA: _____ Major GPA: _____

Supervisory Professor or Advisor: _____

Phone Number: _____ Email Address: _____



Academic Institution: _____

Major: _____ Minor (if applicable): _____

Degree: _____

Graduation date (or expected date): _____

Cumulative GPA: _____ Major GPA: _____

Supervisory Professor or Advisor: _____

Phone Number: _____ Email Address: _____

Coursework relevant to Child Life practice:

<i>Course Title</i>	<i>Grade</i>
1. _____	
2. _____	
3. _____	
4. _____	
5. _____	
6. _____	
7. _____	
8. _____	
9. _____	
10. _____	
11. _____	
12. _____	

Experience with Children in Healthcare and Non-healthcare Settings

Organization: _____ Dates: _____

Position Title: _____ Hours Completed: _____

Responsibilities: _____



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Position Title: _____ Hours Completed: _____

Responsibilities: _____

Applicant Questionnaire

Please answer the following questions.

1. Why are you pursuing a career in Child Life and what interests you most about the profession?



Applicant Questionnaire

Please answer the following questions.

2. Why did you apply to Arnold Palmer Hospital for Children as the site for your practicum experience?

3. Identify two specific goals you want to accomplish during practicum?