

Child Life Practicum Application

(Please type responses)

Please indicate the term for which you are applying: _____ (example: Spring 2022)

Personal Information

Legal Name of Applicant: _____

Preferred Name: _____ Pronouns: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Email Address: _____

Emergency Contact Information

In case of emergency, please contact:

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Home/Cell Phone Number: _____

Work Phone Number: _____

Academic Information

Please indicate your anticipated affiliation status during practicum:

University Affiliated: _____ Independent (Does not count toward course credit): _____

Please list all Colleges & Universities attended:

1. Institution Name: _____
City & State: _____
Dates Attended: _____ Graduation Date: _____
Degree Awarded: _____ Cumulative GPA: _____
Major: _____ Major GPA: _____

2. Institution Name: _____
City & State: _____
Dates Attended: _____ Graduation Date: _____
Degree Awarded: _____ Cumulative GPA: _____
Major: _____ Major GPA: _____

3. Institution Name: _____
City & State: _____
Dates Attended: _____ Graduation Date: _____
Degree Awarded: _____ Cumulative GPA: _____
Major: _____ Major GPA: _____

Please list any additional education on an additional sheet of paper.

Experience with Children

This may include experience with infants, children, youth, and/or families in any setting.

1. Institution Name: _____ Dates: _____
Institution Location: _____ Position Title: _____
Supervisor's Name & Title: _____
Hours per Week: _____ Total Hours Completed: _____
Brief Description of your experience:

2. Institution Name: _____
Institution Location: _____ Position Title: _____
Supervisor's Name & Title: _____
Hours per Week: _____ Total Hours Completed: _____
Brief Description of your experience:

Experience with Children Continued

3. Institution Name: _____
Institution Location: _____ Position Title: _____
Supervisor's Name & Title: _____
Hours per Week: _____ Total Hours Completed: _____
Brief Description of your experience:

4. Institution Name: _____
Institution Location: _____ Position Title: _____
Supervisor's Name & Title: _____
Hours per Week: _____ Total Hours Completed: _____
Brief Description of your experience:

Please list any additional relevant experiences on an additional sheet of paper.

Practicum Goals

Please list three personal or professional goals that describe what you would like to accomplish during your practicum.

1.

2.

3.

Essay Question

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?

Application Checklist Review

Applicants must submit ALL of the following completed materials to be considered for an interview as a prospective practicum student.

- Completed practicum application
- Verification of hospital volunteer hours (minimum 75)
- Two letters of recommendation (at least one reference must have directly observed your work with children in any setting)
- Official or unofficial college or university transcript(s)
- Current resume

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

Applicant Signature: _____ Date: _____

All materials should be submitted electronically, by emailing to childlife.training@umm.edu, with the subject line to include your name and the semester for which you are applying (example: "Jordan Doe, Spring 2022 Practicum). All materials must be received by the deadline indicated on our website to be considered for that semester's practicum.

Thank you!