



Child Life and Family Education Practicum Student Application

Application for Practicum Session: _____

CONTACT INFORMATION

Full Name: _____

Address: _____

Street Address

Apartment/Unit#

City

State

ZIP Code

Phone: _____

E-mail Address: _____

EDUCATION

Academic Institution: _____

Major: _____ G.P.A.: _____ Expected Graduation Date: _____

Advisor's Name: _____

Advisor's Phone: _____ E-mail Address: _____

List courses taken which are relevant to child life practice (include date and grade for each):

EXPERIENCE

List child related experiences that have prepared you for this practicum:

Dates	Role/Responsibilities	Site Name	Number of Hours

QUESTIONS

Please answer the following questions separately and attach to the application:

1. How did you become aware of and interested in Child Life?
2. Describe your philosophy in regards to Child Life and an experience that helped you developed this perspective.
3. What to do you hope to gain if accepted into this practicum program?

REFERENCES

Please include two letters of recommendation (professional and/or academic) with this application. Letters should be sealed in envelopes. Please list below the names of the individuals writing the letters.

1. Name: _____ Title: _____
2. Name: _____ Title: _____

CHECKLIST

Along with this application, please submit the following in order to be considered for the practicum:

- Current resume
- Statement of Aspiration
- Answers to application questions
- Official academic transcripts (minimum G.P.A. of 3.0) for undergraduate and graduate schools
- 2 Letters of recommendation

I certify that the responses on this document are true to the best of my knowledge. I understand it is the sole responsibility of the applicant to confirm receipt of the application packet. I understand if my application packet is incomplete, I *will not* be considered for the practicum program.

Signature: _____ Date: _____

Application deadlines (postmarked by):

- Winter/Spring: October 1st
- Summer: March 1st
- Fall: June 1st

Return the completed application and required documents to:

The University of Chicago Medicine Comer Children's Hospital
Child Life and Family Education, MC 8008
Attn: Aimee Karas
5721 S. Maryland Avenue, Room K-135
Chicago, IL 60637-1470

For further information, please contact Aimee Karas at 773-795-5158 or aimee.karas@uchospitals.edu .