

Child Life Practicum Application

Name: _____ Date: _____
(Print) Last First MI

Address: _____ Phone: _____

Email address: _____

Circle semester interested in internship: Winter/Spring Fall Summer Other

Education

Name of institution: _____

Present standing: _____ Major: _____

Number of hours (80-150) needed to complete practicum: _____

Practicum supervisor: _____

Phone: _____ Email address: _____

Applicant's availability

Monday _____ Thursday _____

Tuesday _____ Friday _____

Wednesday _____ Saturday _____

Sunday _____

List courses, dates and grades obtained relevant to Child Life (i.e., child development, child psychology, medical ethics, medical terminology, etc.)

Describe previous experiences working with children (include dates).

List other work experiences (include dates).

Briefly describe your career goals.

Return completed application **along with a letter of recommendation from a faculty member or advisor** to:
Mary Pegler, MS, CCLS
Director of Child Life - East Tennessee Children's Hospital
P.O. Box 15010, Knoxville, TN 37901

