



Mercy Kid's Hospital
 615 South New Ballas Rd.
 St. Louis, MO 63141
 314-251-5584

Child Life Practicum Application

Personal Information

Full Name: _____ Date: _____

Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Phone: _____ Email: _____

Semester of Interest for Practicum: _____

Emergency Contact Information

Full Name: _____ Relationship: _____

Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Phone: _____ Email: _____

Academic Information

College/University Name: _____

City, State: _____

Major: _____ Level (Bachelor/Masters): _____

GPA: _____ Start Date (month/year): _____ Projected Graduation Date (month/year): _____

Advisor Name: _____

Email: _____ Phone Number: _____

Professional Involvement

List the names of any professional organizations you are a member of:

Organization Name: _____

Position Title: _____

Organization Name: _____

Position Title: _____

Organization Name: _____

Position Title: _____

TOTAL HOURS with Infants, Children, Youth, and/or Families

Institution: _____ Position Title: _____

Supervisor's Name/Title: _____ Phone Number: _____

Dates (month/year): _____ To: _____ Hours per Week: _____

Number of Weeks: _____ Total Hours Completed: _____

May we contact your previous supervisor for a reference? YES NO

Brief description of population and responsibilities:

Institution: _____ Position Title: _____

Supervisor's Name/Title: _____ Phone Number: _____

Dates (month/year): _____ To: _____ Hours per Week: _____

Number of Weeks: _____ Total Hours Completed: _____

May we contact your previous supervisor for a reference? YES NO

Brief description of population and responsibilities:

Institution: _____ Position Title: _____

Supervisor's Name/Title: _____ Phone Number: _____

Dates (month/year): _____ To: _____ Hours per Week: _____

Number of Weeks: _____ Total Hours Completed: _____

May we contact your previous supervisor for a reference? YES NO

Brief description of population and responsibilities:

Courses in Child Development or Related Fields

Class Name: _____ Grade: _____

Class Name: _____ Grade: _____

Class Name: _____ Grade: _____

Class Name: _____ Grade: _____

Class Name: _____ Grade: _____

Essay Questions

Why do you want to become a Child Life Specialist?

Name 3 goals you would like to achieve during your practicum:

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____