

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:				
			<u> </u>				
Address:							
	Street Address			Apartment/Unit #			
	City		State	ZIP Code			
Phone:		Email					
Compoter	f Interest for Practicum:						
Semester o	f Interest for Practicum:	_					
	Emergency C	ontact Information					
Full Name:							
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Address:							
	Street Address			Apartment/Unit #			
	City		State	ZIP Code			
Phone:		Email:					
Academic Information							
College/Lini	versity Name:						
-	versity Name:						
City, State:							
Major:		Level (Bachelo	or/Masters):				
	Start Date	Projected Grad					
GPA:							
Advisor Nar	me:						
, 10 11001 1401							
Email:		Phone N	lumber:				

TOTAL HOURS with Infants, Children, Youth, and/or Families Institution: Position Title: **Dates** (month/year): To: Total Hours Completed: Brief description of population and responsibilities: Position Title: Institution: **Dates** (month/year): _____ To: ____ Total Hours Completed: ____ Brief description of population and responsibilities: Position Title: Institution: (month/year): _____ To: ____ Total Hours Completed: _____ Brief description of population and responsibilities: Institution: Position Title: Dates (month/year): _____ To: ____ Total Hours Completed:_____

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Brief description of population and responsibilities:

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	44	1-1-11	

Why do you want to become a Child Life Specialist?					
Describe an experience on your resume and how it's impacted your professional development:					
Disclaimer and Signature					
Disclaimer and Signature I certify that my answers are true and complete to the best of my knowledge.					
Signature:	Doto:				
Signature:	Date:				