

Dell Children's Medical Center

CHILD LIFE PRACTICUM APPLICATION

Please return the completed information to:

Child Life Student Program Coordinator
Dell Children's Medical Center
4900 Mueller Blvd
Austin, TX 78723

REQUESTED SEMESTER OF PRACTICUM:

Year: _____ (circle the appropriate one) Fall Spring Summer

NAME: _____

ADDRESS: _____

PHONE: HM. _____ OTHER: _____

E-MAIL: _____

UNIVERSITY: _____

MAJOR: _____ GRADUATION DATE: _____

DAYS AND TIMES (MON-FRI) YOU ARE AVAILABLE TO BE INTERVIEWED:

If currently enrolled in school, please list courses and number of hours to be taken during Practicum:

Please list all **Child Development** courses and other relevant coursework you have completed:

Do you plan to become a Certified Child Life Specialist? Why or why not?

What strengths would you bring to the Child Life Practicum?

What skills do you hope to learn from your Child Life Practicum Experience?
