

CHILD LIFE PRACTICUM

1200 PLEASANT ST DES MOINES, IA 50309
DM_CHILDLIFESTUDENTS@UNITYPOINT.ORG



APPLICANT INFORMATION

Name : Phone :

Email :

Will you be affiliated with an academic program during this practicum? Yes No

Academic Affiliation Is a requirement for our Child Life Practicum at Blank Children's Hospital.

College/University :
(Current)

Major : Graduation Date :
(Anticipated) M M Y Y

Minor : Year Status :
(For undergrad only)

Advisor : Advisor Email :

Blank Children's Hospital requires Child Life Practicum students to be at least Junior status and have taken at minimum, one child life specific course.

College/University :
(Previous, if applicable)

Major : Graduation Date :
M M Y Y

Minor :

Have you volunteered at a hospital previously? Yes No

If Yes, Which Programs And When ?



PROFESSIONAL REFERENCES

Name: Relationship:

Email : Phone :

Name: Relationship:

Email : Phone :



SHORT ANSWER QUESTIONS

How did you become Interested In the field of child life?

Describe your experiences working with children in a healthcare setting.

What age group or population would you prefer to interact with and why?



SHORT ANSWER QUESTIONS

What Is your philosophy of working with children and families?

Please use 50 words or less.

What makes you a strong candidate for this practicum experience?

Is there any additional information that you would like to share about yourself?