



Dartmouth-Hitchcock
CHILDREN'S HOSPITAL
AT DARTMOUTH

Children's Hospital at Dartmouth Child Life Program Practicum Application

Date_____

Personal Information:

Name_____

Permanent Address_____

Current Address_____

Phone Number_____

E-mail address_____

Emergency Contact Person_____

Relationship to Applicant_____

Contact Phone Number_____

Academic Information:

College/University Name_____

Major_____

Anticipated Graduation Date_____

Supervisors Name_____

Supervisors Contact Number_____

Child Related Work Experience:

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Application Questions:

- 1. How did you learn about the child life profession and what interests you about a practicum here at CHaD?**
- 2. What are your strengths with working with children?**
- 3. What do you hope to learn during a practicum in child life here at CHaD?**
- 4. What are your future career goals?**