



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?**