

## Swedish Medical Center

### Child Life Practicum Application Form

Please type or clearly print to fill out the form below. All applications must be printed out and included in your application packet.

Practicum Session Applying for (please circle one) :      Spring                  Fall                  Year \_\_\_\_\_

#### Personal Information

<b>Name:</b>		
<b>Mailing/Current address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Email address:</b>		
<b>Phone number with area code:</b>		
<b>Emergency Contact:</b>		
<b>Relation:</b>	<b>Phone Number:</b>	

#### Education History

<b>College /University</b>
<b>Major</b>
<b>Graduation Date/Standing</b>
<b>Will this practicum experience be counted toward school credit? Yes No</b>
<b>Contact Information of academic advisor (if you will be receiving credit for your practicum)</b>
<b>Name:</b>
<b>Address</b>
<b>Telephone Number</b>
<b>Email address:</b>
<b>I have taken or am currently enrolled in a course taught by a Certified Child Life Specialist: Yes No</b>

## Volunteer Experiences

**Hospital Specific (please indicate if you have worked with a Child Life Specialist at any intuition).**

<b>Institution:</b>	
Position:	Dates:
Supervisor:	
Number of Hours completed:	
Duties:	

<b>Institution:</b>	
Position:	Dates:
Supervisor:	
Number of Hours completed:	
Duties:	

## Other Non-hospital Child-Related Experiences (i.e. , work, volunteer)

<b>Institution:</b>	
Position:	Dates:
Supervisor:	
Number of Hours completed:	
Duties:	

<b>Institution:</b>	
Position:	Dates:

Supervisor:
Number of Hours completed:
Duties:

**Please answer the following essay questions. Essay responses should be no more than 250 words maximum per answer.**

- 1.) How did learn about the Child Life profession and what interests you about the field? How would completing a practicum enhance your professional goals?
- 2.) Why are you interested in doing your practicum at Swedish Medical Center?
- 3.) What do you feel your role would be as a practicum student? Please list any specific goals or areas of interest.
- 4.) Share an experience you have had with a child (typically developing, medically-fragile, or developmentally delayed) that was significant.

**When mailing in your application, please be sure to include the following:**

- Completed Application (including essay responses).
- Current Resume
- Signed verification of completed Volunteer hours
- Two professional letters of recommendation

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Applicant Signature

Date

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Printed Name

**Please return completed application to:**

Swedish Medical Center  
Child Life – 9EAST Pediatrics  
Att: Child Life Practicum  
747 Broadway  
Seattle, WA 98122