



**HASSENFELD
CHILDREN'S
HOSPITAL
AT NYU LANGONE**

Hassenfeld Children's Hospital at NYU Langone

Child Life Practicum Application

Today's Date: _____

Requested Practicum Session: Fall. _____ Spring _____ Summer _____

Personal Information:

Name: _____

Address: _____

Phone Number: _____ Email Address: _____

Emergency Contact, Relationship to Applicant and Phone #: _____

Educational Information:

1. Institution: _____ Dates Attended: _____

Major: _____ Graduation Date: _____

2. Institution: _____ Dates Attended: _____

Major: _____ Graduation Date: _____

3. Institution: _____ Dates Attended: _____

Major: _____ Graduation Date: _____

Please answer the following questions in a separate document and attach to your application:

Each answer not to exceed 150 words.

1. How did you become aware of child life?

2. What have you done to increase your knowledge and awareness of the child life profession?

3. Describe in your own words the role of a child life specialist.

4. Describe a time that you have used play to meet the developmental needs of a child.
