



Golisano Children's Hospital
120 Hour Child Life Practicum Application

Name:

Address:

Telephone:

Major:

Please review the information sheet for the other practicum application requirements and submission information.

- 1) Describe your experience working with children.

- 2) What do you hope to gain from this experience at Golisano Children's Hospital?

- 3) What do you hope to offer to the patients and families at Golisano Children's Hospital through this experience?