



University of California San Francisco Benioff Children's Hospital
Kristen Beckler
Child Life Department, Box 4012
1975 4th Street Room C5974 San Francisco, CA 94158
Phone: (415) 353-1203 Fax: (415) 353-9343

APPLICATION FOR PRACTICUM

Please print. All applicants must complete sections that are applicable:

I. CONTACT INFORMATION

NAME (LAST) (FIRST) (MIDDLE)

MAILING ADDRESS (STREET/PO BOX) (HOME/MOBILE PHONE NUMBER)

(CITY) (STATE/ZIP) (ALTERNATE PHONE NUMBER)

(E-MAIL)

In case of emergency, whom do you wish to be notified? _____

Semester you are applying for: Fall / Spring Year _____

What school/institution are you associated with? _____

Will you be actively enrolled as a student during the semester of your practicum? Yes / No

Do you prefer information to be sent: email / fax / mail other _____



II. APPLICATION QUESTIONS (please type your answers in a separate document)

1. Tell us about your interest in the practicum experience at UCSF Children's Hospital.
2. What do you feel your role would be as a practicum student?
3. Any specific goals or interest areas?
4. What do you understand about the role of child life specialists in a hospital setting?
5. How might hospitalization and/or illness affect a child's developmental progress?

IV. REFERENCES

1. _____
NAME ADDRESS TELEPHONE NUMBER

2. _____
NAME ADDRESS TELEPHONE NUMBER

In addition to this completed application please include:

- Your resume
- A letter of interest
- One letter of recommendation
- Transcript or list of completed coursework (Please include undergraduate and graduate as applicable.)

Applications due: December 5 (Spring semester) and August 5 (Fall semester)

Offers made: December 15 (Spring semester) and August 15 (Fall semester)

THANK YOU FOR YOUR INTEREST IN APPLYING FOR A CHILD LIFE PRACTICUM.