

University of Maryland Hospital for Children
Practicum Application

Name of Applicant: _____ Date Screened: _____

Name of Staff Responsible for Screening: _____

School: _____ School Address: _____

City/State/Zip: _____

School Advisor Name and Title: _____

Advisor's Phone: _____

School Year: _____ Major: _____ Minor: _____

Home Address: _____ City/State/Zip: _____

Student's Phone: _____

Name of Academic Reference: _____

Contact Number of Academic Reference: _____

Name of Professional Reference: _____

Contact Number of Professional Reference: _____

Why are you interested in doing a practicum at University of Maryland Hospital for Children?

Please list your dates and hours available to complete your practicum:

- Monday _____
- Tuesday _____
- Wednesday _____
- Thursday _____
- Friday _____

Transcripts are a required part of the practicum application. You must submit the most up to date copy. Unofficial transcripts are acceptable. In addition to this applicants need to include two references and their contact information. The one reference should be an academic professor and the other - the professional reference should be someone who has observed your work with children. Please mail application, resume, and transcripts to:

Marmie Aupperley/Marisa Jay
Child Life Program
University of Maryland Hospital for Children
22 South Greene St, Rm. N5E39
Baltimore, MD 21201