

## **Child Life Program**

### ALBANY MED Health System

# **Practicum Student Application**

#### **Personal Information**

Name	
Permanent Address	
<b>Current Address</b> (if different)	
Phone	
Email Address	
Emergency Contact	
Contact Phone	

#### **College Education**

Institution	
Major	
Graduation Date	
Advisor Name & Title (if applicable)	
Advisor Phone (if applicable)	

I have taken or am currently enrolled in a course taught by a Certified Child Life Specialist: 🗌 yes 📋 no

Relevant Experie	Supervisor Contact				
Institution	Responsibilities	Dates	<b>Total Hours</b>	Supervisor	Information

#### Return completed application and materials listed above to:

Albany Medical Center Child Life Department, D710 43 New Scotland Ave., MC-73 Albany, NY 12208

Please contact the Child Life Department if you have any questions.

\*\*Not all applicants will be interviewed. If you are selected to interview for this practicum, a member of the Child Life team will contact you once all applications have been reviewed.