



Child Life Applicant  
Hospital Experience Verification Form

I \_\_\_\_\_, ( \_\_\_\_\_ ) verify that  
Print name Print position

\_\_\_\_\_ has completed \_\_\_\_\_ hours  
Applicant's name

(Hours completed should be hands on experience with children in a medical setting.)

at \_\_\_\_\_  
Hospital or program name and location

From \_\_\_\_\_ to \_\_\_\_\_; supervised by  
Date Date

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Title/credential

\_\_\_\_\_  
Signature of person completing form

\_\_\_\_\_  
date

\_\_\_\_\_  
Signature of Erikson applicant

\_\_\_\_\_  
date

\*Please attach any supporting documentation of volunteer hours to this form.

**The child life program requires 100 hours of hands on experience with children in a medical setting. These hours should be completed prior to applying to the program.**