



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.