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.