



Kids deserve the best.

Children's Hospital of Wisconsin  
Child Life and Expressive Therapies Program  
Summer Child Life Practicum Experience Application

**Relevant Experiences with Children and/or Families Verification Form (minimum of 100 hours)**

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Please use this form to verify all experiences listed on page 2 of the practicum application. This form is to be **submitted separately for each listed experience**. Additionally, this form **must be completed by the supervisor** of each experience.

Name of Applicant:

Volunteer/Work Location:

Dates:           to

Hours Completed:

Supervisor and Title:

Dates:           to                   Total Hours:

The applicant participated in the following activities with children and/or families under my supervision:

**Supervisor Signature**

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*My electronic signature below indicates that all the information contained in this application is factually correct and honestly presented.*

Signature/Credentials:

Title:

Date:

May we contact you?  Yes    No

If yes, please include phone number:

email: