

THE CHILDREN'S HOSPITAL OF PHILADELPHIA
CHILD LIFE, EDUCATION AND CREATIVE ARTS THERAPY DEPARTMENT
CREATIVE ARTS THERAPY PROGRAM
ART THERAPY PRACTICUM APPLICATION

Personal Information:

Name: _____ Phone: _____

Email Address: _____

Current Address: _____

Permanent Address: _____

Emergency Contact Person: _____ Phone: _____

Special Concerns/Needs: _____

Current School Information:

1. Name of Institution _____

Major _____ Expected Graduation Date: _____

University Supervisor Name and Title: _____

University Supervisor Phone Number: _____

2. Name of Institution _____

Major _____ Graduate Date: _____

Relevant Experience:

(Any setting; list most recent experience first)

1. Name of Institution _____ Phone: _____

Dates: _____ Total Hours: _____ Supervisor: _____

Description of experience _____

2. Name of Institution _____ Phone: _____

Dates: _____ Total Hours: _____ Supervisor: _____

Description of experience _____

(Continue on back of page if necessary)

Please write a brief answer to the following questions:

1. What are your best qualities?
2. What are the qualities that you are seeking to improve in yourself?
3. What do you expect to gain from a practicum experience at CHOP?

Application requirements:

In order to be considered for placement, please submit:

1. Completed application
2. An essay describing your personal relationship with art

Please remember that you will be in an environment where children will be sick and in pain. If you have never worked in a hospital setting before, think about your responses to

