

**Edgewood College Child Life Graduate Program  
Admission Requirements  
Clinical Experience Hours Verification Hours**

25 hours of experience with well-children (paid or non-paid)

1. Name of site:

Location (city, state):

Dates (start to end):

Number of hours:

Name of preceptor/supervisor (print):

Contact email:

Contact phone number:

Signature of preceptor/supervisor & Date: \_\_\_\_\_

75 hours of volunteer work in a child life setting

2. Name of site:

Location (city, state):

Dates (start to end):

Number of hours:

Name of preceptor/supervisor (print):

Contact email:

Contact phone number:

Signature of preceptor/supervisor & Date: \_\_\_\_\_

3. Name of site:

Location (city, state):

Dates (start to end):

Number of hours:

Name of preceptor/supervisor (print):

Contact email:

Contact phone number:

Signature of preceptor/supervisor & Date: \_\_\_\_\_

4. Name of site:

Location (city, state):

Dates (start to end):

Number of hours:

Name of preceptor/supervisor (print):

Contact email:

Contact phone number:

Signature of preceptor/supervisor & Date: \_\_\_\_\_

I verify that all above information is accurate and true. I give permission for Edgewood College faculty and/or staff to contact my site supervisors to verify information.

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Applicant signature

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Applicant name (print)

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Date