



Verification of Child Life Related Experience Hours

Student Name: _____

Experience 1

Institution Name: _____

Date(s) of Completion: _____

Institution Location: _____

Supervisor Contact Information: _____

Number of hours completed: _____

Experience 2

Institution Name: _____

Date(s) of Completion: _____

Institution Location: _____

Supervisor Contact Information: _____

Number of hours completed: _____

Experience 3

Institution Name: _____

Date(s) of Completion: _____

Institution Location: _____

Supervisor Contact Information: _____

Number of hours completed: _____