



**Verification of Child Life Experience**  
**Mayo Clinic School of Health Sciences**

Total hours with well infants, youth, and/or families (eg, nanny, counselor, teacher)

Minimum of 50 hours

**1.**

Organization/Employer Name		Position Title	
Supervisor Name <i>(First, Middle, Last)</i>		Supervisor Title	
Supervisor Phone		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Dates <i>(mm-yyyy)</i> to	Hours Per Week	Number of Weeks	Total Hours Completed

**2.**

Organization/Employer Name		Position Title	
Supervisor Name <i>(First, Middle, Last)</i>		Supervisor Title	
Supervisor Phone		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Dates <i>(mm-yyyy)</i> to	Hours Per Week	Number of Weeks	Total Hours Completed

**3.**

Organization/Employer Name		Position Title	
Supervisor Name <i>(First, Middle, Last)</i>		Supervisor Title	
Supervisor Phone		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Dates <i>(mm-yyyy)</i> to	Hours Per Week	Number of Weeks	Total Hours Completed

# Verification of Child Life Experience (continued)

Total hours with infants, children, youth, and/or families in health care settings or stressful situations (eg, hospital/child life volunteer, camps for children with chronic illnesses, programs for children with special needs, advocacy programs, bereavement/hospice experience)

Minimum of 50 hours

## 1.

Organization/Employer Name		Position Title	
Supervisor Name <i>(First, Middle, Last)</i>		Supervisor Title	
Supervisor Phone		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Dates <i>(mm-yyyy)</i> to	Hours Per Week	Number of Weeks	Total Hours Completed

## 2.

Organization/Employer Name		Position Title	
Supervisor Name <i>(First, Middle, Last)</i>		Supervisor Title	
Supervisor Phone		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Dates <i>(mm-yyyy)</i> to	Hours Per Week	Number of Weeks	Total Hours Completed

## 3.

Organization/Employer Name		Position Title	
Supervisor Name <i>(First, Middle, Last)</i>		Supervisor Title	
Supervisor Phone		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Dates <i>(mm-yyyy)</i> to	Hours Per Week	Number of Weeks	Total Hours Completed