MILLS

100 Hours Documentation Form: Child Life Program

This is not a confidential statement.
Please type or print in ink.

APPLICANT: Please complete this section.

_____
Applicant's last name, first name

_____
Program and credential sought

SUPERVISOR: Please complete this section.
The student named above has applied for admission to the Early Childhood Education and Child Life in Hospitals program at Mills College. We would appreciate your verification that s/he has worked with hospitalized children.

Name: _____

Title: _____

Hospital/Health Care Organization: _____

Professional address: _____

_____

Phone: (_____) _____ Email Address: _____

I certify that the applicant named above worked in the following program/organization/school:

_____

with hospitalized children for approximately _____ hours

during the period of time between _____ and _____.

Signature: _____Date: _____

Return to: **Office of Graduate Admission, Mills College, 5000 MacArthur Blvd., Oakland, CA 94613**