

CHILD DEVELOPMENT PRACTICUM

- APPLICATION FOR PARTICIPATION

	Name:	ID#:	
I am in the following			
course(s):	E-Mail Address:		
CD110 CD113 CD115 CD117		I have a child development badge and lanyard: Yes No	
	I am submittin	g the following items with this application:	
J. HarrisonB. KhalilK. PaquetL. Riopelle	practicum co o One agre o Both the o The ACE C Criminal Histo Hep B Acknow	 practicum course begins One agreement required for each practicum Both the student AND the site sign this form before submitting The ACE Office will get the signature of the Director of Delta College's Business Services Office Criminal History Release form OR an iCHAT report dated within the previous year 	
Michelle L. White	record		
Preferred Pronouns: she/her		MI Driver's License or State ID	
Student Success Advisor/Resource Specialist		Pathogens Training Certificate test results dated within the previous year - CD 115 and CD 117 students only	
Counseling & Advising Delta College Main Campus D-118 (p): 989-686-9382 MichelleWhite@delta.edu STUDENT RESPONS	SIBILITIES		
		the ACE Office has provided clearance. my training site's policies and regulations. This includes, but is not limited	
 a. Maintaining a b. Observing cond c. Maintaining point d. Completing all e. Dressing and 	rofessional relation Il work-related assi conducting myself i	schedule nandling of information ships with co-workers and customers gnments/projects in a timely fashion in a professional manner assignments by the date provided by the CD program coordinator and/or	
I give permission to the ACE Of	fice to release and	use my official college records and documents for CD Practicum purposes.	
Student Signature:		Date:	
For CD Program Office Use Only	y: State of MI P	ublic Sex Offender Registry	