CLGNY

Child Life of Greater NY, Inc. Building Bridges in Healthcare

MEMBERSHIP APPLICATION

NAME: _____

TITLE: _____

HOSPITAL: _____

ADDRESS: _____

_____

PHONE: _____

E-MAIL: _____

Total Pediatric Beds: _____

General Peds PICU: _____ NICU: _____ Other: _____

CL Staff Size: _____ Total FTE: _____

Areas Covered by CL: _____

_____

_____

Internship/fellowship offered: _____

_____

_____

Areas of Expertise/special programs: _____

_____

_____

Date Submitted: _____