

CHILD LIFE PRACTICUM APPLICATION

For Practicum Session: _____

(Example: Summer 2019)

Personal Information

Last Name First Name (M.I.)

Present Phone

Permanent Phone

Email Address

Present Address

Permanent Address

City State/Province ZIP Code Country

City State/Province ZIP Code Country

Emergency Contact

In case of emergency, notify:

Name Relationship

Address

Home Phone

Work Phone

City

State/Province

ZIP Code

Country

Application Category

☐ University-affiliated (required)

Current University-Affiliation:

University Supervisor/Advisor Name

Email Address

Phone

University Name

University Department Address

Academic Information

Please list ALL colleges and universities attended:*

1.

College/University Name

City, State/Province

TO

Dates Attended (mm/year)

Graduation Date (mm/year)
(include anticipated as well as official)

Major

Level:

☐ Bachelor's

☐ Master's

Check one of the above

GPA Cum

GPA in Major

2.

College/University Name

City, State/Province

TO

Dates Attended (mm/year)

Graduation Date (mm/year)
(include anticipated as well as official)

Major

Level:

☐ Bachelor's

☐ Master's

Check one of the above

GPA Cum

GPA in Major

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Experience with Youth/Families in Healthcare Settings

1.

Institution

Position Title (e.g., volunteer, practicum student)

Supervisor's Name and Credentials

Supervisor's Title

May we contact?

☐ Yes ☐ No

TO

Dates (mm/year to mm/year)

Hours/ Week

of Weeks

Total Hours Completed

Supervisor's Phone

Briefly describe population and responsibilities: (approx 100 word limit)

2.

Institution

Position Title (e.g., volunteer, practicum student)

Supervisor's Name and Credentials

Supervisor's Title

May we contact?

☐ Yes ☐ No

TO

Dates (mm/year to mm/year)

Hours/ Week

of Weeks

Total Hours Completed

Supervisor's Phone

Briefly describe population and responsibilities: (approx 100 word limit)

Other Youth/Family-Related Experiences

(i.e., child care, camps, education/teaching)

1.

Organization/Employer

Position Title (e.g., nanny, teen counselor, teacher)

Supervisor's Name

Supervisor's Title

May we contact?

☐ Yes ☐ No

TO

Dates (mm/year to mm/year)

Hours/ Week

of Weeks

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Child Life Relevant Coursework Information

☐ Official ACLP Coursework Eligibility Review

(Please attach document to application)

Course number and title	Institution	Term	Year	Grade
<i>e.g. HDFS 201 Child Development</i>	<i>Johns Hopkins University</i>	<i>Summer</i>	<i>2006</i>	<i>A</i>

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Essay Question

Please answer the following question:

How did you first hear of and/or become interested in the field of child life and what have you done to increase your knowledge/awareness of the profession? (Approx. 300-600 words)

Please list 3-5 goals you hope to achieve through your practicum.

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Application Checklist Review

- ☐ Completed and Signed Application Form
- ☐ Reference Letters
- ☐ Resume/Curriculum Vitae
- ☐ Attachment of additional application materials as required by each program
- ☐ Official ACLP Coursework Review Form

I attest that the information in this application is true and accurate to the best of my knowledge.

Signature: _____ **Date:** _____

REMINDER: Applicants must check with EACH practicum program to verify that practicum eligibility requirements are met and to determine whether additional items are required to be submitted with this application form.

Examples of additional requirements that MAY be required include, but are not limited to:

- a disclosure form
- completion of health forms
- a completed student volunteer application
- completion confidential reference forms

SUBMITTING YOUR APPLICATION:

Completed applications should be emailed directly to cdellibovi@childrens-specialized.org

Students are encouraged to request a "read receipt" when sending their application. Please note, we are unable to review applications received on paper by mail.