



CHILD LIFE PRACTICUM APPLICATION CHECKLIST REVIEW

- Completed and Signed Application Form- ALL PAGES
- Cover letter/letter of intent
- Reference Letters (2 Letters with no more than 1 from academic setting)
- Résumé/Curriculum Vitae
- Un-official transcript (**Child Life course must be completed or in progress at the time of application.**)

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

Signature: _____

Date: _____



CHILD LIFE PRACTICUM APPLICATION

Personal Information

Last Name

First Name

(M.I.)

Phone

Email Address

Address

City

State/Province

ZIP Code

Country

Emergency Contact

In case of emergency, notify:

Name

Relationship

Address

Phone

City

State/Province

ZIP Code

Country

Academic Contact Information

University Supervisor/Advisor Name

Email Address

Phone

University Name

University Department Address

Academic Information

(Note: Please list ALL colleges/universities attended)

1. _____
College/University Name City, State/Province

_____ to _____
Dates Attended (mm/year) Graduation Date (mm/year) Major

Level (check one): Bachelor's Master's GPA in Major: _____

2. _____
College/University Name City, State/Province

_____ to _____
Dates Attended (mm/year) Graduation Date (mm/year) Major

Level (check one): Bachelor's Master's GPA in Major: _____

3. _____
College/University Name City, State/Province

_____ to _____
Dates Attended (mm/year) Graduation Date (mm/year) Major

Level (check one): Bachelor's Master's GPA in Major: _____

Experience with Infants, Children, Youth, and/or Families in Healthcare Settings

(e.g., volunteer)

Total Number of Hours:

1. _____
Institution Position Title (e.g., volunteer)

Supervisor's Name and Credentials Supervisor's Title May we contact?
 Yes No

_____ to _____
Dates (mm/year) Hours/Week # of Weeks Total Hours Completed Phone Number

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

2. _____
Institution Position Title (e.g., volunteer)

Supervisor's Name and Credentials Supervisor's Title May we contact?
 Yes No

_____ to _____
Dates (mm/year) Hours/Week # of Weeks Total Hours Completed Phone Number

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

3. _____
Institution Position Title (e.g., volunteer)

Supervisor's Name and Credentials Supervisor's Title May we contact?
 Yes No

_____ to _____
Dates (mm/year) Hours/Week # of Weeks Total Hours Completed Phone Number

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

Experience with Infants, Children, Youth, and/or Families in Stressful Situations

(e.g., camps for children with chronic illnesses, programs for children with special needs, advocacy programs, bereavement/hospice experiences)

Total Number of Hours: _____

1. _____
Organization/Employer Position Title (e.g., volunteer)

Supervisor's Name Supervisor's Title May we contact?
 Yes No

_____ to _____
Dates (mm/year) Hours/Week # of Weeks Total Hours Completed Supervisor's Phone

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

2. _____
Organization/Employer Position Title (e.g., volunteer)

Supervisor's Name Supervisor's Title Yes No

_____ to _____
Dates (mm/year) Hours/Week # of Weeks Total Hours Completed Supervisor's Phone

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

3. _____
Organization/Employer Position Title (e.g., volunteer)

Supervisor's Name Supervisor's Title May we contact?
 Yes No

_____ to _____
Dates (mm/year) Hours/Week # of Weeks Total Hours Completed Supervisor's Phone

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

Experience with Well Infants, Children, Youth, and/or Families

(e.g., volunteer, counselor, teacher)

Total Number of Hours: _____

1. _____
Organization/Employer _____ Position Title (e.g., volunteer, counselor, teacher)

Supervisor's Name _____ Supervisor's Title _____ May we contact?
 Yes No

_____ to _____
Dates (mm/year) _____ Hours/Week _____ # of Weeks _____ Total Hours Completed _____ Supervisor's Phone _____

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

2. _____
Organization/Employer _____ Position Title (e.g., volunteer, counselor, teacher)

Supervisor's Name _____ Supervisor's Title _____ May we contact?
 Yes No

_____ to _____
Dates (mm/year) _____ Hours/Week _____ # of Weeks _____ Total Hours Completed _____ Supervisor's Phone _____

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

3. _____
Organization/Employer _____ Position Title (e.g., volunteer, counselor, teacher)

Supervisor's Name _____ Supervisor's Title _____ May we contact?
 Yes No

_____ to _____
Dates (mm/year) _____ Hours/Week _____ # of Weeks _____ Total Hours Completed _____ Supervisor's Phone _____

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

Essay Questions

Please answer the following questions:

How did you first become interested in or aware of child life? (approx. 200 words)

What have you done to increase your knowledge/awareness of this profession? (approx. 200 words)

Briefly describe the ways in which the work of a child life specialist contributes to the health care experience of a child and his/her family. (approx. 200 words)

Provide a specific example of a time that you used play to meet the developmental needs of a child. (approx. 200 words)