

## Child Life Practicum Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

Emergency Contact (name & phone): \_\_\_\_\_

Academic Major: \_\_\_\_\_ Major GPA: \_\_\_\_\_

Institution: \_\_\_\_\_

Degree: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

### Desired Practicum:

☐ Fall (Beginning September) ☐ Winter (Beginning January) ☐ Summer (Beginning June)

Have you applied for a student placement at Cleveland Clinic before? Yes ☐ No ☐

If yes, please indicate semester and year: ☐ Fall ☐ Winter ☐ Summer Year: \_\_\_\_\_

Please provide the name and address of your university contact person:

Institution name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact person name and email address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Items to include in your application:

- Current resume
- Transcripts: unofficial are satisfactory but if offered a practicum, official transcripts will be required
- Required courses:
  - Child/Human Growth & Development
  - Medical Terminology (must have completed or be enrolled during practicum)
- Three letters of recommendation (One letter **must** be from your academic advisor/child life professor and two other letters from any work or volunteer work with children.)
  - References must email letters directly to [childlifestudent@ccf.org](mailto:childlifestudent@ccf.org).
  - Attachments should be titled as follows: student's first initial followed by student's last name with document title (i.e. JSmithRecommendation\_Practicum)
- Verification forms to provide proof of working with children/families for a minimum of 3 experiences
  - Complete at least one volunteering experience working with pediatric patients in a hospital setting
  - Complete at least one volunteer or paid non-healthcare experience with children/families
  - Complete at least one additional experience in either category listed above.
- All application components must be sent via email to [childlifestudent@ccf.org](mailto:childlifestudent@ccf.org). Incomplete or late applications will not be considered.
  - **Email Subject:** student's first initial followed by student's last name with Practicum (i.e. JSmith\_Practicum)

The child life practicum dates and deadlines follow the Association of Child Life Professionals internship

Child Life Student Committee

[childlifestudent@ccf.org](mailto:childlifestudent@ccf.org)



application deadlines. **The complete application must be submitted via email by the application deadline set forth by the Association of Child Life Professionals.**

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

**Applicant Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_



**RELATED EXPERIENCE**

**WELL INFANTS, CHILDREN, YOUTH AND/OR FAMILIES**

Title: Click or tap here to enter text.

Total Hrs. Completed: Click or tap here to enter text.

Location: Click or tap here to enter text.

Responsibilities: Click or tap here to enter text.

Title: Click or tap here to enter text.

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Location: Click or tap here to enter text.

Responsibilities: Click or tap here to enter text.

**INFANTS, CHILDREN, YOUTH AND/OR FAMILIES IN STRESSFUL SITUATIONS, HEALTH CARE SETTINGS, AND/OR PROGRAMS DESIGNED FOR CHILDREN WITH SPECIAL NEEDS**

Title: Click or tap here to enter text.

Total Hrs. Completed: Click or tap here to enter text.

Location: Click or tap here to enter text.

Responsibilities: Click or tap here to enter text.



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**Title:** Click or tap here to enter text.

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**Title:** Click or tap here to enter text.

**Total Hrs. Completed:** Click or tap here to enter text.

**Location:** Click or tap here to enter text.

**Responsibilities:** Click or tap here to enter text.



## REFERENCES

### ACADEMIC ADVISOR/CHILD LIFE PROFESSOR

Name: Click or tap here to enter text.

Title: Click or tap here to enter text.

Relationship: Click or tap here to enter text.

Address: Click or tap here to enter text.

Email Address: Click or tap here to enter text.

Phone: Click or tap here to enter text.

### PROFESSIONAL REFERENCE (WORK/VOLUNTEER EXPERIENCE WITH CHILDREN PREFERRED)

Name: Click or tap here to enter text.

Title: Click or tap here to enter text.

Relationship: Click or tap here to enter text.

Address: Click or tap here to enter text.

Email Address: Click or tap here to enter text.

Phone: Click or tap here to enter text.

Name: Click or tap here to enter text.

Title: Click or tap here to enter text.

Relationship: Click or tap here to enter text.

Address: Click or tap here to enter text.

Email Address: Click or tap here to enter text.

Phone: Click or tap here to enter text.



ESSAY

IN 300 WORDS OR LESS, PLEASE ANSWER THE FOLLOWING QUESTIONS

1. Briefly describe the ways in which the work of a Child Life Specialist contributes to the healthcare experience of a child and his/her family.

Click or tap here to enter text.



**ESSAY**

2. What are your expectations for a practicum and what do you feel you can contribute to the program?  
Click or tap here to enter text.



**ESSAY**

**3. Describe the elements you feel contribute to the foundational practice of Child Life.**

Click or tap here to enter text.