

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.
 - 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. 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



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

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.
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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.