

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: _____

Please provide the name and address of your academic advisor if different than above:

Contact person name and email address: _____

Telephone: _____

Address: _____

Items to include in your application:

- 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)
- We reserve the right to request references as needed.
- 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 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:	Total Hrs. Completed:
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Location:

Responsibilities:

Title:	Total Hrs. Completed:
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Location:

Responsibilities:

Title:	Total Hrs. Completed:
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Location:

Responsibilities:

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

Title:	Total Hrs. Completed:
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Location:

Responsibilities:



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

Title:	Total Hrs. Completed:
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Location:

Responsibilities:

Title:	Total Hrs. Completed:
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Location:

Responsibilities:

Title:	Total Hrs. Completed:
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Location:

Responsibilities:

Title:	Total Hrs. Completed:
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Location:

Responsibilities:



COURSES

USING YOUR TRANSCRIPT, IDENTIFY WHICH COURSE CORRELATES TO THE Cleveland CLINIC REQUIRED COURSE. ALSO PROVIDE A BRIEF DESCRIPTION OF THE TRANSCRIPT COURSE.

REQUIRED COURSE	TRANSCRIPT COURSE(S)	COURSE DESCRIPTION
Child/Human Growth & Development		
Medical Terminology		



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.



ESSAY

2. What are your expectations for a practicum and what do you feel you can contribute to the program?



ESSAY

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