



**APPLICATION FOR
CHILD LIFE STUDENT PRACTICUM**

PERSONAL INFORMATION:

Name:		Semester/Year:	
Current Address:			
Permanent Address:			
Email Address:			
Cell Phone #:		Home Phone #:	
School:		Major:	
Graduation Year:		Academic Transcripts Enclosed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
School Advisor/Supervisor:		Phone #:	

EXPERIENCE: Working with pediatric patients in a hospital setting (direct patient/family care).	
Title:	Total Hrs. Completed:
Location:	
Responsibilities:	
Title:	Total Hrs. Completed:
Location:	
Responsibilities:	
Title:	Total Hrs. Completed:
Location:	
Responsibilities:	
WITH CHILDREN IN A NON HEALTHCARE SETTING	
Title:	Total Hrs. Completed:
Location:	
Responsibilities:	
Title:	Total Hrs. Completed:
Location:	
Responsibilities:	
Title:	Total Hrs. Completed:
Location:	
Responsibilities:	

EXPERIENCE CONT'D:**NON CHILDREN/FAMILY WORK EXPERIENCE**

Title:	Total Hrs. Completed:
Location:	
Responsibilities:	
Title:	Total Hrs. Completed:
Location:	
Responsibilities:	
Title:	Total Hrs. Completed:
Location:	
Responsibilities:	

REFERENCES:	
ACADEMIC ADVISOR/CHILD LIFE PROFESSOR REFERENCE:	
Name:	
Title/Relationship:	
Address:	
Email Address:	Phone:
PROFESSIONAL REFERENCE: (Work/Volunteer Experience with Children Preferred)	
Name:	
Title/Relationship:	
Address:	
Email Address:	Phone:
PROFESSIONAL REFERENCE: (Work/Volunteer Experience with Children Preferred)	
Name:	
Title/Relationship:	
Address:	
Email Address:	Phone:

In 350 words or less, please answer the following essay questions in the box below.

1. How and why did you choose child life as your major? Describe your child life philosophy.

2. Pick an age group to use the principles and/or theories related to growth and development to describe how that child might be affected by hospitalization.

APPLICATION CHECKLIST REVIEW

- ☐ Completed and Signed Application Form
- ☐ University Affiliation
- ☐ 3 Letters of Recommendation
- ☐ Official University Transcripts

**** All application materials must be submitted together by mail. Applications should be postmarked by the recommended deadline of the Association of Child Life Professionals. Cleveland Clinic Children's will not consider incomplete or late applications.**

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

Signature: _____

Date: _____