**Child Life Practicum Application**

Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | *Last* | *First* | *M.I.* |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | *Street Address* | *Apartment/Unit #* |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | *City* | *State* | *ZIP Code* |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email | **:** |

|  |  |
| --- | --- |
| Emergency Contact Name : |  |
| Emergency Contact Phone Number: |  |

Education

Please select the Semester you are applying for: Spring \_\_\_\_\_\_ Summer\_\_\_\_\_\_ Fall \_\_\_\_\_\_

Are you affiliated with a university? Yes \_\_\_\_ No \_\_\_\_

If yes, please list the name of school/institution you are currently associated with:

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|  |

Please list the child life course completed by start of practicum and name of Certified Child Life Specialist(CCLS) instructor:

Course Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CCLS Instructor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Term: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list 3 additional courses based off the ACLP Eligibility Requirements for Internship:

Course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Term: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Term: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Term: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Experience

Please list the settings you have worked or volunteered at with WELL children.

Setting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Role/Responsibility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates: ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Setting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Role/Responsibility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Setting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Role/Responsibility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list setting and amount of completed child life volunteer or hospital hours.

Setting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hours Completed: ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Setting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hours Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Essay Questions

*Maximum 250 word count for each answer*

1. What is the most interesting aspect of a child life specialist’s work in the hospital setting?

1. What do you hope to gain from your Child Life practicum?
2. How does a child life specialist address the developmental needs of patients and families?
3. In your experience working with children, did you ever lead a group activity? Individual activity? What did you do? And why?
4. Any addition information you would like to share with practicum committee.(optional)

Additional Application Documents

With completed application, please include:

* Resume
* Transcripts - Unofficial copies accepted

Email completed application and above materials to: ChildLifePracticum@chla.usc.edu

Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.*

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |