**Child Life Practicum Application**

Applicant Information

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

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

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

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

|  |  |
| --- | --- |
| Social Security Number: |  |

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

Education

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

Name of School/Institution you are currently associated with:

|  |
| --- |
|  |

Please list, at least 3, Child Development courses based off the ACLP Eligibility Requirements for Internship

Course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Semester: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Semester: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Semester: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Experience

Please list the child life course completed and name of instructor:

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Instructor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list the location of places you worked or volunteered with WELL children.

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Role/Responsibility:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates: ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Role/Responsibility:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates: ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Role/Responsibility:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates: ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list the location and amount of completed child life volunteer hours.

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hours Completed: ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

References

*Please list one Professional/one Academic References.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full Name: |  | | Relationship: |  |
| Company: |  | | Phone: |  |
| Address: | |  | | |
|  |  | |  |  |
| Full Name: |  | | Relationship: |  |
| Company: |  | | Phone: |  |
| Address: |  | | | |
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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?

In addition to this completed application, please include the following:

* Cover letter
* Resume
  + 100 hours volunteer/work experience with ill children (preferred)
  + 200 hours volunteer/work experience with well children in a non-medical setting.
* Transcripts (Please include undergraduate and graduate).

Email completed application and above materials to: [ChildLifePracticum@chla.usc.edu](mailto:ChildLifePracticum@chla.usc.edu)

* Two letters of recommendation must be sent directly to [ChildLifePracticum@chla.usc.edu](mailto:ChildLifePracticum@chla.usc.edu).
  + These letters must be on official letterhead that have been written within the last year.
  + One from the supervisor responsible for overseeing your experience with ~~ill~~ children, and one from a professional of your choice.
  + **The letters of recommendation must be sent by the references directly to** [ChildLifePracticum@chla.usc.edu](mailto:ChildLifePracticum@chla.usc.edu). **Any letters of reference submitted by the applicant and not sent directly by the reference will not be considered.**

Disclaimer and Signature

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

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