Practicum Overview:

The child life practicum is a minimum of 100 hours of observation within the healthcare setting where qualified students gain practical knowledge about the child life profession. We offer a practicum opportunity in the summer.

- Applications for practicum program must be due by February 27th
- Applicants will be notified of acceptance status on or prior to the week of March 13th
- Incomplete or late applications will not be considered

All applicants must be enrolled in a college/university/academic program and receiving credit hours for the practicum. Contract between the hospital and school will need to be negotiated prior to start of practicum.

Requirements:

- Minimum of 50 volunteer hours in healthcare setting under direct supervision of a Certified Child Life Specialist
- Minimum of 50 hours working with well children in a structured environment (I.e. child development center, daycare, school, camp, etc.)
- Completed sophomore year with degree in child life, child development, or other related field
Application:

- Resume
- Child Life Practicum Application Form
- Child Life Relevant Coursework List
- Unofficial academic transcript
- Two recommendation letters:
  - 1 from academic professor
  - 1 from non-family member who is able to attest to work experience with children
- Sealed proof verifying work experience on official letterhead
  - Minimum of 50 volunteer hours in healthcare setting under direct supervision of a Certified Child Life Specialist
  - Minimum of 50 hours working with well children in a structured environment (I.e. child development center, daycare, school, camp, etc.)
- Attach a separate document briefly answering the following questions:
  - Please describe child life in your own words.
  - Why are you interested in becoming a Certified Child Life Specialist?
  - What are your strengths in working with children?
  - What are your areas for improvement when working with children?
  - Describe three goals you hope to achieve by the end of the practicum experience.
Child Life Practicum Application

Personal Information:

Full Name: __________________________________________________________

Current Street Address: _________________________________________________

City: _____________________________ State: __________ Zip:________________

Current Email Address: _________________________________________________

Phone Number: ______________________________________________________

Has the applicant completed sophomore qualifications at college/university/academic program?

Yes: _______    No: _______

Emergency Contact Information:

Full Name________________________________ Relaion: _______________________

Primary Phone Number:__________________________________________________

Secondary Phone Number:_________________________________________________

University Information

University Attending:____________________________________________________

Major:_____________________________  Advisor’s Name: ____________________

Email Address__________________________________________________________

Address:________________________________________________________________

Phone:__________________________________________________________________
Please include with formerly requested application materials. Please complete form to its entirety.

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