

**Child Life Practicum Application**  
**For Practicum Session:** \_\_\_\_\_  
 (Example: Fall 2015)

First Name

Last Name

**Application Checklist Review**

- Completed and Signed Application Form
- Cover Letter
- Resume
- Transcript (unofficial transcript is acceptable)

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

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***SUBMITTING YOUR APPLICATION:***

Completed applications should be mailed **directly** to:

Pediatrics-Child Life Services  
 1215 E. Michigan Ave  
 P.O. Box 30480  
 Lansing, MI 48909-7980

Applications should be postmarked by CLC's Recommended Deadline for the specific practicum session in which you are applying.

<b>Practicum Session</b>	<b>Application Deadlines</b>	<b>Initial Offer Dates</b>	<b>Acceptance Dates</b>	<b>2<sup>nd</sup> Offer Date</b>
Winter/Spring	September 5	2 <sup>nd</sup> Tuesday of October	Following Wednesday	Following Thursday
Summer	January 5	2 <sup>nd</sup> Tuesday of February	Following Wednesday	Following Thursday
Fall	March 15	1 <sup>st</sup> Tuesday of May	Following Wednesday	Following Thursday

# Child Life Practicum Application

## For Practicum Session: \_\_\_\_\_

(Example: Fall 2015)

### Personal Information

\_\_\_\_\_  
Last Name First Name (M.I.)

\_\_\_\_\_  
Present Phone Permanent Phone Email Address

\_\_\_\_\_  
Present Address Permanent Address

\_\_\_\_\_  
City State/Province ZIP Code Country City State/Province ZIP Code Country

### Emergency Contact

In case of emergency, notify:

\_\_\_\_\_  
Name Relationship Address

\_\_\_\_\_  
Home Phone Work Phone City State/Province ZIP Code Country

### Application Category

**University-affiliated** (Internship hours will count toward course credit.)

**Independent** (Practicum hours will NOT count towards course credit.)

If University-affiliated:

\_\_\_\_\_  
University Supervisor/Advisor Name Email Address Phone

\_\_\_\_\_  
University Name University Department Address

### Academic Information

(Note: Please list ALL colleges/universities attended.)

1. \_\_\_\_\_  
College/University Name City, State/Province

\_\_\_\_\_ to \_\_\_\_\_  
Dates Attended (mm/year) Graduation Date (mm/year) Major

Level (check one):

Associate's  Bachelor's  Master's \_\_\_\_\_  
GPA Cum GPA in Major

# Child Life Practicum Application

## For Practicum Session: \_\_\_\_\_

(Example: Fall 2015)

2. \_\_\_\_\_  
 College/University Name City, State/Province

\_\_\_\_\_ to \_\_\_\_\_  
 Dates Attended (mm/year) Graduation Date (mm/year) Major

Level (check one):

Associate's  Bachelor's  Master's \_\_\_\_\_  
GPA Cum GPA in Major

**TOTAL HOURS with Infants, Children, Youth and/or Families in Healthcare Settings:** \_\_\_\_\_

**Experience with Infants, Children, Youth, and/or Families in Healthcare Settings**  
 (e.g., volunteer)

1. \_\_\_\_\_  
 Institution Position Title (e.g., volunteer)

\_\_\_\_\_  
 Supervisor's Name and Credentials Supervisor's Title May we contact?  
 Yes  No

\_\_\_\_\_ to \_\_\_\_\_  
 Dates (mm/year) Hours/Week # of Weeks Total Hours Completed Supervisor's Phone

Briefly describe population and responsibilities: (approx. 100 word limit)

2. \_\_\_\_\_  
 Institution Position Title (e.g., volunteer)

\_\_\_\_\_  
 Supervisor's Name and Credentials Supervisor's Title May we contact?  
 Yes  No

\_\_\_\_\_ to \_\_\_\_\_  
 Dates (mm/year) Hours/Week # of Weeks Total Hours Completed Supervisor's Phone

Briefly describe population and responsibilities: (approx. 100 word limit)

## Experience with Infants, Children, Youth, and/or Families in Stressful Situations

(e.g., camps for children with chronic illnesses, programs for children with special needs, advocacy programs, bereavement/hospice experiences)

**TOTAL HOURS with Infants, Children, Youth and/or Families in Stressful Situations:** \_\_\_\_\_

1. \_\_\_\_\_  
Organization/Employer \_\_\_\_\_ Position Title (e.g., volunteer, practicum student) \_\_\_\_\_

\_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ Supervisor's Title \_\_\_\_\_ May we contact?  
 Yes  No

\_\_\_\_\_ to \_\_\_\_\_  
Dates (mm/year) \_\_\_\_\_ Hours/Week \_\_\_\_\_ # of Weeks \_\_\_\_\_ Total Hours Completed \_\_\_\_\_ Supervisor's Phone \_\_\_\_\_

Briefly describe population and responsibilities: (approx. 100 word limit)

2. \_\_\_\_\_  
Organization/Employer \_\_\_\_\_ Position Title (e.g., volunteer, practicum student) \_\_\_\_\_

\_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ Supervisor's Title \_\_\_\_\_ May we contact?  
 Yes  No

\_\_\_\_\_ to \_\_\_\_\_  
Dates (mm/year) \_\_\_\_\_ Hours/Week \_\_\_\_\_ # of Weeks \_\_\_\_\_ Total Hours Completed \_\_\_\_\_ Supervisor's Phone \_\_\_\_\_

Briefly describe population and responsibilities: (approx. 100 word limit)

**TOTAL HOURS with Well Infants, Children, Youth and/or Families:** \_\_\_\_\_

## Experience with Well Infants, Children, Youth, and/or Families

(e.g., nanny, counselor, teacher)

1. \_\_\_\_\_  
Organization/Employer \_\_\_\_\_ Position Title (e.g., nanny, counselor, teacher) \_\_\_\_\_

\_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ Supervisor's Title \_\_\_\_\_ May we contact?  
 Yes  No

\_\_\_\_\_ to \_\_\_\_\_  
Dates (mm/year) \_\_\_\_\_ Hours/Week \_\_\_\_\_ # of Weeks \_\_\_\_\_ Total Hours Completed \_\_\_\_\_ Supervisor's Phone \_\_\_\_\_

Briefly describe population and responsibilities: (approx. 100 word limit)

2. \_\_\_\_\_  
Organization/Employer \_\_\_\_\_ Position Title (e.g., nanny, counselor, teacher)

\_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ Supervisor's Title \_\_\_\_\_ May we contact?  
 Yes  No

\_\_\_\_\_to \_\_\_\_\_  
Dates (mm/year) \_\_\_\_\_ Hours/Week \_\_\_\_\_ # of Weeks \_\_\_\_\_ Total Hours Completed \_\_\_\_\_ Supervisor's Phone \_\_\_\_\_

Briefly describe population and responsibilities: (approx. 100 word limit)



**Essay Questions**

**Please answer the following questions:**

How did you first become interested in or aware of child life?

What have you done to increase your knowledge/awareness of this profession?

Briefly describe the ways in which the work of a child life specialist contributes to the health care experience of a child and his/her family.

Please list 3 of your strengths

Please list 3 of your weaknesses or areas of improvement

Briefly describe 3 goals you hope to accomplish during your practicum.

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Please list the names of any professional organizations you are a member of:

_____	_____
_____	_____

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