

Child Life Internship Application

For internship session (example: Fall 2015) _____

Personal Information

Name: Last		First		Middle initial	
Cell phone	Home phone	Email address			
Present address		City	State/Province	ZIP code	Country
Permanent address		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

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

University supervisor/advisor name	Email address	Phone
University name	University department address	

Academic Information

List ALL colleges/universities attended. If additional space is necessary, please go to page 6.

1.	College/University name	City, State/Province
Dates attended (mm/yy) ____ / ____ to ____ / ____	Graduation date (mm/yy) ____ / ____	Major
Level (check one): <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters		GPA cumulative GPA in major

TOTAL HOURS with infants, children youth, and/or families in health care settings _____

(Include hours from any additional experiences on page 7.)

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

1.	Institution name			Position title (e.g. volunteer, practicum student)	
Supervisor's name and credentials			Supervisor's title		May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No
Dates of experience (mm/yy) ____ / ____ to ____ / ____		Hours/Week	No. of weeks	Total hours completed	Supervisor's phone
Briefly describe population and responsibilities (approximately 100 word limit)					
2.	Institution name			Position title (e.g. volunteer, practicum student)	
Supervisor's name and credentials			Supervisor's title		May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No
Dates of experience (mm/yy) ____ / ____ to ____ / ____		Hours/Week	No. of weeks	Total hours completed	Supervisor's phone
Briefly describe population and responsibilities (approximately 100 word limit)					
3.	Institution name			Position title (e.g. volunteer, practicum student)	
Supervisor's name and credentials			Supervisor's title		May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No
Dates of experience (mm/yy) ____ / ____ to ____ / ____		Hours/Week	No. of weeks	Total hours completed	Supervisor's phone
Briefly describe population and responsibilities (approximately 100 word limit)					

If additional space is necessary to complete the list, please go to page 7 of this form.

TOTAL HOURS with infants, children youth, and/or families in stressful situations _____

(Include hours from any additional experiences on page 8.)

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)

1.	Organization/Employer				Position title (e.g. volunteer, practicum student)	
Supervisor's name				Supervisor's title		May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No
Dates of experience (mm/yy) ____ / ____ to ____ / ____		Hours/Week	No. of weeks	Total hours completed	Supervisor's phone	
Briefly describe population and responsibilities (approximately 100 word limit)						
2.	Organization/Employer				Position title (e.g. volunteer, practicum student)	
Supervisor's name				Supervisor's title		May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No
Dates of experience (mm/yy) ____ / ____ to ____ / ____		Hours/Week	No. of weeks	Total hours completed	Supervisor's phone	
Briefly describe population and responsibilities (approximately 100 word limit)						
3.	Organization/Employer				Position title (e.g. volunteer, practicum student)	
Supervisor's name				Supervisor's title		May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No
Dates of experience (mm/yy) ____ / ____ to ____ / ____		Hours/Week	No. of weeks	Total hours completed	Supervisor's phone	
Briefly describe population and responsibilities (approximately 100 word limit)						

If additional space is necessary to complete the list, please go to page 8 of this form.

TOTAL HOURS with well infants, children youth, and/or families _____

(Include hours from any additional experiences on page 9.)

Experience with Well Infants, Children, Youth, and/or Families (e.g. nanny, counselor, teacher)

1.	Organization/Employer				Position title (e.g. volunteer, practicum student)	
Supervisor's name			Supervisor's title		May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Dates of experience (mm/yy) ____ / ____ to ____ / ____		Hours/Week	No. of weeks	Total hours completed	Supervisor's phone	
Briefly describe population and responsibilities (approximately 100 word limit)						
2.	Organization/Employer				Position title (e.g. volunteer, practicum student)	
Supervisor's name			Supervisor's title		May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Dates of experience (mm/yy) ____ / ____ to ____ / ____		Hours/Week	No. of weeks	Total hours completed	Supervisor's phone	
Briefly describe population and responsibilities (approximately 100 word limit)						
3.	Organization/Employer				Position title (e.g. volunteer, practicum student)	
Supervisor's name			Supervisor's title		May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Dates of experience (mm/yy) ____ / ____ to ____ / ____		Hours/Week	No. of weeks	Total hours completed	Supervisor's phone	
Briefly describe population and responsibilities (approximately 100 word limit)						

If additional space is necessary to complete the list, please go to page 9 of this form.

Essay Questions (approximately 200 word limit)

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

What have you done to increase your knowledge and awareness of the child life/therapeutic recreation profession?

Describe the ways in which the work of a certified child life specialist contributes to the healthcare experience of a child and his or her family?

What is your career objective?

Do you consider yourself a leader or a follower in the realm of your chosen career? Why?

Describe your strengths and areas needing improvements:

What qualities and skills do you possess that will help you in your internship and later as a therapist?

Provide an example of a time you used play to meet the developmental needs of a child:

It is rarely possible, even in the most ideal of settings, to meet with all children upon admission. How might children be "triaged" for this kind of care? Who needs this care the most?

Are you a member of a professional organization (ie. ACLP, ATRA, etc.)? If yes, list. If no, answer no.

Do you anticipate any other commitments during your internship (i.e. class, work)?

Are you currently CPR certified: ☐ Yes ☐ No

If no, will you be by the start of your internship: ☐ Yes ☐ No

Professional Involvement

List the names of any professional organizations you are a member of:

The following sections are for completion **ONLY** if additional space is required for the applicant's listing of academic information and/or experiences with children and/or families.

Academic Information (continued)

2.	College/University name		City, State/Province
Dates attended (mm/yy) ____ / ____ to ____ / ____		Graduation date (mm/yy) ____ / ____	Major
Level (check one): <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters		GPA cumulative	GPA in major
3.	College/University name		City, State/Province
Dates attended (mm/yy) ____ / ____ to ____ / ____		Graduation date (mm/yy) ____ / ____	Major
Level (check one): <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters		GPA cumulative	GPA in major
4.	College/University name		City, State/Province
Dates attended (mm/yy) ____ / ____ to ____ / ____		Graduation date (mm/yy) ____ / ____	Major
Level (check one): <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters		GPA cumulative	GPA in major

Experience with Infants, Children, Youth, and/or Families in Healthcare Settings (continued)

4.	Institution name				Position title (e.g. volunteer, practicum student)	
Supervisor's name and credentials				Supervisor's title		May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No
Dates of experience (mm/yy) ____ / ____ to ____ / ____		Hours/Week	No. of weeks	Total hours completed	Supervisor's phone	
Briefly describe population and responsibilities (approximately 100 word limit)						
5.	Institution name				Position title (e.g. volunteer, practicum student)	
Supervisor's name and credentials				Supervisor's title		May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No
Dates of experience (mm/yy) ____ / ____ to ____ / ____		Hours/Week	No. of weeks	Total hours completed	Supervisor's phone	
Briefly describe population and responsibilities (approximately 100 word limit)						
6.	Institution name				Position title (e.g. volunteer, practicum student)	
Supervisor's name and credentials				Supervisor's title		May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No
Dates of experience (mm/yy) ____ / ____ to ____ / ____		Hours/Week	No. of weeks	Total hours completed	Supervisor's phone	
Briefly describe population and responsibilities (approximately 100 word limit)						

Experience with Infants, Children, Youth, and/or Families in Stressful Situations (continued)

4.	Organization/Employer				Position title (e.g. volunteer, practicum student)	
Supervisor's name			Supervisor's title			May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No
Dates of experience (mm/yy) ____ / ____ to ____ / ____		Hours/Week	No. of weeks	Total hours completed	Supervisor's phone	
Briefly describe population and responsibilities (approximately 100 word limit)						
5.	Organization/Employer				Position title (e.g. volunteer, practicum student)	
Supervisor's name			Supervisor's title			May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No
Dates of experience (mm/yy) ____ / ____ to ____ / ____		Hours/Week	No. of weeks	Total hours completed	Supervisor's phone	
Briefly describe population and responsibilities (approximately 100 word limit)						
6.	Organization/Employer				Position title (e.g. volunteer, practicum student)	
Supervisor's name			Supervisor's title			May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No
Dates of experience (mm/yy) ____ / ____ to ____ / ____		Hours/Week	No. of weeks	Total hours completed	Supervisor's phone	
Briefly describe population and responsibilities (approximately 100 word limit)						

Experience with Well Infants, Children, Youth, and/or Families (continued)

4.	Organization/Employer				Position title (e.g. volunteer, practicum student)	
Supervisor's name			Supervisor's title			May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No
Dates of experience (mm/yy) ____ / ____ to ____ / ____		Hours/Week	No. of weeks	Total hours completed	Supervisor's phone	
Briefly describe population and responsibilities (approximately 100 word limit)						
5.	Organization/Employer				Position title (e.g. volunteer, practicum student)	
Supervisor's name			Supervisor's title			May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No
Dates of experience (mm/yy) ____ / ____ to ____ / ____		Hours/Week	No. of weeks	Total hours completed	Supervisor's phone	
Briefly describe population and responsibilities (approximately 100 word limit)						
6.	Organization/Employer				Position title (e.g. volunteer, practicum student)	
Supervisor's name			Supervisor's title			May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No
Dates of experience (mm/yy) ____ / ____ to ____ / ____		Hours/Week	No. of weeks	Total hours completed	Supervisor's phone	
Briefly describe population and responsibilities (approximately 100 word limit)						

Confirmation of Child Life Course In Progress



Confirmation of Child Life Course In-Progress

IMPORTANT NOTES for STUDENTS:

- This form is for internship application purposes only.
- Please check with each clinical internship site to verify whether this form is accepted.
- This form may NOT be used to establish eligibility for the certification exam. When applying for an ACLP Eligibility Assessment, you must submit the Child Life Course Verification Form.

Course Name _____

Academic Institution _____

The following required topics of study are covered in this class.

- ☐ Child Life Documents
- ☐ Scope of practice
- ☐ Impact of illness, injury and health care on patients and families
- ☐ Patient and Family-Centered Care
- ☐ Therapeutic play
- ☐ Preparation

Student is currently enrolled, course start date: _____

Student is currently in good academic standing in this course and anticipated to pass this course.

☐ Yes ☐ No

Comments: _____

Date course to be completed: _____

Student Name _____

CCLS Instructor Name _____

Certification # _____

CCLS Instructor Signature _____ Date _____

Confirmation of Child Life Course In Progress



Confirmation of Child Life Practicum In-progress

IMPORTANT NOTES for STUDENTS:

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 - This form may NOT be used to establish eligibility for the certification exam.

Clinical Institution(s) _____

Clinical Institution(s) _____

Child Life Council Standards (please see <https://childlife.org/StudentsInternsEducators/PracticumStudents.cfm> for more detailed description)

- Standard #1: The child life practicum is largely an observational experience
- Standard #2: The child life practicum student will be supervised by a Certified Child Life Specialist (CCLS) who has achieved a minimum of 2,000 hours of paid work experience.
- Standard #3: The child life practicum encompasses a minimum of 100 supervised hours. The child life practicum may include a combination of practicum hours being completed in no more than two practicum experience
- Standard #4: Child life practicum hours should be completed in an appropriate setting: hospitals/medical centers; therapeutic, medical or health related camp settings; hospice, grief, or support centers; and/or rehabilitation settings.
- Standard #5: The child life practicum includes observation opportunities for students to explore: child life assessments, developmental theory integration, therapeutic play interventions, and rapport building.
- Standard #6: The child life practicum learning experiences includes activities and assignments such as; journaling; educational in-services and discussions; and specific and structured readings.

Student is currently in good standing in this practicum and anticipated to complete their hours.

☐ Yes ☐ No

Total practicum hours earned (current) : _____

Total practicum hours anticipated (final) : _____

Date practicum is to be completed _____

Student Name _____

CCLS Instructor Name _____

Certification # _____

CCLS Instructor Signature _____ Date _____

Application Checklist Review

Applicant's name _____

- ☐ Completed and signed application form
- ☐ Official ACLP Eligibility Assessment Report attached
- ☐ Student copy of transcripts
- ☐ Two reference letters
- ☐ Internship goals and objectives
- ☐ Resume/Curriculum vitae
- ☐ Volunteer hours verification
- ☐ Confirmation of Child Life Course In-Progress (if applicable)
- ☐ Confirmation of Child Life Practicum In-Progress (if applicable)

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

Signature _____ Date (m/d/y) ____ / ____ / ____

Submitting Your Application

Completed applications should be emailed to: **childlife@marshfieldclinic.org**

After reviewing applications, the top 10 candidates will be contacted for an interview.