**Child Life Practicum Application**

Applicant Information

|  |  |
| --- | --- |
| Full Name: |  |
| Address: |  |
| Phone: |  |
| Email: |  |

Education

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

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

|  |
| --- |
| If yes, please provide name of school/institution you are currently associated with and name and contact information of program director: |
|  |

Please list the child life course taught by Certified Child Life Specialist (CCLS) instructor:

\*\* Course must be completed by practicum start date

|  |  |
| --- | --- |
| Course Title: |  |
| CCLS Instructor Name: |  |
| School Term: |  |

Please list the 3 courses, either completed or in progress, that meet the criteria set forth by the ACLP Eligibility Requirements for Internship:

|  |  |  |  |
| --- | --- | --- | --- |
| Course: |  | School Term: |  |
| Course: |  | School Term: |  |
| Course: |  | School Term: |  |

Experience

Please include the locations you have worked and/or volunteered directly with children in a healthcare setting.

\*\*Not required but preferred.

|  |  |  |  |
| --- | --- | --- | --- |
| Location |  | Position Title |  |
| Dates |  | # of Hours Completed |  |
| Please provide brief description of role and responsibilities (100 words max) | | | |
|  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Location |  | Position Title |  |
| Dates |  | # of Hours Completed |  |
| Please provide brief description of role and responsibilities (100 words max) | | | |
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| --- | --- | --- | --- |
| Location |  | Position Title |  |
| Dates |  | # of Hours Completed |  |
| Please provide brief description of role and responsibilities (100 words max) | | | |
|  | | | |

Please include the locations you have worked and/or volunteered with children directly in a non-healthcare setting*.*

\*\*Not required but preferred.

|  |  |  |  |
| --- | --- | --- | --- |
| Location |  | Position Title |  |
| Dates |  | # of Hours Completed |  |
| Please provide brief description of role and responsibilities (100 words max) | | | |
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| --- | --- | --- | --- |
| Location |  | Position Title |  |
| Dates |  | # of Hours Completed |  |
| Please provide brief description of role and responsibilities (100 words max) | | | |
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| --- | --- | --- | --- |
| Location |  | Position Title |  |
| Dates |  | # of Hours Completed |  |
| Please provide brief description of role and responsibilities (100 words max) | | | |
|  | | | |

Essay Questions

*Maximum 250 word count for each answer*

1. Why are you a good fit for the child life profession?
2. What are your expectations of the practicum at CHLA?
3. How does the work of a Child Life Specialist contribute to the health care experience for children and families?
4. Describe a time you used play to support the needs of a child.

Additional Application Documents

With completed application, please include:

* Resume
* Transcripts - Unofficial copies accepted

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

Disclaimer and Signature

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

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