

# Child Life Practicum Application

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

## Application Checklist Review

- Completed & Signed Application Form
- Cover Letter & Resume
- Application Form
- Transcript from college/university demonstrating 3.0 or higher GPA (official or unofficial)
- 2 letters of recommendation (one from academic advisor/professor & one from another professional familiar with your work with children/family)

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

## Submitting your Application

Complete required documents listed above and send together to the following email address with appropriate titles:

FirstName\_LastName\_ChildLifePracticumApplication  
FirstName\_LastName\_Recommendation (please provide this information to recommendations contacts)

ChildLifeStudProg@nationwidechildrens.org

All required documents must be emailed by ACLP Application Deadline by 5:00pm EST

# Nationwide Children's Practicum Application

For Practicum Session: \_\_\_\_\_  
(Example: Spring 2020)

## Personal Information

_____ Last Name			_____ First Name			_____ M.I.			
_____ Present Phone		_____ Permanent Phone		_____ Email Address					
_____ Present Address				_____ Permanent Address					
_____ City		_____ State	_____ Zip Code		_____ City		_____ State	_____ Zip Code	

## Emergency Contact

In case of an emergency, notify:

_____ Name		_____ Relationship		_____ Address				
_____ Home Phone		_____ Cell Phone		_____ City		_____ State	_____ Zip Code	

## Application Category

University-affiliated (Practicum hours will count toward course credit)

Independent (Practicum hours will NOT count towards course credit)

Please note: Nationwide Children's DOES NOT ACCEPT independent practicum students.

_____ University Supervisor/Advisor		_____ Phone Number		_____ Email Address			
_____ University Name				_____ University Department Address			

## Academic Information

(Note: Please list ALL colleges/universities attended. If additional space is necessary, please attach additional information)

_____ College/University Name				_____ City, State/Province			
_____ to _____ Dates Attended (m/y)		_____ Graduation Date (m/y)		_____ Major			
Level (check one):		Bachelor's		Master's		_____ _____	

For Practicum Session: \_\_\_\_\_  
(Example: Spring 2020)

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

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

\_\_\_\_\_  
Supervisor's Name & Credentials Supervisor's Title Yes No  
May We Contact Them

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

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

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

\_\_\_\_\_  
Supervisor's Name & Credentials Supervisor's Title Yes No  
May We Contact Them

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

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

For Practicum Session: \_\_\_\_\_  
(Example: Spring 2020)

**Experience with Infants, Children, Youth and/or Families in Stressful Situations**  
(e.g., camps for children with chronic illnesses, program for children with special needs, advocacy programs)

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

\_\_\_\_\_  
Supervisor's Name & Credentials Supervisor's Title Yes No  
May We Contact Them

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

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

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

\_\_\_\_\_  
Supervisor's Name & Credentials Supervisor's Title Yes No  
May We Contact Them

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

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

For Practicum Session: \_\_\_\_\_  
(Example: Spring 2020)

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

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

\_\_\_\_\_  
Supervisor's Name & Credentials Supervisor's Title Yes No  
May We Contact Them

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

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

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

\_\_\_\_\_  
Supervisor's Name & Credentials Supervisor's Title Yes No  
May We Contact Them

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

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

For Practicum Session: \_\_\_\_\_  
(Example: Spring 2020)

## **Essay Questions**

**Please answer the following questions:**

How did you first become interested in or aware of child life? (approx. 200 words)

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. (approx. 200 words)

For Practicum Session: \_\_\_\_\_  
(Example: Spring 2020)

## Essay Questions

**Please answer the following questions:**

Identify the developmental and psychosocial concerns that could arise for a typically developing hospitalized 7 year old male. Please share one child development theorist and correlating stage. Discuss 2-3 child life interventions and how these would support his developmental and psychosocial needs.

What interests you in having an experience at Nationwide Children's Hospital?

For Practicum Session: \_\_\_\_\_  
(Example: Spring 2020)

### **Essay Questions**

List 3 to 5 specific and measurable goals for your student experience at Nationwide Children's Hospital.