

Common Child Life Internship Application

Before completing the Common Child Life Internship Application, please read the following tips and instructions.

- Please download and save the Common Child Life Internship Application before inputting information. It is not possible to complete the application through a web browser.
- All internship applicants are responsible for contacting the programs to which they plan to apply to find out whether the Common Child Life Internship Application is accepted.
- Depending on the program(s) to which they apply, internship applicants may need to submit additional materials with their application (e.g., transcripts, letters of recommendation, additional essay questions, etc.).
- In addition to completing the Common Internship Application, applicants should also include a Cover Letter. Please make the cover letter specific for each site you are applying to. Please include why you have chosen to apply for that internship site and what qualifies you for their internship.
- There is a Common Recommendation Form located at the end of the Common Child Life Internship Application. Internship applicants should contact the programs to which they plan to apply to find out whether this form is accepted. Please note that the portion at the top of the form should be completed by the applicant prior to the recommender completing the form.
- The Confirmation of Child Life Course In-Progress form, Additional Courses in Progress form, and the Confirmation of Child Life Practicum In-Progress form are located at the end of the Common Child Life Internship Application. Internship applicants should contact the programs to which they plan to apply to find out whether these forms are accepted.
- Internship applicants must submit their applications directly to the internship programs to which they apply, either as a hard copy sent through the U.S. mail or another carrier, through an online portal, or as an email attachment. Internship candidates should contact the programs to which they plan to apply to determine the appropriate method for submission.
- Applications should *not* be mailed to the ACLP office. All applications should be submitted directly to the appropriate internship locations. Applications mailed to the ACLP office will not be returned or forwarded.
- Any technical questions related to ACLP's Common Child Life Internship Application should be directed to resources@childlife.org.

First Name

Last Name

Application Checklist Review

- Completed and Signed Application Form
- Official ACLP Eligibility Assessment Report Attached
- Common Recommendation form and/or reference letters
- Cover Letter as specified on check list page of this application
- Resume/Curriculum Vitae
- Attachment of additional application materials as required by each program

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

Signature: _____ **Date:** _____

REMINDER: Applicants must check with EACH internship program to verify that internship eligibility requirements are met and to determine whether additional items are required to be submitted with this application form.

Examples of additional requirements that MAY be required include, but are not limited to:

- A completed background check form
- Completion of additional essay questions or exercises
- Official documentation of volunteer hours
- Specific number and type of reference letters

SUBMITTING YOUR APPLICATION:

Completed applications should be mailed **directly** to the internship programs to which you are applying. **DO NOT MAIL YOUR APPLICATION TO THE ASSOCIATION OF CHILD LIFE PROFESSIONALS OFFICE.** Please contact individual programs for their direct mailing information.

Applications should be postmarked by ACLP's Recommended Internship Deadline for the specific internship session in which you are applying. Please note that some sites may follow other guidelines; please contact each program to confirm their individual requirements.

Common Child Life Internship Application For Internship 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 (Internship hours will NOT count towards course credit. **Please note:** Some child life internship programs DO NOT ACCEPT independent interns.)

If University-affiliated:

University Supervisor/Advisor Name

Email Address

Phone

University Name

University Department Address

Academic Information

(Note: Please list ALL colleges/universities attended. If additional space is necessary, please go to page 7.)

1. _____
College/University Name City, State/Province

_____ to _____
Dates Attended (mm/year)

Graduation Date (mm/year)

Major

Level (check one): Bachelor's

Master's

GPA Cum

GPA in Major

Common Child Life Internship Application
For Internship Session: _____

TOTAL HOURS with Infants, Children, Youth and/or Families in Healthcare Settings: _____
(Include hours from any additional experiences on page 10.)

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

1. _____
Institution Position Title (e.g., volunteer, practicum student)

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, practicum student)

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)

3. _____
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)

Common Child Life Internship Application

For Internship Session: _____

(Example: Fall 2015)

TOTAL HOURS with Infants, Children, Youth and/or Families in Stressful Situations: _____
(Include hours from any additional experiences on page 11.)

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?
 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)

3. _____
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)

Common Child Life Internship Application
For Internship Session: _____

(Example: Fall 2015)

TOTAL HOURS with Well Infants, Children, Youth and/or Families: _____
(Include hours from any additional experiences on page 12)

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)

3. _____
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)

Common Child Life Internship Application
For Internship Session: _____

(Example: Fall 2015)

Essay Questions

Please answer the following questions:

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

What have you done to increase your knowledge/awareness of this profession? (approx. 200 words)

Common Child Life Internship Application
For Internship Session: _____

(Example: Fall 2015)

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)

Provide a specific example of a time that you used play to meet the developmental needs of a child. (approx. 200 words)

Common Child Life Internship Application
For Internship Session: _____

(Example: Fall 2015)

Please list three goals and three objectives for each that you expect to accomplish during your internship.

Example: To gain experience providing developmental support to hospitalized infants.

Objective 1: I will observe my supervisor provide developmental support to children within this age group.

Objective 2: I will develop a personal resource binder on typical infant development.

Objective 3: I will practice providing developmental support to infants initially under supervision and then eventually independently.

Common Child Life Internship Application
For Internship Session: _____

(Example: Fall 2015)

Professional Involvement

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

2. _____
College/University Name City, State/Province

_____ to _____
Dates Attended (mm/year) Graduation Date (mm/year) Major

Level (check one): Bachelor's Master's

_____ _____
GPA Curr GPA in Major

3. _____
College/University Name City, State/Province

_____ to _____
Dates Attended (mm/year) Graduation Date (mm/year) Major

Level (check one): Bachelor's Master's

_____ _____
GPA Cum GPA in Major

4. _____
College/University Name City, State/Province

_____ to _____
Dates Attended (mm/year) Graduation Date (mm/year) Major

Level (check one): Bachelor's Master's

_____ _____
GPA Cum GPA in Major

Common Child Life Internship Application For Internship Session: _____

(Example: Fall 2015)

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

4. _____
Institution Position Title (e.g., volunteer, practicum student)

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)

5. _____
Institution Position Title (e.g., volunteer, practicum student)

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)

6. _____
Institution Position Title (e.g., volunteer, practicum student)

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)

Common Child Life Internship Application
For Internship Session: _____

(Example: Fall 2015)

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?
 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)

5. _____
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)

6. _____
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)

Common Child Life Internship Application

For Internship Session: _____

(Example: Fall 2015)

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

4. _____
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)

5. _____
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)

6. _____
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)



Confirmation of Child Life Course In-Progress

IMPORTANT NOTES for STUDENTS:

- 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 a 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/Credentials _____

Certification # _____

CCLS Instructor Signature _____ Date _____



Confirmation of Child Life In- Progress: Additional Required Courses

***IMPORTANT NOTES for STUDENTS**

- This form is intended to verify progress of the other 9 required courses other than the child life course taught by a Certified Child Life Specialist.
- Please check with each clinical site to verify whether this form is accepted.
- This form may NOT be used to establish eligibility for the certification exam. You must complete the ACLP Eligibility Assessment process to fulfill this requirement for certification.
- Please see the most current ACLP Candidate Manual for a detailed list of the required courses necessary for eligibility.

Course Name: _____

Academic Institution: _____

Please indicate which 2019 course requirements this course will fulfill:

- Child Development
- Family Systems
- Play
- Loss/Bereavement or Death/Dying
- Research
- Additional Courses (Check this box if this course is going to count for the 3 additional required courses. Please note that the course cannot count as a category above and an additional course. The following courses are recommended though not required as the additional courses: Human Anatomy/Physiology, Medical Terminology, Ethics)

Number of Credit Hours: _____

This course is being taken at an academic institution that is endorsed by ACLP Yes No
-and/or-

This course has been pre-approved by ACLP for course eligibility Yes No

Course Start Date: _____ End Date: _____ (Month/Day/Year)

Student is currently in good academic standing in this course and is anticipated to pass this course. Yes No

Comments: _____

Student Name: _____

Instructor Name & Related Credentials (please print): _____

Instructor Signature: _____ Date: _____



Confirmation of Child Life Practicum In-Progress

IMPORTANT NOTES for STUDENTS:

- 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.

Clinical Institution(s) _____

Clinical Institution(s) _____

Association of Child Life Professionals 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 experiences
- 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/Credentials _____

Certification # _____

CCLS Instructor Signature _____ Date _____



Verification of Child Life Practicum Experience Hours

Important NOTES for STUDENTS:

- Please check with each clinical internship site to verify whether this form is accepted
- This form is to be completed by your child life practicum coordinator as a means of verifying completed child life practicum hours.
- This form may NOT be used to establish eligibility for the certification exam
-

Name of Applicant:	
Institution Name:	
Institution Location:	

This applicant's child life practicum is complete: Yes No
 (If practicum is in progress, please complete the ACLP Practicum In-Progress Form)

Applicant's number of child life practicum hours completed: _____

Semester and Year (ex: Summer 2016) of applicant's child life practicum: _____

Child life practicum is/was supervised by a Certified Child Life Specialist: Yes No

The practicum follows all Association of Child Life Professionals recommended standards: Yes No

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 practice experiences.

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 experience includes activities and assignments such as: journaling, education in- services and discussions, and specific and structured readings.

The applicants experience consisted of the following experiences:

Your signature below confirms the above information is true and accurate:

Signature:	
Printed Name/Credentials:	
Title:	Certification #:
Email Address:	
Date:	



Verification of Related Experience Hours

Important NOTES for STUDENTS:

- Please check with each clinical internship site to verify whether this form is accepted
- This form is to be completed by your supervisor or coordinator as a means of verifying completed child life related volunteer/paid hours.
- This form may NOT be used to establish eligibility for the certification exam

Name of Applicant:	
Institution Name:	
Institution Location:	

Please check one of the following:

- Experience with Infants, Children, Youth and/or families in Healthcare Settings (e.g. volunteer student)
- 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)
- Experience with Well Infants, Children, Youth, and/or Families (e.g. nanny, counselor, teacher).

Start Date: _____

End Date: _____

Applicant's total number of related hours completed: _____

Volunteer: Yes No

Please describe responsibilities:

Paid: Yes No

Please list job title and responsibilities:

Your signature below confirms the above information is true and accurate:

Signature:	
Printed Name/Credentials:	
Title:	Certification #:
Email Address:	
Date:	



Child Life Internship Candidate Common Recommendation Form

***This section is to be completed by the applicant before giving this form to the Reference**

A separate letter of recommendation is required: *Yes or No*

All completed documents should be:

- Emailed to _____
- Signed/Sealed and mailed to _____

- Signed/Sealed and returned to applicant

Please complete the recommendation form below for the applicant applying to a child life clinical internship. The internship is a 600+ hour comprehensive experience required for child life professional certification. We appreciate your honest and open feedback to help us choose the best candidates for our program.

Applicant Name: _____

Reference Name: _____

Reference Organization: _____

Reference Phone: _____ **Reference Email:** _____

Approximately how long have you known this candidate? _____

In what capacity do you know the candidate?

- Child Life Practicum Supervisor
- Instructor/Professor
- Volunteer Supervisor
- Employer/Supervisor/Manager/Director
- Other (specify) _____

Have you directly supervised this applicant's interactions with children? *Yes No*
If yes, total # of candidate's direct experience hours _____

Applicant Rating: Check the rating column that is most reflective of the candidate's skills. Please rate the candidate based on written work and/or work you have directly supervised.

Skill/Trait Observed	Exceeds Expectations	Meets Expectations	Does Not Meet Expectations	Not Observed
Child Development Knowledge				
Interactions with Children				
Interactions with Adults				
Professional Boundaries				
Verbal Communication Skills				
Written Communication Skills				
Critical Thinking/ Problem Solving				
Taking Initiative				
Self-motivation				
Dependable				
Time Management Skills				
Ability to Accept and Apply Feedback				
Ability to Collaborate with Others				
Flexibility				

Do you recommend this candidate for an internship? *(please circle)*

Yes, recommend

Yes with reservations

No, I do not recommend this candidate

If you have reservations or do not recommend this candidate, please indicate the reason:

Please provide any additional, relevant information or comments below:

Reference Signature: _____

Date: _____