



## Common Child Life Practicum Application

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

- **Download the Common Child Life Practicum Application and save as a PDF before inputting information. It is not possible to complete the application through a web browser.**
- All practicum applicants are responsible for contacting each program they plan to apply for to find out whether the Common Child Life Practicum Application is accepted.
- Depending on the program(s) they plan to apply for, practicum applicants may need to submit additional materials with their application (e.g., transcripts, letters of recommendation, additional essay questions, etc.).
- There is a Common Reference Form on page 9. Practicum applicants should contact the programs they plan to apply for to find out whether this form is accepted
- There is a Confirmation of Course In-Progress Form 11. Practicum applicants should contact the programs to which they plan to apply to find out whether these forms are accepted.
- Practicum applicants must submit their applications directly to the practicum programs either as a hard copy sent through the U.S. mail or another carrier, through an online portal, or as an email attachment. Practicum candidates should contact the programs to determine the appropriate method for submission.
- Applications should **not** be mailed to SACLP. All applications should be submitted directly to the appropriate practicum locations. Applications mailed to SACLP will not be returned or forwarded.



First Name

Last Name

## Application Checklist Review

*Submit completed application based on **individual hospital requirements\****

Completed and Signed Application

Common Reference Form and/or reference letters\*

Professional résumé

Transcripts\*

Attachment of additional application materials as required by each program

**I verify that the information provided is complete and truthful to the best of my knowledge. I understand that is the sole responsibility of me, as the applicant, to confirm the receipt of the application packet. I agree that if an application packet is incomplete, I will not be considered for the practicum program.**

**Signature:**

**Date:**

**REMINDER :** Applicants must check with EACH practicum program to verify that practicum 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
- Course In-Progress forms
- Specific number and type of reference letters

## **SUBMITTING YOUR APPLICATION:**

Please contact individual programs for their direct application submission process.

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



**Semester**

Fall

Spring

Summer

**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** (Practicum hours will count toward course credit.)

**Independent** (Practicum hours will NOT count towards course credit. **Please note:** Some child life practicum programs DO NOT ACCEPT independent practicum students.)

If University-affiliated:

University Supervisor/Advisor Name

Email Address

Phone

University Name

University Department Address

**Professional Memberships:**

Please list any professional memberships.



**Academic Information**

College/University Name City, State/Province

to  
 Dates Attended (mm/year) Graduate Date (mm/year) Major

Level (check one):     Bachelor's     Master's GPA Cum GPA in Major

ACLP Endorsed Academic Program

College/University Name City, State/Province

to  
 Dates Attended (mm/year) Graduate Date (mm/year) Major

Level (check one):     Bachelor's     Master's GPA Cum GPA in Major

ACLP Endorsed Academic Program

**Required Courses**  
 These are 3 out of the 10 ACLP required courses for [Academic Eligibility](#).

<b>Play course:</b>		
Name of Course:	Institution:	Semester Term:
Course Description:		

<b>Child Development course:</b>		
Name of Course:	Institution:	Semester Term:
Course Description:		

<b>Child Life course:</b>		
Name of Course:	Institution:	Semester Term:
Course Description:		



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

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

Organization/Employer

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

to  
Dates (mm/year)                      Hours/Week                      # of Weeks                      Total Hours Completed

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

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Organization/Employer

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

to  
Dates (mm/year)                      Hours/Week                      # of Weeks                      Total Hours Completed

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

---

Organization/Employer

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

to  
Dates (mm/year)                      Hours/Week                      # of Weeks                      Total Hours Completed

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

---

Organization/Employer

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

to  
Dates (mm/year)                      Hours/Week                      # of Weeks                      Total Hours Completed

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



**TOTAL HOURS with Children and/or Families Experiencing Hospitalization, Crisis, Developmental Disabilities, and/or Stress:**

**Experience with Children and/or Families Experiencing Hospitalization, Crisis, Developmental Disabilities, and/or Stress**

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

to  
Dates (mm/year) Hours/Week # of Weeks Total Hours Completed

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

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

to  
Dates (mm/year) Hours/Week # of Weeks Total Hours Completed

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

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

to  
Dates (mm/year) Hours/Week # of Weeks Total Hours Completed

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

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

to  
Dates (mm/year) Hours/Week # of Weeks Total Hours Completed

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



## Essay Questions

Please respond to the following questions. Limit each response to 200 words.

1. Explain your understanding of the role of a child specialist in the healthcare setting.
2. Explain how you became interested in the role of child life.
3. What qualities do you possess that make you the right fit for child life?



**Please respond to the following questions. Limit each response to 200 words.**

4. What have you done to prepare yourself for this practicum?

5. What do you expect to gain from the practicum experience? Please state 2-3 goals.

6. What other obligations will you have during your practicum (work, school, etc.)?





**Practicum Reference Form**

Please complete the form below to be used as a reference for a student applying for a child life practicum. The practicum is an observation experience designed to prepare a student for more comprehensive training to become a Certified Child Life Specialist. We appreciate your honest and open feedback to help us choose the best candidates for our program.

**Name of Applicant:**

**How long have you known the applicant?**

**In what context did you observe/interact with this applicant? Please select one of the following:**

Child Life Volunteer Supervisor

Instructor/Professor

Employer/Manager/Supervisor/Director

School Advisor

Other – please specify:

**Have you directly supervised this applicant’s interactions with children?**

Yes

No

**Applicant Rating: Check the column of the rating that is most acceptable.**

<b>Skill/Trait Observed</b>	<b>Above Average</b>	<b>Average</b>	<b>Below Average</b>	<b>Not Observed</b>
Child Development Knowledge				
Interactions with Children				
Interactions with Adults				
Professional Boundaries				
Verbal Communication Skills				
Written Communication Skills				
Critical Thinking				
Initiative				
Leadership Ability				
Ability to Accept and Apply Feedback				
Ability to Collaborate				
Rapport Building Skill				
Flexibility				
Time Management				



**What are three qualities or characteristics of this applicant that will help him or her to be a successful practicum student? (Feel free to provide a simple bulleted list.)**

**What are three areas of growth for this applicant? (Feel free to provide a simple bulleted list.)**

**I recommend this person for a Child Life Practicum position.**

Yes

Yes, Somewhat

No

**Please state any concerns (required if selected “yes, somewhat” or “no”).**

**Reference Signature:**

**Typed Name:**

**Institution/Organization Name:**

**City/State of Organization:**

**Email Address:**

**Phone Number:**