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College/University Name					City, State/Pr	rovince
Dates Attended (mm/year)	Graduation Date (mm	n/year)	Major			
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(Example: Fall 2015)

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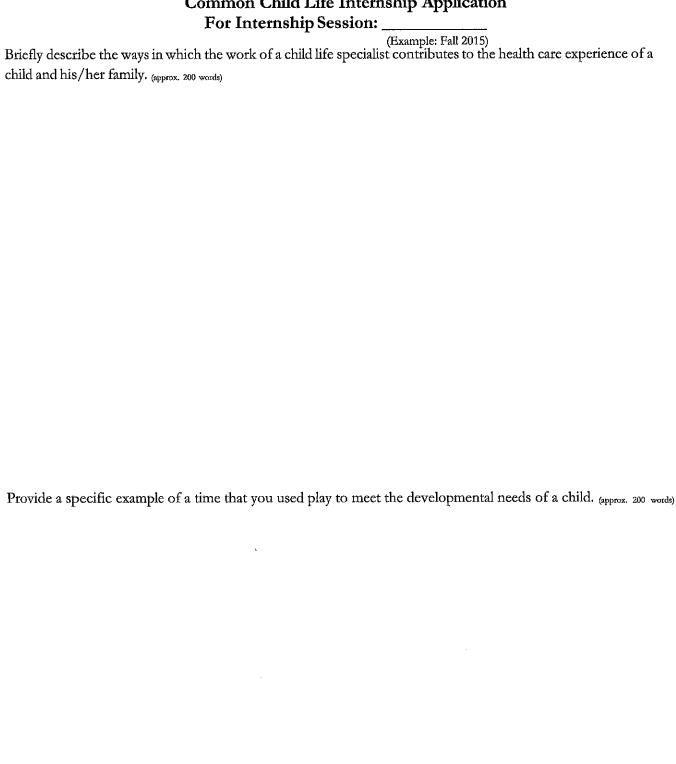
(Exa	mple: Fall 2015)
Essay Questions	

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



(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.

	(Example:	Fall 2015)	
Professi	onal 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 fo	the applicant's listing
of academic information and/or e	_	_	
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(Example: Fall 2015)

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#### Professionals 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 (If practicum is in progre	practicum is complete: Ses, please complete the ACLP Practicum In-Progress Form)  Yes No
Applicant's number of chil	d life practicum hours completed:
Semester and Year (ex: Sur	mmer 2016) of applicant's child life practicum:
Child life practicum is/was	s supervised by a Certified Child Life Specialist:
Standard #1: The child life 2,000 hours of paid wor Standard #3: The child life of practicum hours being Standard #4: Child life pra health related camp settin Standard #5: The child life developmental theory in Standard #6: The child life and discussions, and specific standard #6: The child life and discussions, and specific standard #6: The child life and discussions, and specific standard #6: The child life and discussions, and specific standard #6: The child life and discussions, and specific standard #6: The child life and discussions, and specific standard #6: The child life and discussions, and specific standard #6: The child life and discussions, and specific standard #6: The child life and discussions, and specific standard #6: The child life and discussions, and specific standard #6: The child life and discussions, and specific standard #6: The child life standard #6: The chi	Association of Child Life Professionals recommended standards: Yes No ife practicum is largely an observational experience. The practicum student will be supervised by a Certified Child Life Specialist (CCLS) who has achieved a minimum of k experience. The practicum encompasses a minimum of 100 supervised hours. The child life practicum may include a combination of g completed in no more than two practice experiences. The child life practicum may include a combination of g completed in no more than two practice experiences. The child life practicum hours should be completed in an appropriate setting; hospitals/medical centers, therapeutic, medical or not
Your signature below co	onfirms the above information is true and accurate:
Signature:	
Printed Name/Credenti	als:
Title:	Certification #:
Email Address:	
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
- 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 N	Vame:				
Academi	c Institution:				
	Child Development Family Systems Play Loss/Bereavement of Research Additional Courses ( that the course cannot	Check this box if this course i	s going to cou nd an addition	al course. The fo	ional required courses. Please note llowing courses are recommended ical Terminology, Ethics)
Numbe	er of Credit Hours: _				
	-ana	an academic institution that is // <i>or-</i> roved by ACLP for course el		ACLP	Yes No Yes No
		End Date:			П. П.
	ents:	cademic standing in this cour			
Student					
Instruc	tor Name & Related (	Credentials (please print):			
Instruc	tor Signature:			Date:	