

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		
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University Name				University Department Address			
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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)

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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)

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TOTAL HOURS with Well Infants, Children, Youth and/or Families: _____ (Include hours from any additional experiences on page 12)
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Experience with Well Infants, Children, Youth, and/or Families (e.g., nanny, counselor, teacher)
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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)

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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)

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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)

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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.

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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 NameCity, State/Province

_____ to _____

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

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

GPA CurrGPA in Major

3. _____

College/University NameCity, State/Province

_____ to _____

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

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

GPA CumGPA in Major

4. _____

College/University NameCity, State/Province

_____ to _____

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

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

GPA CumGPA in Major

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

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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)

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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)



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:	



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
-and/or-

Yes No

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: _____