



APPLICATION FOR CHILD LIFE STUDENT PRACTICUM

PERSONAL INFORMATION:

Name:		Semester/Year Applying For:	
Current Address:			
Permanent Address:			
Email Address:			
Cell Phone #:		Home Phone #:	
School:		Major:	
Graduation Year:		Academic Transcripts Enclosed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
School Advisor/Supervisor:		Phone #:	

EXPERIENCE:	
DIRECT PATIENT CARE WITH CHILDREN IN A PEDIATRIC HOSPITAL SETTING	
Title:	Total Hrs. Completed:
Location:	
Responsibilities:	
Title:	Total Hrs. Completed:
Location:	
Responsibilities:	
Title:	Total Hrs. Completed:
Location:	
Responsibilities:	
WITH MEDICALLY FRAGILE CHILDREN IN A NON HEALTHCARE SETTING	
Title:	Total Hrs. Completed:
Location:	
Responsibilities:	
Title:	Total Hrs. Completed:
Location:	
Responsibilities:	
Title:	Total Hrs. Completed:
Location:	
Responsibilities:	

EXPERIENCE CONT'D:	
WITH WELL CHILDREN	
Title:	Total Hrs. Completed:
Location:	
Responsibilities:	
Title:	Total Hrs. Completed:
Location:	
Responsibilities:	
Title:	Total Hrs. Completed:
Location:	
Responsibilities:	

REFERENCES:	
ACADEMIC ADVISOR/CHILD LIFE PROFESSOR REFERENCE:	
Name:	
Title/Relationship:	
Address:	
Email Address:	Phone:
PROFESSIONAL REFERENCE: (Work/Volunteer Experience with Children Preferred)	
Name:	
Title/Relationship:	
Address:	
Email Address:	Phone:
PROFESIONAL REFERENCE: (Work/Volunteer Experience with Children Preferred)	
Name:	
Title/Relationship:	
Address:	
Email Address:	Phone:

In 350 words or less, please answer the following questions and attach your typed answer to this application.

1. How and why did you choose child life as your major?
2. Describe your child life philosophy.
3. Pick an age group to use the principles and/or theories related to growth and development to describe how that child might be affected by hospitalization.

APPLICATION CHECKLIST REVIEW

- ☐ Typed completed and signed application form
- ☐ 3 Letters of recommendation sealed in envelope and signed
- ☐ Official University Transcripts

**** All application materials must be submitted together by mail. Applications should be postmarked by the recommended deadline of the Association of Child Life Professionals. Cleveland Clinic Children's will not consider incomplete or late applications.**

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

Signature: _____

Date: _____