

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.).
- The Confirmation of Child Life Course 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 or as an email attachment. Internship candidates should contact the programs to which they plan to apply to determine the appropriate mailing address or email address.
- 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.

Common Child Life Internship Application

For Internship Session: _____

(Example: Fall 2015)

First Name

Last Name

Application Checklist Review

- Completed and Signed Application Form
- Official ACLP Eligibility Assessment Report Attached
- Reference Letters
- 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: _____

(Example: Fall 2015)

TOTAL HOURS with Infants, Children, Youth and/or Families in Healthcare Settings: _____
(Include hours from any additional experiences on page 8.)

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)

If additional space is necessary to complete the list, please go to page 9 of this form.

**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 9.)

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)

If additional space is necessary to complete the list, please go to page 10 of this form.

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 10.)

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)

If additional space is necessary to complete the list, please go to page 10 of this form.

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)

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)

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
(e.g., camps for children with chronic illnesses, programs for children with special needs, advocacy programs, bereavement/hospice experiences)

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:

- This form is for internship application purposes only.
- 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 _____

Certification # _____

CCLS Instructor Signature _____ Date _____



Confirmation of Child Life Practicum In-progress

IMPORTANT NOTES for STUDENTS:

- This form is for internship application purposes only.
- 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 experience
- 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 _____

Certification # _____

CCLS Instructor Signature _____ Date _____