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. 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. 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*

        Course In-Progress forms*

        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.

Play course:		
Name of Course:	Institution:	Semester Term:
Course Description:		

Child Development course:		
Name of Course:	Institution:	Semester Term:
Course Description:		

Child Life course:		
Name of Course:	Institution:	Semester Term:
Course Description:		

Documentation of Experience

Please list your top relevant experiences. A minimum of two (one involving children within a healthcare setting and one involving children outside of a healthcare setting) will be required to complete this section. A maximum of six experiences can be highlighted, but are not required.

_____
Setting (Healthcare vs. Non-Healthcare)

_____
Description of Setting (e.g. camp, classroom, hospital unit, etc.)

_____   _____ to _____   _____   _____   _____
Role (e.g., nanny, teacher, volunteer)   Dates (mm/year)   Hours/Week   # of Weeks   Total Hours

Description of role and responsibility:

_____
Setting (Healthcare vs. Non-Healthcare)

_____
Description of Setting (e.g. camp, classroom, hospital unit, etc.)

_____   _____ to _____   _____   _____   _____
Role (e.g., nanny, teacher, volunteer)   Dates (mm/year)   Hours/Week   # of Weeks   Total Hours

Description of role and responsibility:

_____
Setting (Healthcare vs. Non-Healthcare)

_____
Description of Setting (e.g. camp, classroom, hospital unit, etc.)

_____   _____ to _____   _____   _____   _____
Role (e.g., nanny, teacher, volunteer)   Dates (mm/year)   Hours/Week   # of Weeks   Total Hours

Description of role and responsibility:

_____   _____
Setting (Healthcare vs. Non-Healthcare)   Description of Setting (e.g. camp, classroom, hospital unit, etc.)

_____   _____ to _____   _____   _____   _____
Role (e.g., nanny, teacher, volunteer)   Dates (mm/year)   Hours/Week   # of Weeks   Total Hours

Description of role and responsibility:

_____   _____
Setting (Healthcare vs. Non-Healthcare)   Description of Setting (e.g. camp, classroom, hospital unit, etc.)

_____   _____ to _____   _____   _____   _____
Role (e.g., nanny, teacher, volunteer)   Dates (mm/year)   Hours/Week   # of Weeks   Total Hours

Description of role and responsibility:

_____   _____
Setting (Healthcare vs. Non-Healthcare)   Description of Setting (e.g. camp, classroom, hospital unit, etc.)

_____   _____ to _____   _____   _____   _____
Role (e.g., nanny, teacher, volunteer)   Dates (mm/year)   Hours/Week   # of Weeks   Total Hours

Description of role and responsibility:

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

1. Explain your understanding of the role of a child specialist.

2. What qualities do you possess that make you a qualified candidate for a profession in child life?

3. Pick one of the <u>courses</u> you listed above and discuss how this has prepared you for the child life practicum.

4. Pick one of the <u>experiences</u> you listed above and discuss how this has prepared you for the child life practicum.

Essay Questions

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

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

6. Describe an experience that prompted you to self-reflect on your personal views and experiences to diversity, equity, and inclusion (DEI) and how that relates to the role of a child life specialist.

7. Provide a specific example of how you engaged with a child in a developmentally appropriate way.

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.

Skill/Trait Observed	Above Average	Average	Below Average	Not Observed
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:

Confirmation of Course In- Progress:

IMPORTANT NOTES for STUDENTS

- **This form is intended to verify progress for the 3 required courses for the Southern Association of Child Life Professionals (SACLP) practicum application.**
- **Please check with each SACLP 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 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:

Course Start Date: **End Date:**   *(Month/Day/Year)*

Number of Credit Hours:

Please indicate which SACLP practicum course requirements this course will fulfill:

      ☐   Play course

      ☐   Child Development course

      ☐   Child Life course

This course is being taken at an academic institution that is endorsed by ACLP   ☐ *Yes* ☐ *No*

                       -and/or-

This course has been pre-approved by ACLP for course eligibility   ☐ *Yes* ☐ *No*

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: