

Application for Child Life Practicum Pre-Internship Experience Face Sheet



This is a PDF fillable application, please “save as” when saving the application.

All applications must be typed.

Name: _____ Date: _____

Applying for: Year: ____ Fall ____ Winter/Spring ____

If there is a site that you do **not** wish to be considered for, or placed at, please mark it with an “X.”)

St. George Regional Hospital (St. George, UT)

McKay Dee Hospital (Ogden, UT)

Primary Children’s Hospital (Salt Lake City, UT)

Utah Valley Hospital (Provo, UT)

Primary Children’s Hospital Miller Campus (Lehi, UT)

Please review this list in detail and make sure each part is included and complete before turning in your application. (**Incomplete applications will not be reviewed**):

Practicum Face Sheet

Practicum Application

Practicum Questionnaire

Unofficial College or University transcript(s) from ALL institutions attended.

Completed courses related to child development and child life must be highlighted on transcripts.

Fifteen credit hours related to child development and child life are required to be considered for practicum.

Proof of cumulative GPA of at least a 3.0

Two letters of recommendation or Intermountain Child Life Recommendation forms from direct supervisors, other professionals or academic professors who have first-hand knowledge of your work with children and families. **Letters or recommendation forms must be completed and signed then enclosed in a sealed envelope and signed by the author across the back flap, or sent directly from recommender via email to childlife.practicum@imail.org, with student’s name in the subject line.**

Recommendation letters need to be printed on professional letterhead.

Professional Resume

Verification of 50 hours worked with children and families, preferably in a hospital setting.

This should be printed on a professional letterhead and signed by the direct supervisor(s) or completed on the Intermountain Child Life Recommendation Form.

Verification of all hours listed on application. Documented on Intermountain Child life.

Recommendation form or in letter of recommendation.

I understand it is the sole responsibility of the applicant to confirm receipt of the application packet. I understand if my application packet is incomplete or the instructions not followed, I will not be considered for the practicum program.

Signature: _____ Date: _____

Intermountain Health Practicum Programs follow the Association for Child Life Professionals (ACLP) internship application deadlines. Deadlines are found at the bottom of the page at this link [Clinical Internship \(childlife.org\)](http://Clinical Internship (childlife.org)) for current deadline dates.

You only need to complete one application for all Intermountain Hospital locations that have child life programs:

- Applicants send **one** application for all hospitals via email or mail to Primary Children's Hospital.
- Applications are reviewed and graded.
- The committee determines who they would like to interview and offers interviews.
- The committee will determine how many students to take, and where to place students based on student's preference, best fit, and staff availability.

Please send or email your application to:

Primary Children's Hospital
Family Support Services
Child Life Practicum Program
Attn: Sheri Bothell
100 N. Mario Capecchi Drive
Salt Lake City, UT 8413-1103
Childlife.pacticum@imail.org

If accepted to an Intermountain Health Practicum Program, the student must be enrolled in a university or college that Intermountain Health has an affiliation with. The student must be enrolled in a college class during practicum. Please check with your academic advisor for different course options and requirements.

****Please note that the student practicum experiences do not create any employment relationship and may be terminated by Intermountain at any time for any reason in Intermountain's sole discretion.*

Application for Child Life Pre-Internship Practicum



Name: _____ Date: _____

Current Address: _____

Phone: _____ Email: _____

Permanent address: (leave blank if same as above) _____

Emergency contact person: _____

Contact phone: _____ Relationship: _____

University or college where you are currently enrolled: _____

Year in School: _____ Expected Graduation Date: _____

School Advisor's name: _____ Phone: _____

Starting with current university or college fill out form:

Institution	Location	Major	Dates Attended	Graduation Date	Degree	Credits Completed	GPA

List your recent experiences working with children. Please include the site name, age of the children worked with, your responsibilities and number of hours completed and type of experience. **All experiences listed below must have a completed Intermountain Child Life Recommendation Form or letter of recommendation with the hours verified.**

Site Name	Ages of children	Title and Responsibilities	Hours completed	Type of experience
				Children in a healthcare setting Physically well children Children with special needs Children in a stressful environment
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Intermountain Health Child Life Practicum Child Life Relevant Coursework List

(All courses must be found highlighted on unofficial transcripts)

Course Number and Title	Where	Year	Semester	Grade
<i>(i.e., Child Development 101)</i>	<i>University of Utah</i>	<i>2014</i>	<i>Spring</i>	<i>A</i>

Child Life Practicum Program Questionnaire

- Briefly describe your reasons for wanting to complete a child life pre-internship practicum.

- Give an example of a creative activity you have used to help a child cope with a difficult situation?

- Who is your favorite developmental theorist and why?

- What qualities do you possess that make you the right fit for Intermountain Health Child life pre-internship practicum program?

5. On your path to becoming a child life specialist, many people will ask you what a child life specialist is. How would you describe the role of a child life specialist to someone who is unfamiliar with it?

6. How do you define therapeutic play? Share an example of when you used therapeutic play with a child.

7. What aspects of working with children do you feel like you could use some growth in? (please share an example)

8. Share an example of a successful collaboration you have had with other professionals to address the needs of a child.

9. Share an experience or opportunity that has helped you prepare for the child life pre-internship practicum.

Due to staffing and schedules, we will not always be able to accommodate your ideal hours. However, we will do our best to work with your schedule. To help us, please provide the following information:

10. What other obligations will you have during your practicum? (work, school, etc.)

11. What days and times are you available to fulfill your practicum hours?