

# Application for Child Life Practicum



## Program Face Sheet

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 an "X".)

- Dixie Regional Hospital (St. George, UT)
- McKay Dee Hospital (Ogden, UT)
- Primary Children's Hospital (Salt Lake City, UT)
- Utah Valley Hospital (Provo, UT)

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

- Practicum Face Sheet
- Practicum Application
- Practicum Questionnaire
- Unofficial College or University transcript(s) from ALL institutions
- Completed courses related to child development and child life, must be highlighted on transcripts.
- 15 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 form from direct supervisors, other professionals or academic professors who have first-hand knowledge of your work with children and families. Each letter needs to be printed on professional letterhead, forms must be completed and signed then enclosed in a sealed envelope, and signed by the author across the back flap or sent via email to [childlife.practicum@imail.org](mailto:childlife.practicum@imail.org) with students name in the subject line.
- Professional Resume
- Verification of 50 hours worked with children and families, preferably in a hospital setting. This should be printed on professional letterhead and signed by the direct supervisor(s) or completed on the Intermountain Child Life Recommendation Form.
- Verification of all hours documented on Intermountain Child life Recommendation form.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Intermountain Healthcare Practicum Programs follow the Association for Child Life Professionals (ACLP) application deadlines see deadlines at please check

<https://www.childlife.org/resources/for-educators-internship-coordinators/internship-deadlines> for current deadline dates.

## **You only need to complete one application for all hospital locations:**

- Applicants send **one** application for all hospitals via email or mail to Primary Children's Hospital
- Applications are scanned and sent to all sites to review
- Committee determines who they'd like to interview and offers interviews
- Committee will determine 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](mailto:Childlife.pacticum@imail.org)

If accepted to an Intermountain Healthcare Practicum Program, student must be enrolled in a university or college and be registered to receive credit. It is the student's responsibility to arrange this through an academic advisor given that each university has different course options and requirements. An affiliation must be completed between the school and Intermountain Healthcare. If an affiliation cannot be reached the student will not be able to complete practicum.

*\*\*\* 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 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 three most 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 as verification of hours.

Site Name	Ages of children	Responsibilities	Hours completed	Type of experience
				Physically well children Children in healthcare Children with special needs or stress related environment
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Intermountain Health Care 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**

1. Briefly describe your reasons for wanting to work with hospitalized children.
  
  
  
  
  
  
  
  
  
  
2. What aspects of working with children do you need to improve on? (Please give an example.)

3. What qualities do you possess that make you the right fit for child life?

4. What do you expect to gain from the practicum experience?

5. What steps are you planning to take to become a Certified Child Life Specialist?

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. The practicum student chosen is expected to be flexible. To help us, please provide the following information:

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

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