



Child Life Student Program Practicum Application

Name _____ Date _____

Address _____

Phone Number / Email _____

Emergency Contact / Phone Number _____

Applying for Practicum for: _____ Semester _____ Year _____

University _____

Major: _____ Minor: _____

Name of Child Life Academic Program
Director _____

Address/Phone Number/Email _____

Please Type the Following Responses and Attach to Application

1. List your skills/ interests / abilities.
2. Name any community and campus activities or involvement.
3. List and describe all previous experience working with children in healthcare and nonhealthcare settings (include institution, supervisors name, position held, dates worked and total number of hours).
4. List Child Life Relevant Coursework taken and identify all courses taught by a Certified Child Life Specialist. (Association of Child Life Professional's coursework review is accepted)

Essays (Approximate 200 Words/Each)

1. Briefly describe the ways in which the work of a Child Life Specialist contributes to the healthcare experience of a child and his/her family.
2. What are your expectations for Practicum?
3. What do you feel you can offer to the program?

Signature: _____ Date: _____



Practicum

Child Life Application Checklist

- Completed, signed application and application checklist
- Attached typed responses and essays

Scheduling Deadlines

Placement	Application Deadlines	Offer Deadlines	Acceptance Deadlines
Fall	March 15th	1 st Tuesday of May	Following Wednesday
Winter/Spring	September 7	2 nd Tuesday of October	Following Wednesday
Summer	January 5	2 nd Tuesday of February	Following Wednesday

I have read and am aware of Akron Children's Hospital's Child Life Practicum eligibility requirements. I acknowledge my understanding that only qualified applicants will be contacted to schedule an interview.

Signature: _____ Date: _____

**Please email completed Practicum Application to:
childlifestudents@akronchildrens.org**

Revised August 1, 2023