

Child Life Practicum Application at Children's Healthcare of Atlanta



Thank you for your interest in our child life practicum program. For those interested in becoming a certified child life specialist, a practicum is an observation experience open to individuals preparing for a child life internship. A practicum provides the student an opportunity to increase familiarity with the child life profession and children's experiences and reactions to hospitalization. Observation experiences, supervised participation, and assignments encourage the development of communication skills with individuals and groups, foster a supportive environment to integrate theory with clinical practice, and provide experience with planning and implementing normative and therapeutic activities.

Practicum Eligibility Requirements:

- Applicants are required to have completed a core curriculum with a minimum of junior level college coursework (i.e., at least 60 hours), including child development, theories of child development, etc.
- Applicants must have a GPA of 3.0 or above on a 4.0 scale for completed college level coursework
- Applicants must have completed 100 hours of verifiable fieldwork experience with children in a structured environment (i.e., child development center, daycare, preschool, camp, etc.). Volunteer experience with hospitalized children is strongly recommended.
- Applicants must be able to commit to two 6-hour shifts per week (a minimum of 180 hours) over the course of 15 weeks. Students are expected to be available during regular business hours. Certain individual rotations may require a practicum student to work some evenings/weekends. Schedules vary depending on supervisor schedules.

Individuals meeting the minimum entrance requirements may submit an application. Applications not containing the components listed below will be considered incomplete. Applications must be postmarked on or before the application deadline in order to be considered. **INCOMPLETE AND LATE APPLICATIONS WILL NOT BE REVIEWED.** To confirm receipt of your application, use an expedited, traceable mail service or the postal service's delivery confirmation. Application is not a guarantee of interview or acceptance. A limited number of students are accepted each semester.

The deadlines for the winter/spring and summer practicum are as follows:

Semester of Practicum:	Application Deadline:	Application Review / Interviews:	Applicant Offer By:	Applicant Acceptance By:
Winter/Spring	October 1 st	October-November	4 th Tuesday of November	By 5:00 PM Next Business Day
Summer	February 1 st	February-March	4 th Tuesday of March	By 5:00 PM Next Business Day

In the event the application deadline falls on a holiday or a weekend, the next business day will become the deadline.

All questions should be submitted to: ChildLifeStudents@choa.org.

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Child Life Practicum Application Checklist

Please submit application by mail to:

Children's Healthcare of Atlanta at Scottish Rite
Attn: Katie Scarlett, CCLS
Family Services Suite - Child Life Department
1001 Johnson Ferry Road NE
Atlanta, GA 30342

Please complete the following in its entirety and submit in a single mailing envelope in order to be considered for an interview for our child life practicum:

- _____ Completed application postmarked by October 1st (winter/spring) or February 1 (summer)
- _____ Practicum Questionnaire
- _____ Transcripts from all universities attended (Unofficial transcripts are accepted)
- _____ Current resume
- _____ Fieldwork Experience Verification Form (minimum of 100 hours)
- _____ Child Life Relevant Coursework List
- _____ 2 Student Reference Forms (attached; *Professional references ONLY*). Forms must be sealed and signed on outside perforation of envelope by reference and included in your application packet.
- _____ Administrative Processing Fee \$15 (checks made payable to Children's Healthcare of Atlanta)

By signing, I agree that I have reviewed and met the application requirements. I am submitting the required documentation to be considered for the child life practicum program at Children's Healthcare of Atlanta.

Applicant Signature: _____ Date: _____

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Which semester are you applying for? _____

Personal Information

Name: _____

Current Address: _____

Permanent Address: _____

Day Phone: _____ Evening Phone: _____

E-mail address: _____

Emergency Contact

Emergency Contact: _____

Relationship: _____

Address: _____

Day Phone: _____ Evening Phone: _____

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Academic Information

Academic Institution: _____

Location: _____

Major: _____

Degree: _____

Expected graduation date: _____

Cumulative GPA: _____ Major GPA: _____

Academic Institution: _____

Location: _____

Major: _____

Degree: _____

Expected graduation date: _____

Cumulative GPA: _____ Major GPA: _____

If you will be receiving academic credit for your practicum, please provide the contact information for your university affiliated contact person:

Name/Title: _____

University: _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____

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Questionnaire

Please limit your responses to 200 words

1. Tell us about your child life journey thus far. How did you become aware of the profession and what excites you most about the field?

2. Based on your understanding of the child life profession, what do you believe are the foundational elements of child life services?

3. Describe a time you used play to support the needs of a child.

4. What are your goals for a child life practicum?

5. What strengths would you bring to a child life practicum?

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Fieldwork Experience Verification Form

This form is to be completed by all places from which you are submitting supervised hours working with children.

I confirm that (applicant) _____ has
completed _____ hours at (Institution) _____ in
(location) _____ working with:

(Type of experience--check one)

_____ Working with children who are physically well

_____ Working with children in a healthcare or stress-related environment

_____ Working with children with special needs

The applicant's experience consisted of the following experiences (include typical types of interactions with children):

Dates of Experience: _____

Printed Name: _____

Signature/Credentials: _____

Title: _____

Phone Number: _____ E-mail: _____

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Child Life Relevant Coursework List

All courses listed must be present on transcripts

Course number and Title <i>(i.e., Child Development)</i>	Where <i>University of Georgia</i>	Year <i>2010</i>	Term <i>Spring</i>	Grade <i>A</i>

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Student Reference Form

Applicant Name: _____ Date: _____

Reference Name: _____ Relationship to Applicant: _____

Phone Number: _____ E-mail: _____

May we contact you for further information (circle one)? Y/N How long have you known the applicant? _____

In what context? _____

The above individual has applied for acceptance into the child life practicum student program at Children's Healthcare of Atlanta. **Please evaluate this individual in the following areas:**

	Weak	Below Average	Average	Above Average	Outstanding
1. Maturity					
2. Problem solving skills					
3. Ability to accept feedback & constructive criticism					
4. Functions responsibly & independently					
5. Motivation to learn					
6. Interpersonal skills: <i>with Adults</i>					
<i>with Children</i>					
7. Communication skills: <i>with Adults</i>					
<i>with Children</i>					
8. Displays motivation & initiative					
9. Is adaptable/flexible					
10. Is punctual, prompt, & reliable					

Please share with us why you are recommending this individual. How do you feel they will contribute to the child life field?

Please return recommendation form to the applicant to be included in completed application packet for consideration. Form must be placed in a sealed envelope and signed on outside perforation.