

Child Life Practicum Application at Children’s Healthcare of Atlanta



Thank you for your interest in our Child Life Practicum Program at Children’s Healthcare of Atlanta. The Child Life Practicum Program is designed as an introductory experience for individuals interested in becoming a Certified Child Life Specialist and who have academic training in the fields of child life, child development, psychology or a related discipline.

Our practicum program is part time for 15 weeks, totaling appropriately 180 hours. Students will rotate through two primary units in our hospital system and experience a variety of learning opportunities such as observational experiences, supervised participation, and intentional assignments. Students will gain experience introducing child life services, developing communication skills with children in a group and individual setting, and planning and implementing normative and therapeutic activities.

Practicum Eligibility Requirements:

To be eligible for this program, applicants must meet the following requirements:

- Completed a core curriculum with a minimum of junior level college coursework (minimum 60 hours). Candidates must have completed at least 4 out of the 10 required courses for exam eligibility. Please refer to the ACLP’s [Academic Eligibility Requirement](#) for pre-approved courses.
- Completed a total of 100 hours of experience with children in a structured environment (e.g., child development center, daycare, preschool, camp, etc.). Volunteer experience with hospitalized children is encouraged.
- Applicants must be able to commit to two 6-hour shifts per week over the course of 15 weeks (a minimum of 180 hours). 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.

How to Apply

To apply for the Child Life Practicum, complete this application and email your completed application to ChildLifePracticum@choa.org. Please include your name and session you are applying for in the subject line. (Example: Jane Doe – Summer 2023)

All applications must be received by the deadline at 11:59pm to be considered. Please note, application is not a guarantee of interview or acceptance. A limited number of students will be accepted each semester. The number of students accepted varies each semester due to the number of applicants and supervisor availability.

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

Practicum Session:	Application Deadlines:	Application Review and Interviews:	Applicant Offer By:	Applicant Acceptance By:
Winter/Spring	September 15 th	September - October	1 st Wednesday of November	Next Business Day
Summer	January 15 th	January - February	1 st Wednesday of March	Next Business Day

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Child Life Practicum Application Checklist

Please complete the following in its entirety to be considered for an interview for our child life practicum. Hand written applications will not be reviewed.

- Completed application
 - Applicant Information
 - Academic Information
 - Child Life Relevant Coursework List
 - Experiences
 - Essay Questions
 - Reference Contact Information

- Unofficial transcripts (include undergraduate and graduate)

- Signed Application Checklist

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. I understand if my application is incomplete, I will not be considered for the practicum program.

Applicant Signature: [Click or tap here to enter text.](#)

Date: [Click or tap here to enter text.](#)

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Applicant Information

Please select the semester you are applying for:

Spring

Summer

Personal Information

Student Name: Click or tap here to enter text.

Preferred Pronouns: Click or tap here to enter text.

Address: Click or tap here to enter text.

Phone Number: Click or tap here to enter text.

E-mail address: Click or tap here to enter text.

Emergency Contact

Name: Click or tap here to enter text.

Relationship: Click or tap here to enter text.

Phone Number: Click or tap here to enter text.

Name: Click or tap here to enter text.

Relationship: Click or tap here to enter text.

Phone Number: Click or tap here to enter text.

Academic Information

Name of School/Institution currently associated with:

Click or tap here to enter text.

Major: Click or tap here to enter text.

Degree: Click or tap here to enter text.

Cumulative GPA: Click or tap here to enter text.

Major GPA: Click or tap here to enter text.

Expected Graduation: Click or tap here to enter text.

Additional Academic Experience:

Click or tap here to enter text.

Major: Click or tap here to enter text.

Degree: Click or tap here to enter text.

Cumulative GPA: Click or tap here to enter text.

Major GPA: Click or tap here to enter text.

Expected Graduation: Click or tap here to enter text.

Will you be affiliated with a university during your practicum? Yes No

If yes, please provide the contact information for your university affiliated contact person.

University Supervisor/Advisor Name: Click or tap here to enter text.

University Name: Click or tap here to enter text.

Office Phone: Click or tap here to enter text.

E-mail: Click or tap here to enter text.

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Child Life Relevant Coursework List

All courses listed must be present on transcripts. Please refer to the ACLP’s [Academic Eligibility Requirement](#) for pre-approved courses.

Course Title	Academic Institution	Semester	Year	Grade
<i>Example: Child Development</i>	<i>University of Georgia</i>	<i>Spring</i>	<i>2020</i>	<i>A</i>
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

Documentation of Experience

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Please share four experiences

below that highlight your work with children and their families. Limit description of role/responsibilities to 50 words.

Name of site: Click or tap here to enter text. Dates: Click or tap here to enter text.
Role: Click or tap here to enter text. Total Hours: Click or tap here to enter text.
Description of setting: Click or tap here to enter text.
Description of role/responsibilities: Click or tap here to enter text.

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Questionnaire

Please respond to the following questions. Limit your responses to 200 words.

1. Tell us about your journey to become a Child Life Specialist so far. What excites you most about the field?

Click or tap here to enter text.

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

Click or tap here to enter text.

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

Click or tap here to enter text.

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

Click or tap here to enter text.

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

Click or tap here to enter text.

6. What have you done to prepare yourself for this practicum?

Click or tap here to enter text.

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Student References

Please list two references who have observed your work with children and/or their families.

Reference #1

Reference Name: Click or tap here to enter text.

Relationship to Applicant: Click or tap here to enter text.

Phone Number: Click or tap here to enter text.

E-mail: Click or tap here to enter text.

How long have you known this reference? Click or tap here to enter text.

Reference #2

Reference Name: Click or tap here to enter text.

Relationship to Applicant: Click or tap here to enter text.

Phone Number: Click or tap here to enter text.

E-mail: Click or tap here to enter text.

How long have you known this reference? Click or tap here to enter text.