Child Life Department  
Practicum Student Program

For those interested in becoming a certified child life specialist, a practicum is an observation experience open to those individuals preparing for a Child Life internship. A practicum provides the student an opportunity to become familiar with Child Life services and children's reactions to hospitalization. Observation experiences and assignments encourage the development of communication skills with individuals and groups, provide a supportive environment to integrate theory with clinical practice and enhance the student's experience with planning and implementing normative and therapeutic activities.

Eligibility Requirements:

- Practicum applicants are required to have completed a core curriculum with a minimum of junior level college coursework (i.e., completed 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 a total of 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 a minimum of 180 hours of observation in the hospital over the course of one semester (Tuesdays & Thursdays). Students are expected to be available for child life practicum during regular business hours. Certain individual rotations may require a practicum student to work some evenings/weekends.

*Individuals meeting the minimum entrance requirements may submit an application to the Practicum Committee. Applications not containing the following components will be considered incomplete. 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.

Please complete the following in its entirety and submit in a single mailing envelope in order to be considered for an interview for our Spring Child Life Practicum:

- Completed Practicum Application postmarked by September 19th (fall) or February 1 (summer)
- Practicum Questionnaire
- Transcripts from all universities attended (official transcripts only--no photocopies, e-mail, or opened copies)
- Current resume
- Fieldwork Experience Verification Form (total of 100 hours)
- Child Life Relevant Coursework List
- 3 Child Life Student Reference Forms (attached)—No family members please. These 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)

Signature: _________________________________ Date: ____________________
Child Life Department
Practicum Student Program
Application for Spring Semester

Personal Information

Name: ___________________________________________________________________________________

Current Address: __________________________________________________________________________

_________________________________________________________________________________________

Permanent Address: ________________________________________________________________________

_________________________________________________________________________________________

Day Phone: ____________________________ Evening Phone: ________________________________

E-mail address: ___________________________________________________________________________

Emergency Contact

Emergency Contact: _________________________________________________________________________

Relationship: ______________________________________________________________________________

Address: ___________________________________________________________________________________

_________________________________________________________________________________________

Day Phone: ____________________________ Evening Phone: ________________________________
**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: ______________________________________________________________________
Child Life Department
Practicum Student Program
Questionnaire

Please answer the following questions and limit your answers to 200 words:

1. How did you learn about the child life profession and what interests you most about this field?

2. There are many places where you can work with children. What reasons do you have for wanting to do your practicum at Children’s Healthcare of Atlanta?

3. What are your expectations for a child life practicum?

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

5. What are your career goals?
Child Life Department
Practicum Student Program
Fieldwork Experience Verification Form
(Applicant: 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 (list typical types of interactions with children):

________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________

Dates of Experience: _______________________________________________________________________________

Signature/Credentials: _____________________________________________________________________________

Printed Name: ____________________________________________________________________________________

Title: ___________________________________________________________________________________________

Phone Number: ________________________________ E-mail: __________________________________________
Child Life Department
Practicum Student Program

Child Life Relevant Coursework List
(All courses listed must be present on official transcripts)

<table>
<thead>
<tr>
<th>Course number and Title</th>
<th>Where</th>
<th>Year</th>
<th>Term</th>
<th>Grade</th>
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<tbody>
<tr>
<td>(i.e., Child Development)</td>
<td>University of Georgia</td>
<td>2010</td>
<td>Spring</td>
<td>A</td>
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Child Life Department
Practicum Student Program
Student Reference Form

Applicant Name: __________________________________________       Date: _______________________

Your Name: ______________________________________________  Relationship to Applicant: ________________

How long have you known the applicant? ______________________

In what context? _________________________________________________________________________________

May we contact you for further information? Yes   No

Phone Number: ____________________________  E-mail: _________________________________________

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:

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<thead>
<tr>
<th></th>
<th>Weak</th>
<th>Below Average</th>
<th>Average</th>
<th>Above Average</th>
<th>Outstanding</th>
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</thead>
<tbody>
<tr>
<td>1. Maturity</td>
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<td>2. Problem solving skills</td>
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<td>3. Ability to accept feedback &amp; constructive criticism</td>
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<td>4. Functions responsibly &amp; independently</td>
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<td>5. Motivation to learn</td>
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<td>6. Interpersonal skills: Adults</td>
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<td>7. Communication skills: Adults</td>
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<td>8. Displays motivation &amp; initiative</td>
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<td>9. Is adaptable/flexible</td>
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<td>10. Is punctual, prompt, &amp; reliable</td>
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Please share with us why you are recommending this individual. What contributions do you feel they will make to the field of Child Life?

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.
Child Life Department
Practicum Student Program

Important Information

Applications must be postmarked between August 1st and September 19th to be considered for the following spring semester. All application packets are reviewed thoroughly. **Incomplete and late applications will not be considered.** Top candidates will be contacted by telephone to arrange an interview. An e-mail will be sent to those applicants who do not meet the requirements.

The deadlines for the spring practicum are as follows:

<table>
<thead>
<tr>
<th>Semester of Practicum</th>
<th>Application Deadline</th>
<th>Application Review/Interviews</th>
<th>Applicant Offer By:</th>
<th>Applicant Acceptance By:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spring</td>
<td>September 19th</td>
<td>September-October</td>
<td>4th Tuesday of October</td>
<td>By 5:00 PM Next Business Day</td>
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<tr>
<td>Summer</td>
<td>February 1st</td>
<td>February-March</td>
<td>4th Tuesday of March</td>
<td>By 5:00 PM Next Business Day</td>
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*In the event that the application deadline falls on a holiday or a weekend, the next business day will become the deadline.*

Please return to:

Children’s Healthcare of Atlanta
Child Life Department-Egleston Campus
Practicum Program
Attn: Amy Hood, MS, CCLS
1405 Clifton Road NE
Atlanta, GA 30322

Thank you for your interest in our program. We look forward to hearing from you. Should you have any questions, please contact the Child Life Practicum Committee at Amy.hood@choa.org.