



Texas Association of **Child Life** Professionals

Common Child Life Practicum Application

Please complete the following application fully. Incomplete application packets will not be considered.

Name: _____

Semester: Fall Spring Summer

Current address: _____

Primary phone: _____ **Other phone:** _____

Email: _____

Permanent address: _____
(leave blank if same as above) _____

Emergency contact person: _____

Contact phone: _____ **Relationship:** _____

College Education:

Institution	Location	Major	Degree	GPA	Graduation Date

Required Courses (these are 3 out of the 10 ACLP required courses for [Academic Eligibility](#))

Name of course	Institution	Semester Term
Play course:		
Child Development course:		
Child Life course:		

Tell us about your experience interacting with well children and their families.

Name of site and location	Dates	Total hours
<i>Description</i>		
Name of site and location	Dates	Total hours
<i>Description</i>		
Name of site and location	Dates	Total hours
<i>Description</i>		

Tell us about your experience interacting with children and families experiencing hospitalization, crisis, developmental disabilities, and/or stress.

Name of site and location	Dates	Total hours
<i>Description</i>		
Name of site and location	Dates	Total hours
<i>Description</i>		
Name of site and location	Dates	Total hours
<i>Description</i>		

Essays: Please respond to the following questions. Limit each response to 200 words.

1. Explain your understanding of the role of a child life specialist in the healthcare setting.

2. Explain how you became interested in the role of child life.

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

Essays: Please respond to the following questions. Limit each response to 200 words.

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

5. What do you expect to gain from the practicum experience? Please state 2-3 goals.

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

Application checklist

*Submit completed application based on **individual hospital requirements****

Completed and Signed Application

Question responses

Professional résumé

Transcripts*

Reference forms*

I verify that the information provided is complete and truthful to the best of my knowledge. I understand that it is the sole responsibility of me, as the applicant, to confirm the receipt of the application packet. I agree that if an application packet is incomplete, I will not be considered for the practicum program.

Date

Signature of applicant