



Common Child Life Practicum Application

Before completing the Common Child Life Practicum Application, please read the following tips and instructions.

- **Download the Common Child Life Practicum Application and save as a PDF before inputting information. It is not possible to complete the application through a web browser.**
- All practicum applicants are responsible for contacting each program they plan to apply for to find out whether the Common Child Life Practicum Application is accepted.
- Depending on the program(s) they plan to apply for, practicum applicants may need to submit additional materials with their application (e.g., transcripts, letters of recommendation, additional essay questions, etc.).
- There is a Common Reference Form on page 9. Practicum applicants should contact the programs they plan to apply for to find out whether this form is accepted
- There is a Confirmation of Course In-Progress Form 11. Practicum applicants should contact the programs to which they plan to apply to find out whether these forms are accepted.
- Practicum applicants must submit their applications directly to the practicum programs either as a hard copy sent through the U.S. mail or another carrier, through an online portal, or as an email attachment. Practicum candidates should contact the programs to determine the appropriate method for submission.
- Applications should **not** be mailed to SACLP. All applications should be submitted directly to the appropriate practicum locations. Applications mailed to SACLP will not be returned or forwarded.



First Name _____ Last Name _____

Application Checklist Review

*Submit completed application based on individual hospital requirements**

- Completed and Signed Application
- Common Reference Form and/or reference letters*
- Professional résumé
- Transcripts*
- Attachment of additional application materials as required by each program

I verify that the information provided is complete and truthful to the best of my knowledge. I understand that 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.

Signature: _____ **Date:** _____

REMINDER : Applicants must check with EACH practicum program to verify that practicum eligibility requirements are met and to determine whether additional items are required to be submitted with this application form.

Examples of additional requirements that MAY be required include, but are not limited to:

- A completed background check form
- Completion of additional essay questions or exercises
- Official documentation of volunteer hours
- Course In-Progress forms
- Specific number and type of reference letters

SUBMITTING YOUR APPLICATION:

Please contact individual programs for their direct application submission process.

Applications should be postmarked by SACLP's Recommended Practicum Deadline Date for the specific practicum session in which you are applying. Please note that some sites may follow other guidelines; please contact each program to confirm their individual requirements.



Semester

Fall

Spring

Summer

Personal Information

Last Name

First Name

(M.I.)

Present Phone

Permanent Phone

Email Address

Present Address

Permanent Address

City State/Province Zip Code Country City State/Province Zip Code Country

Emergency Contact

In case of emergency, notify:

Name

Relationship

Address

Home Phone

Work Phone

City

State/Province

Zip Code

Country

Application Category

University-affiliated (Practicum hours will count toward course credit.)

Independent (Practicum hours will NOT count towards course credit. **Please note:** Some child life practicum programs DO NOT ACCEPT independent practicum students.)

If University-affiliated:

University Supervisor/Advisor Name

Email Address

Phone

University Name

University Department Address

Professional Memberships:

Please list any professional memberships.



Academic Information

College/University Name _____ City, State/Province _____

_____ to _____
 Dates Attended (mm/year) Graduate Date (mm/year) Major _____

Level (check one): Bachelor's Master's
 _____ GPA Cum _____ GPA in Major _____

ACLP Endorsed Academic Program

College/University Name _____ City, State/Province _____

_____ to _____
 Dates Attended (mm/year) Graduate Date (mm/year) Major _____

Level (check one): Bachelor's Master's
 _____ GPA Cum _____ GPA in Major _____

ACLP Endorsed Academic Program

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

Play course:		
Name of Course:	Institution:	Semester Term:
Course Description:		

Child Development course:		
Name of Course:	Institution:	Semester Term:
Course Description:		

Child Life course:		
Name of Course:	Institution:	Semester Term:
Course Description:		



TOTAL HOURS with Well Infants, Children, Youth and/or Families:

Experience with Well Infants, Children, Youth and/or Families
(e.g., nanny, counselor, teacher)

Organization/Employer

Position Title (e.g., nanny, counselor, teacher)

_____ to _____
Dates (mm/year)

Hours/Week

of Weeks

Total Hours Completed

Briefly describe population and responsibilities (approx.. 100-word limit):

Organization/Employer

Position Title (e.g., nanny, counselor, teacher)

_____ to _____
Dates (mm/year)

Hours/Week

of Weeks

Total Hours Completed

Briefly describe population and responsibilities (approx.. 100-word limit):

Organization/Employer

Position Title (e.g., nanny, counselor, teacher)

_____ to _____
Dates (mm/year)

Hours/Week

of Weeks

Total Hours Completed

Briefly describe population and responsibilities (approx.. 100-word limit):

Organization/Employer

Position Title (e.g., nanny, counselor, teacher)

_____ to _____
Dates (mm/year)

Hours/Week

of Weeks

Total Hours Completed

Briefly describe population and responsibilities (approx.. 100-word limit):



TOTAL HOURS with Children and/or Families Experiencing Hospitalization, Crisis, Developmental Disabilities, and/or Stress:

Experience with Children and/or Families Experiencing Hospitalization, Crisis, Developmental Disabilities, and/or Stress

Organization/Employer

Position Title (e.g., nanny, counselor, teacher)

_____ to _____
Dates (mm/year)

Hours/Week

of Weeks

Total Hours Completed

Briefly describe population and responsibilities (approx.. 100-word limit):

Organization/Employer

Position Title (e.g., nanny, counselor, teacher)

_____ to _____
Dates (mm/year)

Hours/Week

of Weeks

Total Hours Completed

Briefly describe population and responsibilities (approx.. 100-word limit):

Organization/Employer

Position Title (e.g., nanny, counselor, teacher)

_____ to _____
Dates (mm/year)

Hours/Week

of Weeks

Total Hours Completed

Briefly describe population and responsibilities (approx.. 100-word limit):

Organization/Employer

Position Title (e.g., nanny, counselor, teacher)

_____ to _____
Dates (mm/year)

Hours/Week

of Weeks

Total Hours Completed

Briefly describe population and responsibilities (approx.. 100-word limit):



Essay Questions

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

1. Explain your understanding of the role of a child 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?



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.)?



Practicum Reference Form

Please complete the form below to be used as a reference for a student applying for a child life practicum. The practicum is an observation experience designed to prepare a student for more comprehensive training to become a Certified Child Life Specialist. We appreciate your honest and open feedback to help us choose the best candidates for our program.

Name of Applicant: _____

How long have you known the applicant? _____

In what context did you observe/interact with this applicant? Please select one of the following:

- | | |
|---|---|
| <input type="checkbox"/> Child Life Volunteer Supervisor | <input type="checkbox"/> Instructor/Professor |
| <input type="checkbox"/> Employer/Manager/Supervisor/Director | <input type="checkbox"/> School Advisor |
| <input type="checkbox"/> Other – please specify: | |

Have you directly supervised this applicant’s interactions with children? Yes No

Applicant Rating: Check the column of the rating that is most acceptable.

Skill/Trait Observed	Above Average	Average	Below Average	Not Observed
Child Development Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interactions with Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interactions with Adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Boundaries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical Thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Accept and Apply Feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Collaborate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rapport Building Skill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



What are three qualities or characteristics of this applicant that will help him or her to be a successful practicum student? (Feel free to provide a simple bulleted list.)

What are three areas of growth for this applicant? (Feel free to provide a simple bulleted list.)

I recommend this person for a Child Life Practicum position.

Yes

Yes, Somewhat

No

Please state any concerns (required if selected “yes, somewhat” or “no”).

Reference Signature: _____

Typed Name: _____

Institution/Organization Name: _____

City/State of Organization: _____

Email Address: _____

Phone Number: _____



Confirmation of Course In- Progress:

IMPORTANT NOTES for STUDENTS

- This form is intended to verify progress for the 3 required courses for the Southern Association of Child Life Professionals (SACLP) practicum application.
- Please check with each SACLP clinical site to verify whether this form is accepted.
- This form may NOT be used to establish eligibility for the certification exam. You must complete the ACLP Eligibility Assessment to fulfill this requirement for certification.
- Please see the most current ACLP Candidate Manual for a detailed list of the required courses necessary for eligibility.

Course Name: _____

Academic Institution: _____

Course Start Date: _____ End Date: _____ (Month/Day/Year)

Number of Credit Hours: _____

Please indicate which SACLP practicum course requirements this course will fulfill:

- Play course
- Child Development course
- Child Life course

This course is being taken at an academic institution that is endorsed by ACLP Yes No

-and/or-

This course has been pre-approved by ACLP for course eligibility Yes No

Student is currently in good academic standing in this course and is anticipated to pass this course. Yes No

Comments:

Student Name: _____

Instructor Name & Related Credentials (please print): _____

Instructor Signature: _____ Date: _____