Child Life Practicum Application Checklist

To be considered for a practicum, the following requirements must be met:

- University-affiliated (Refer to the list of accepted schools on our website)
- Completion of sophomore year with coursework in child life, child development, education, family studies, etc.
- Minimum 3.0 GPA
- Completed 25 hours of volunteer service with well infants, children and youth
- Completed 25 hours of volunteer service with infants, children, and youth in health care/medical settings
- Child Life Council membership

Application packet must include:

- Completed application and application questions (typed)
- Resume (1 page)
- Transcript(s)
- Two letters of recommendation; academic and professional
- Official documentation of volunteer hours with children
- Letter from academic supervisor noting academic requirements if applicable
- Completed state background check

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<th>Practicum Session</th>
<th>Application Deadline</th>
<th>Notification Deadline</th>
<th>Acceptance Deadline</th>
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<td>Summer</td>
<td>January 5</td>
<td>Second Tuesday of February</td>
<td>Following Wednesday</td>
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Complete application, attach required materials and return to:

Emily Ericson
Practicum Coordinator
Child Life Department, 5 Wolfson
Wolfson Children’s Hospital
800 Prudential Drive
Jacksonville, FL 32207
Child Life Practicum Application

PERSONAL INFORMATION

Full Name: ____________________________________________________________

Address: ________________________________________________________________

________________________________________________________________________

Phone: __________________________________________________________________

E-mail Address: __________________________________________________________

EDUCATION INFORMATION

University: ______________________________________________________________

University Address: ______________________________________________________

Academic Advisor: ________________________ Phone: ________________________

Major: _________________________________ GPA: ___________________________

Child Life Council membership number: ___________

Hours of experience with children: _______________

EMERGENCY CONTACT INFORMATION

Emergency contact: __________________________ Phone: ______________________

Relationship: ______________________________

I, the undersigned, certify that I have read, personally completed, and fully comprehend this application in its entirety, and the information herein provided is true and complete to the best of my ability. I understand that a successful applicant must meet the requirements of the position, which may include successful completion of phone interviews and onsite/video interviews.

Applicant Signature/Date: ________________________________________________
Child Life Practicum Application Questions

1. Describe how you became interested in child life.

2. What are your strengths and weaknesses in working with children?

3. Briefly describe what you think you will experience in this child life practicum and what situations may be difficult for you.

4. Based on child development theory, what do hospitalized children need the most?

5. What are three detailed professional developmental goals you hope to accomplish during your practicum experience?

6. How will Wolfson Children’s Hospital Child Life Practicum help you reach these professional goals?