

Child Life Practicum Application

Ann & Robert H. Lurie Children's Hospital of Chicago

A copy of this application and your resume must be emailed to childlifepracicum@luriechildrens.org by application deadline to be considered for placement.

PLEASE TYPE

Name _____ Phone (Day) _____

Address _____ City _____ State _____ Zip code _____

E-mail address _____

Academic Background (Minimum GPA of 3.0 for consideration)

University/College _____ Dates Attended (Month/Year): From _____ To _____

Major _____ Minor/Areas of Emphasis _____

Graduation Date _____ Degree Earned _____ GPA _____

University/College _____ Dates Attended (Month/Year): From _____ To _____

Major _____ Minor/Areas of Emphasis _____

Graduation Date _____ Degree Earned _____ GPA _____

Courses in Child Development, Child Life, Art Therapy, Expressive Therapies, Human Development, Psychology, Social Work, Sociology, Medical Terminology or Coursework related to Child Life role*
(Completed or in process of completion)

Course Title	Grade Earned
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____

*A copy of your transcript is required. (We accept both official and unofficial copies of transcripts)

Experience with Hospitalized Children

Hospital or Health Care Volunteer Experience* _____ Yes _____ No (If no, please continue to next section)

Did you work with a pediatric population? _____ Yes _____ No

Were you supervised by a Child Life Specialist? _____ Yes _____ No _____

If no, please specify supervisor's title) _____

Name of Institution _____ Department _____

City _____ State _____

Dates (Month/Year) From _____ To _____ Hours per week _____ Total hours _____

Briefly describe population and responsibilities _____

Volunteer Supervisor _____ Telephone number _____

*** Please attach a letter from your supervisor that includes a brief description of your experiences and hours completed.**

Experience with Children, Adolescents and Families

1. Name of Institution _____ Experience related to ____ work ____ school ____ volunteering

City _____ State _____ Position /Title _____

Dates (month/year) from _____ to _____ Hours per week _____ Total hours _____

Briefly describe population and responsibilities _____

Supervisor _____ Phone Number _____

2. Name of Institution _____ Experience related to ____ work ____ school ____ volunteering

City _____ State _____ Position/Title _____

Dates (month/year) from _____ to _____ Hours per week _____ Total hours _____

Briefly describe population and responsibilities _____

Supervisor _____ Phone Number _____

3. Name of Institution _____ Experience related to ____ work ____ school ____ volunteering

City _____ State _____ Position/Title _____

Dates (month/year) From _____ To _____ Hours per week _____ Total hours _____

Briefly describe population and responsibilities _____

Professional, School and Community Involvement

List organizations, events, conferences related to the field of Child Life that you are currently or recently involved in

References

Please provide three letters of reference in signed and sealed envelopes from a professional who has seen you interact with children and/or your work ethic, with at least one being from a hospital volunteer supervisor. All letters should be in signed and sealed envelopes and then included in your application packet. References can include professionals previously mentioned on this application.

Please write a short essay reflecting on your knowledge of the Child Life profession. Tell us what excites you most about the profession, and how your experiences prepared you for a practicum at Lurie Children's Hospital?

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

- A copy of all your transcripts (We accept both official and unofficial copies of transcripts)
- Your current resume
- This application form
- Three letters of reference in sealed and signed envelopes (1 of which should be from hospital volunteer supervisor if applicable)

I confirm that the information provided in the application is true to the best of my knowledge. I recognize if my application is incomplete or if I do not follow instructions listed, I will not be considered for placement. I further understand that any false statements on the application shall be sufficient cause for rejection for this practicum or immediate discharge when discovered. I hereby authorize my former supervisors and references to release information regarding my past experiences to assist this committee in determining my suitability for the practicum.

Applicant's signature _____ Date _____

Send completed application and refer any questions to:

Brittany Smith, MA, FLE, CCLS
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