Child Life Practicum Application
Ann & Robert H. Lurie Children's Hospital of Chicago

PLEASE TYPE

Name _____ Phone (Day) _____ (Evening) _____

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 or Related Medical Courses*
(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. (Does not have to be official)

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

Other professional?_____

Name of Institution _____Department _____

Address _____

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 Agency _____ Experience related to ___ work ___school ____ volunteering

Address _____ Position /Title_____

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

Briefly describe population and responsibilities

_____

_____

_____

Supervisor _____ Phone Number _____

2. Name of Agency _____

Experience related to ___ work ___school ____ volunteering

Address _____

Position/Title_____

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

Briefly describe population and responsibilities

_____

_____

_____

Supervisor _____ Phone Number _____

3. Name of Agency _____ Experience related to ___ work ___school ____ volunteering

Address _____

Position/Title_____

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

Briefly describe population and responsibilities

_____

_____

_____

Supervisor _____ Phone Number _____

Professional, School and Community Involvement

List organizations you are currently or recently involved in _____

_____

_____

References

Please provide two letters of reference in sealed and signed envelopes, including at least one from a professor and one from a professional who has seen you interact with children. References can include professionals previously mentioned on this application.

Please write a short essay reflecting on your knowledge of Child Life and relevant experiences.
What excites you most about the Child Life profession and how have your experiences prepared you for a practicum at Lurie
Children's?

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In order for your application to be considered, the following must be completed, and postmarked by September 5th for Spring Semester and March 15th for Fall Semester.

___ A copy of your transcripts

___ Verification of completion of 100 hrs. of volunteer work with hospitalized children.

___ Your current resume

___ Two letters of reference in sealed and signed envelopes

___ One letter of reference from volunteer supervisor in signed and sealed envelope

I confirm that the information provided in the application is true to the best of my knowledge. I further understand that any false statements on the application shall be sufficient cause for rejection for this internship 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 internship.

Applicant's signature _____ Date _____

Send completed application and refer any questions to:

Brittany Smith, MA, CCLS
Child Life Specialist
Transplant- GI- Kidney-Liver- Peds Surg—Urology-Trauma
Ann & Robert H. Lurie Children's Hospital of Chicago
225 East Chicago Avenue, Box 31, Chicago, Illinois 60611-2991

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