



Cincinnati Children's Hospital Medical Center  
Division of Child Life and Integrative Care  
Application for Practicum in Child Life

# Child Life Practicum Application

## *Additional enclosures:*

- Completed application *\*Typed application is preferred, handwritten applications must be legible*
- Resume
- One letter of recommendation in a sealed and initialed envelope or sent electronically from author
- Unofficial Transcript
- [Child Life Course Verification Form](#) – Signed by CCLS instructor
  - OR signed documentation of course in-progress & anticipated completion date
  - OR documentation of accredited academic program with child life course completed

## **Please submit application packet by mail to:**

Child life Education Specialist  
Child Life Department, MLC: 5003  
Cincinnati Children's Hospital Medical Center  
3333 Burnet Ave.  
Cincinnati, OH 45229-3039

All electronic communication and questions should be sent to: [CLICEducation@CCHMC.org](mailto:CLICEducation@CCHMC.org)  
Please include Child Life Practicum in subject field.



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Date: \_\_\_\_\_

\_\_\_\_\_  
 Last Name First Middle

\_\_\_\_\_  
 Permanent Address City State Zip Code

\_\_\_\_\_  
 Permanent Telephone Date of Birth (Month/Day/Year)

\_\_\_\_\_  
 Present Address City State Zip Code

( ) \_\_\_\_\_  
 Present Telephone E-mail address

\_\_\_\_\_  
 Current College/University Major

\_\_\_\_\_  
 Cumulative GPA Anticipated Graduation Date:

Will practicum be completed for academic credit? (*circle one*) yes/no

\_\_\_\_\_  
*If yes to above:* University Advisor (if applicable) Email Address

\_\_\_\_\_  
 Past College/University Major

\_\_\_\_\_  
 Years Attended Degree Earned



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Please submit answers to each of the following questions as part of your application.  
 (300 word max for each essay question #3-7 below)

1. Please list all completed academic classes relevant to the child life field and list all “in-progress” academic classes relevant to the child life field with expected completion date.
2. Please list **all** experience (*in order of highest to lowest total number of hours*) with children and families. Experience may be paid or volunteer and may be in a healthcare setting or with well children in the community. Include additional rows as needed to document your experiences.

Experience (institution/title)	Dates	Total hours completed	Supervisor

3. How did you first become interested or aware of the child life profession?
4. What have you done to prepare for this practicum? (pertinent employment, volunteer work, academic courses, life experience, self-guided study/inquiry)
5. What are your goals for participation in this program?
6. Given your learning/training thus far regarding the profession of child life, what factors can positively affect a child and family’s healthcare experience? What factors may lead to a negative or stressful healthcare experience?
7. Reflecting on yourself and your skills, abilities, personality and knowledge of the child life field, why do you think you would be successful in our practicum program? (add as intern interview question)