

# Child Life Practicum Application

Dear Prospective Child Life Practicum Student,

Thank you for expressing an interest in the Child Life Practicum Student experience at Connecticut Children's Medical Center. This program aligns with the Association of Child Life Professionals practicum standards for those interested in pursuing child life certification. We value students as a part of our team and look forward to sharing our knowledge of child life with you.

If selected to be a practicum student, you will be expected to be an active observer and learner within the child life department, provide valuable developmentally appropriate play experiences to children and families, and assist with special visitors and events. In return, you will walk away with a strong foundation in child life theory and practice.

Enclosed you will find an application packet containing the necessary forms to apply to the Child Life Practicum Student Program. Please submit your resume and complete the following forms, **emailing them to our office** according to the following schedule.

<b>Practicum Session:</b>	<b>Application Deadlines:</b>	<b>Offer Deadlines:</b>	<b>Acceptance Deadlines:</b>
Fall	May 5 <sup>th</sup>	4 <sup>th</sup> Tues. of June	4 <sup>th</sup> Wed. of June
Winter/Spring	October 5 <sup>th</sup>	4 <sup>th</sup> Tues. of Nov.	4 <sup>th</sup> Wed. of Nov.
Summer	February 5 <sup>th</sup>	4 <sup>th</sup> Tues. of March	4 <sup>th</sup> Wed. of March

Please email completed applications to [childlifepacticum@connecticutchildrens.org](mailto:childlifepacticum@connecticutchildrens.org). In the subject line, please write "Practicum Application" followed by your name. For example, "Practicum Application: Kelly Foy." **Only complete packets received by the deadline will be reviewed.**

Applicants will be notified of their status following review of applications. As our deadlines do not follow the ACLP internship deadlines, if you accept a practicum elsewhere prior to hearing from our program, we ask that you kindly email us to avoid taking the opportunity away from other candidates.

Please send an email to [childlifepacticum@connecticutchildrens.org](mailto:childlifepacticum@connecticutchildrens.org) with further questions.

Sincerely,

*Kelly Foy*

Kelly Foy, MS, CCLS  
Child Life Student Coordinator  
Child and Family Support Services, 5C  
Connecticut Children's Medical Center  
282 Washington Street  
Hartford, CT 06106



## Program Overview

**Time Commitment:**

28 hours/week (4 days) for 4 weeks

Total: 112 hours minimum

**Program Description:**

The Child Life Practicum Student Program at Connecticut Children's Medical Center adheres to the recommended guidelines and standards as outlined by the Association of Child Life Professionals. Specifically, as stated in Standard #5, "the child life practicum includes observation opportunities for students to explore the following theory and interventions related to child life practice:

- Child life assessments
- Developmental theory integration
- Therapeutic play interventions
- Rapport building

(<https://www.childlife.org/certification/students/practicum-students>)

**Role Expectations:**

Demonstrate the following personal/professional characteristics: punctuality, responsibility, enthusiasm, honesty, flexibility, maturity, motivation, dependability, independence, initiative, above average communication skills (orally and in writing), ability to accept constructive criticism and self-critique

To be an active observer of the day to day role and responsibilities of your site supervisor and shadow her during procedures/interventions as deemed appropriate by the CCLS

Maintain playroom and materials

Engage in group and bedside play

Assist members of the child life team with special events, visitors, and unit projects

## Program Requirements

During your practicum you will be expected to turn in weekly assignments as well as larger assignments during the experience.

### **Weekly:**

- Journal Submissions
- Activity plan submissions
- Patient assessment forms
- Procedure observation forms
- Assigned readings
- Bi-weekly meetings with supervisor

### **During Course of practicum:**

- Procedure observation checklist
- Developmental assessment
- One professional article critique
- Attendance to at least one educational in-service or continuing education opportunity

A midterm and final self-evaluation will be completed by you and your supervisor of your practicum student experience.

If you are completing your practicum for academic credit, you must submit any academic requirements to the student coordinator upon acceptance to the program. Discuss with your supervisor if they expect to be a part of the midterm and final evaluations and relay this information to your supervisor and the student coordinator.

## Child Life Practicum Application Requirements Checklist

- GPA of 3.0 or higher in major
- Child Development coursework
- Experience working with children in a variety of settings, particularly stressful situations
- Resume
- Transcript
- Recommendation Letters
- Application
- Essay Questions

### RESUME

Please include a resume that highlights your experiences. If known, please note the number of hours in each setting as well as the age groups worked with.

### ACADEMIC TRANSCRIPT(S):

Please include transcripts from all colleges, universities attended. Unofficial copies are acceptable. If accepted to our program, official transcripts will be required at that time.

### RECOMMENDATIONS:

Two (2) letters of recommendation from non-relatives commenting on your ability to work with children, children in crisis, and their families are required. Please have your references email their letters to [childlifepacticum@connecticutchildrens.org](mailto:childlifepacticum@connecticutchildrens.org) with your name and semester in the subject line. References must be received directly from the person writing the letter of recommendation. Letters provided by the candidate with other application materials will not be accepted.

## Submitting Your Application

All application materials must be emailed to [childlifepacticum@connecticutchildrens.org](mailto:childlifepacticum@connecticutchildrens.org). In the subject line, please write "Practicum Application" followed by your name. For example, "Practicum Application: Kelly Foy."

Applications received in the mail, incomplete applications, or applications received after the deadline will not be reviewed.

**By entering my name below, I certify that the foregoing statements are both correct and complete.**

Signature of applicant: \_\_\_\_\_

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

## Child Life Practicum Application

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

Semester: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email:

\_\_\_\_\_

**Please list your current:**

Institution:

\_\_\_\_\_

Major:

\_\_\_\_\_

Major GPA:

\_\_\_\_\_

Graduation Date:

\_\_\_\_\_

Child Development Classes:

\_\_\_\_\_

**If receiving academic credit, please list:**

Academic Supervisor:

\_\_\_\_\_

Phone Number:

\_\_\_\_\_

Email:

\_\_\_\_\_

## Experience Hours

Please complete the following table to document your experiences working with children and families. Each entry should include the name of setting, the number of hours you were there, the age groups that you worked with, and the type of setting it is considered (healthcare, stressful situations, well child).

Setting	Healthcare/ Stressful Situations/ Well Child	Ages Worked With	# of Hours

## Child Life Practicum Application Essay Questions

Please complete the following essays for consideration as a practicum student in the Child Life Department at Connecticut Children's Medical Center:

1. Tell us about your most meaningful experience working with children and families.
2. What is your understanding of how hospitalization affects children and adolescents and their families?
3. What do you perceive as being your strengths? What areas do you perceive as opportunities to improve in? Please provide a minimum of 2 examples for each.

4. What qualities can you bring to the field of children's health care through your student experience with us?

5. Please identify three (3) detailed professional goals for working with children and their families in a health care setting.

6. Please use this space to include any additional information that would support your candidacy as a student with the Child Life Program.

Thank you for completing this application. You will be hearing from us upon review.