

Common Child Life Internship Application

Before completing the Common Child Life Internship Application, please read the following tips and instructions.

- **Download the Common Child Life Internship Application and save as a PDF before inputting information. It is not possible to complete the application through a web browser.**
- All internship applicants are responsible for contacting each program they plan to apply for to find out whether the Common Child Life Internship Application is accepted.
- Depending on the program(s) they plan to apply for, internship applicants may need to submit additional materials with their application (e.g., transcripts, letters of recommendation, additional essay questions, etc.).
- In addition to completing the Common Internship Application, applicants should also include a Cover Letter. Applicants should make the cover letter specific for each site they are applying to. Include why they have chosen to apply for that internship site and what qualifies them for their internship program.
- There is a Common Recommendation Form located at the end of the Common Child Life Internship Application. Internship applicants should contact the programs they plan to apply for to find out whether this form is accepted. Please note that the first page of the recommendation form should be completed by the applicant prior to the recommender completing the form. The first page can be copied if the applicant is applying to more than four sites
- The Confirmation of Child Life Course In-Progress form, Additional Courses in Progress form, and the Confirmation of Child Life Practicum In-Progress form are located at the end of the Common Child Life Internship Application. Internship applicants should contact the programs to which they plan to apply to find out whether these forms are accepted.
- Internship applicants must submit their applications directly to the internship programs either as a hard copy sent through the U.S. mail or another carrier, through an online portal, or as an email attachment. Internship candidates should contact the programs to determine the appropriate method for submission.
- Applications should **not** be mailed to the ACLP office. All applications should be submitted directly to the appropriate internship locations. Applications mailed to the ACLP office will not be returned or forwarded.
- Any technical questions related to ACLP's Common Child Life Internship Application should be directed to resources@childlife.org.

First Name

Last Name

Application Checklist Review

Completed and Signed Application Form

Official ACLP Eligibility Assessment Report Attached

Common Recommendation form and/or reference letters

Cover Letter as specified on check list page of this application

Resume/Curriculum Vitae

Attachment of additional application materials as required by each program

I attest that the information in this application is true and accurate to the best of my knowledge.

Signature: _____ **Date:** _____

REMINDER: Applicants must check with EACH internship program to verify that internship eligibility requirements are met and to determine whether additional items are required to be submitted with this application form.

Examples of additional requirements that MAY be required include, but are not limited to:

- A completed background check form
- Completion of additional essay questions or exercises
- Official documentation of volunteer hours
- Specific number and type of reference letters

SUBMITTING YOUR APPLICATION:

Completed applications should be mailed **directly** to the internship programs to which you are applying. **DO NOT MAIL YOUR APPLICATION TO THE ASSOCIATION OF CHILD LIFE PROFESSIONALS OFFICE.** Please contact individual programs for their direct mailing information.

Applications should be postmarked by ACLP's Recommended Internship Deadline Date for the specific internship session in which you are applying. Please note that some sites may follow other guidelines; please contact each program to confirm their individual requirements.

Common Child Life Internship Application For Internship Session: _____

(Example: Fall 2015)

Personal Information

Last Name First Name (M.I.)

Present Phone Permanent Phone Email Address

Present Address Permanent Address

City State/Province Zip Code Country City State/Province Zip Code Country

Emergency Contact

In case of emergency, notify:

Name Relationship Address

Home Phone Work Phone City State/Province ZIP Code Country

Application Category

University-affiliated (Internship hours will count toward course credit.)

Independent (Internship hours will NOT count towards course credit. **Please note:** Some child life internship programs DO NOT ACCEPT independent interns.)

If University-affiliated:

University Supervisor/Advisor Name Email Address Phone

University Name University Department Address

Academic Information

(Note: Please list ALL colleges/universities attended. If additional space is necessary, please go to page 9.)

1. _____
College/University Name City, State/Province

to _____
Dates Attended (mm/year) Graduation Date (mm/year) Major

Level (check one): Bachelor's Master's

GPA Cum GPA in Major

ACLP Endorsed Academic Program

Common Child Life Internship Application For Internship Session: _____

TOTAL HOURS with Infants, Children, Youth and/or Families in Healthcare Settings: _____
(Include hours from any additional experiences on page 10.)

Experience with Infants, Children, Youth, and/or Families in Healthcare Settings
(e.g., volunteer, practicum student)

1. _____
Institution Position Title (e.g., volunteer, practicum student)

Supervisor's Name and Credentials Supervisor's Title May we contact?

_____ to _____
Dates (mm/year) Hours/Week # of Weeks Total Hours Completed Supervisor's Phone Yes No

Briefly describe population and responsibilities: (approx. 100-word limit)

2. _____
Institution Position Title (e.g., volunteer, practicum student)

Supervisor's Name and Credentials Supervisor's Title May we contact?

_____ to _____
Dates (mm/year) Hours/Week # of Weeks Total Hours Completed Supervisor's Phone Yes No

Briefly describe population and responsibilities: (approx. 100-word limit)

3. _____
Organization/Employer Position Title (e.g., nanny, counselor, teacher)

Supervisor's Name Supervisor's Title May we contact?

_____ to _____
Dates (mm/year) Hours/Week # of Weeks Total Hours Completed Supervisor's Phone Yes No

Briefly describe population and responsibilities: (approx. 100-word limit)

Common Child Life Internship Application
For Internship Session: _____

(Example: Fall 2015)

TOTAL HOURS with Infants, Children, Youth and/or Families in Stressful Situations: _____
(Include hours from any additional experiences on page 11.)

Experience with Infants, Children, Youth and/or Families in Stressful Situations
(e.g., camps for children with chronic illnesses, programs for children with special needs, advocacy programs, bereavement/hospice experiences)

1. _____
Organization/Employer _____ Position Title (e.g., volunteer, practicum student) _____

Supervisor's Name _____ Supervisor's Title _____ May we contact? _____

_____ to _____
Dates (mm/year) _____ Hours/Week _____ # of Weeks _____ Total Hours Completed _____ Supervisor's Phone _____ Yes No

Briefly describe population and responsibilities: (approx. 100-word limit)

2. _____
Organization/Employer _____ Position Title (e.g., volunteer, practicum student) _____

Supervisor's Name _____ Supervisor's Title _____ May we contact? _____

_____ to _____
Dates (mm/year) _____ Hours/Week _____ # of Weeks _____ Total Hours Completed _____ Supervisor's Phone _____ Yes No

Briefly describe population and responsibilities: (approx. 100-word limit)

3. _____
Organization/Employer _____ Position Title (e.g., volunteer, practicum student) _____

Supervisor's Name _____ Supervisor's Title _____ May we contact? _____

_____ to _____
Dates (mm/year) _____ Hours/Week _____ # of Weeks _____ Total Hours Completed _____ Supervisor's Phone _____ Yes No

Briefly describe population and responsibilities: (approx. 100-word limit)

Common Child Life Internship Application

For Internship Session: _____

(Example: Fall 2015)

TOTAL HOURS with Well Infants, Children, Youth and/or Families: _____
 (Include hours from any additional experiences on page 12)

Experience with Well Infants, Children, Youth, and/or Families
 (e.g., nanny, counselor, teacher)

1. _____
 Organization/Employer Position Title (e.g., nanny, counselor, teacher)

 Supervisor's Name Supervisor's Title May we contact?

_____to _____
 Dates (mm/year) Hours/Week # of Weeks Total Hours Completed Supervisor's Phone Yes No

Briefly describe population and responsibilities: (approx. 100-word limit)

2. _____
 Organization/Employer Position Title (e.g., nanny, counselor, teacher)

 Supervisor's Name Supervisor's Title May we contact?

_____to _____
 Dates (mm/year) Hours/Week # of Weeks Total Hours Completed Supervisor's Phone Yes No

Briefly describe population and responsibilities: (approx. 100-word limit)

3. _____
 Organization/Employer Position Title (e.g., nanny, counselor, teacher)

 Supervisor's Name Supervisor's Title May we contact?

_____to _____
 Dates (mm/year) Hours/Week # of Weeks Total Hours Completed Supervisor's Phone Yes No

Briefly describe population and responsibilities: (approx. 100-word limit)

Common Child Life Internship Application
For Internship Session: _____

(Example: Fall 2015)

Essay Questions

Please answer the following questions:

How did you first become interested in or aware of child life? (approx. 200 words)

What have you done to increase your knowledge/awareness of this profession? (approx. 200 words)

Common Child Life Internship Application
For Internship Session: _____

(Example: Fall 2015)

Briefly describe the ways in which the work of a child life specialist contributes to the health care experience of a child and his/her family. (approx. 200 words)

Provide a specific example of a time that you used play to meet the developmental needs of a child. (approx. 200 words)

Common Child Life Internship Application
For Internship Session: _____

(Example: Fall 2015)

Please list three goals and three objectives for each that you expect to accomplish during your internship.

Example: To gain experience providing developmental support to hospitalized infants.

Objective 1: I will observe my supervisor provide developmental support to children within this age group.

Objective 2: I will develop a personal resource binder on typical infant development.

Objective 3: I will practice providing developmental support to infants initially under supervision and then eventually independently.

Common Child Life Internship Application For Internship Session: _____

(Example: Fall 2015)

Professional Involvement

Please list the names of any professional organizations you are a member of:

The following sections are for completion ONLY if additional space is required for the applicant's listing of academic information and/or experiences with children and/or families.

Academic Information, continued

(Note: Please list ALL colleges/universities attended.)

2. _____

College/University NameCity, State/Province

_____to_____

Dates Attended (mm/year)Graduation Date (mm/year)Major

Level (check one) Bachelor's Master's _____ _____

ACLP Endorsed Academic ProgramGPA CumGPA in Major

3. _____

College/University NameCity, State/Province

_____to_____

Dates Attended (mm/year)Graduation Date (mm/year)Major

Level (check one): Bachelor's Master's _____ _____

ACLP Endorsed Academic ProgramGPA CumGPA in Major

4. _____

College/University NameCity, State/Province

_____to_____

Dates Attended (mm/year)Graduation Date (mm/year)Major

Level (check one): Bachelor's Master's _____ _____

ACLP Endorsed Academic ProgramGPA CumGPA in Major

Common Child Life Internship Application For Internship Session: _____

(Example: Fall 2015)

Experience with Infants, Children, Youth, and/or Families in Healthcare Settings, continued
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4. _____
 Institution Position Title (e.g., volunteer, practicum student)

_____ May we contact?
 Supervisor's Name and Credentials Supervisor's Title

_____ to _____	_____	_____	_____	_____	_____	Yes	No
Dates (mm/year)	Hours/Week	# of Weeks	Total Hours Completed	Supervisor's Phone			

Briefly describe population and responsibilities: (approx. 100-word limit)

5. _____
 Institution Position Title (e.g., volunteer, practicum student)

_____ May we contact?
 Supervisor's Name and Credentials Supervisor's Title

_____ to _____	_____	_____	_____	_____	_____	Yes	No
Dates (mm/year)	Hours/Week	# of Weeks	Total Hours Completed	Supervisor's Phone			

Briefly describe population and responsibilities: (approx. 100-word limit)

6. _____
 Institution Position Title (e.g., volunteer, practicum student)

_____ May we contact?
 Supervisor's Name and Credentials Supervisor's Title

_____ to _____	_____	_____	_____	_____	_____	Yes	No
Dates (mm/year)	Hours/Week	# of Weeks	Total Hours Completed	Supervisor's Phone			

Briefly describe population and responsibilities: (approx. 100-word limit)

Common Child Life Internship Application For Internship Session: _____

(Example: Fall 2015)

Experience with Infants, Children, Youth, and/or Families in Stressful Situations, continued

4. _____
 Organization/Employer Position Title (e.g., volunteer, practicum student)

 Supervisor's Name Supervisor's Title May we contact?

_____to _____
 Dates (mm/year) Hours/Week # of Weeks Total Hours Completed Supervisor's Phone Yes No

Briefly describe population and responsibilities: (approx. 100-word limit)

5. _____
 Organization/Employer Position Title (e.g., volunteer, practicum student)

 Supervisor's Name Supervisor's Title May we contact?

_____to _____
 Dates (mm/year) Hours/Week # of Weeks Total Hours Completed Supervisor's Phone Yes No

Briefly describe population and responsibilities: (approx. 100-word limit)

6. _____
 Organization/Employer Position Title (e.g., volunteer, practicum student)

 Supervisor's Name Supervisor's Title May we contact?

_____to _____
 Dates (mm/year) Hours/Week # of Weeks Total Hours Completed Supervisor's Phone Yes No

Briefly describe population and responsibilities: (approx. 100-word limit)

Common Child Life Internship Application For Internship Session: _____

(Example: Fall 2015)

Experience with Well Infants, Children, Youth, and/or Families, continued

4. _____
Organization/Employer _____ Position Title (e.g., nanny, counselor, teacher) _____

Supervisor's Name _____ Supervisor's Title _____ May we contact? _____

_____ to _____
Dates (mm/year) _____ Hours/Week _____ # of Weeks _____ Total Hours Completed _____ Supervisor's Phone _____ Yes No

Briefly describe population and responsibilities: (approx. 100-word limit)

5. _____
Organization/Employer _____ Position Title (e.g., nanny, counselor, teacher) _____

Supervisor's Name _____ Supervisor's Title _____ May we contact? _____

_____ to _____
Dates (mm/year) _____ Hours/Week _____ # of Weeks _____ Total Hours Completed _____ Supervisor's Phone _____ Yes No

Briefly describe population and responsibilities: (approx. 100-word limit)

6. _____
Organization/Employer _____ Position Title (e.g., nanny, counselor, teacher) _____

Supervisor's Name _____ Supervisor's Title _____ May we contact? _____

_____ to _____
Dates (mm/year) _____ Hours/Week _____ # of Weeks _____ Total Hours Completed _____ Supervisor's Phone _____ Yes No

Briefly describe population and responsibilities: (approx. 100-word limit)



Confirmation of Child Life Course In-Progress

IMPORTANT NOTES for STUDENTS:

- Please check with each clinical internship site to verify whether this form is accepted.
- This form may NOT be used to establish eligibility for the certification exam. When applying for a ACLP Eligibility Assessment, you must submit the Child Life Course Verification Form.

Course Name

Academic Institution

The following required topics of study are covered in this class.

Child Life Documents

Scope of practice

Impact of illness, injury and health care on patients and families Patient and Family-Centered Care

Therapeutic play

Preparation

Student is currently enrolled, course start date:

Student is currently in good academic standing in this course and anticipated to pass this course.

Yes

No

Comments:

Date course to be completed:

Student Name

CCLS Instructor Name/Credentials

Certification #

CCLS Instructor Signature

Date



Confirmation of Child Life In- Progress: Additional Required Courses

*IMPORTANT NOTES for STUDENTS

- This form is intended to verify progress of the other 9 required courses other than the child life course taught by a Certified Child Life Specialist.
- Please check with each clinical site to verify whether this form is accepted.
- This form may NOT be used to establish eligibility for the certification exam. You must complete the ACLP Eligibility Assessment process to fulfill this requirement for certification.
- Please see the most current ACLP Candidate Manual for a detailed list of the required courses necessary for eligibility.

Course Name:

Academic Institution:

Please indicate which 2019 course requirements this course will fulfill:

Child Development

Family Systems

Play

Loss/Bereavement or Death/Dying

Research

Additional Courses (Check this box if this course is going to count for the 3 additional required courses. Please note that the course cannot count as a category above and an additional course. The following courses are recommended though not required as the additional courses:

Human Anatomy/Physiology, Medical Terminology, Ethics)

Number of Credit Hours:

This course is being taken at an academic institution that is endorsed by ACLP
-and/or-

Yes

No

This course has been pre-approved by ACLP for course eligibility

Yes

No

Course Start Date:

End Date:

(Month/Day/Year)

Student is currently in good academic standing in this course and is anticipated to pass this course.

Yes

No

Comments:

Student Name:

Instructor Name & Related Credentials (please print):

Instructor Signature:

Date:



Confirmation of Child Life Practicum In-Progress

IMPORTANT NOTES for STUDENTS:

- Please check with each clinical internship site to verify whether this form is accepted.
- This form may NOT be used to establish eligibility for the certification exam.

Clinical Institution(s)

Clinical Institution(s)

Association of Child Life Professionals Standards

(Please see <https://childlife.org/StudentsInternsEducators/PracticumStudents.cfm> for more detailed description.)

- Standard #1: The child life practicum is largely an observational experience
- Standard #2: The child life practicum student will be supervised by a Certified Child Life Specialist (CCLS) who has achieved a minimum of 2,000 hours of paid work experience.
- Standard #3: The child life practicum encompasses a minimum of 100 supervised hours. The child life practicum may include a combination of practicum hours being completed in no more than two practicum experiences
- Standard #4: Child life practicum hours should be completed in an appropriate setting: hospitals/medical centers; therapeutic, medical or health related camp settings; hospice, grief, or support centers; and/or rehabilitation settings.
- Standard #5: The child life practicum includes observation opportunities for students to explore: child life assessments, developmental theory integration, therapeutic play interventions, and rapport building.
- Standard #6: The child life practicum learning experiences includes activities and assignments such as; journaling; educational in-services and discussions; and specific and structured readings.

Student is currently in good standing in this practicum and anticipated to complete their hours.

Yes No

Total practicum hours earned (current):

Total practicum hours anticipated (final):

Date practicum is to be completed

Student Name

CCLS Instructor Name/Credentials

Certification #

CCLS Instructor Signature

Date



Verification of Child Life Practicum Experience Hours

Important NOTES for STUDENTS:

- Please check with each clinical internship site to verify whether this form is accepted
- This form is to be completed by your child life practicum coordinator as a means of verifying completed child life practicum hours.
- This form may NOT be used to establish eligibility for the certification exam

Name of Applicant:

Institution Name:

Institution Location:

This applicant's child life practicum is complete: Yes No

(If practicum is in-progress, please complete the ACLP Practicum In-Progress Form)

Applicant's number of child life practicum hours completed:

Semester and Year (ex: Summer 2016) of applicant's child life practicum:

Child life practicum is/was supervised by a Certified Child Life Specialist: Yes No

The practicum follows all Association of Child Life Professionals recommended standards: Yes No

Standard #1: The child life practicum is largely an observational experience.

Standard #2: The child life practicum student will be supervised by a Certified Child Life Specialist (CCLS) who has achieved a minimum of 2,000 hours of paid work experience.

Standard #3: The child life practicum encompasses a minimum of 100 supervised hours. The child life practicum may include a combination of practicum hours being completed in no more than two practice experiences.

Standard #4: Child life practicum hours should be completed in an appropriate setting: hospitals/medical centers, therapeutic, medical or health related camp settings, hospice, grief or support centers; and/or rehabilitation settings.

Standard #5: The child life practicum includes observation opportunities for students to explore: child life assessments, developmental theory integration, therapeutic play interventions, and rapport building.

Standard #6: The child life practicum learning experience includes activities and assignments such as: journaling, education in- services and discussions, and specific and structured readings.

The applicants experience consisted of the following experiences:

Your signature below confirms the above information is true and accurate:

Signature:	
Printed Name/Credentials:	
Title:	Certification #:
Email Address:	
Date:	



Verification of Related Experience Hours

Important NOTES for STUDENTS:

- Please check with each clinical internship site to verify whether this form is accepted
- This form is to be completed by your supervisor or coordinator as a means of verifying completed child life related volunteer/paid hours.
- This form may NOT be used to establish eligibility for the certification exam

Name of Applicant:

Institution Name:

Institution Location:

Please check one of the following:

Experience with Infants, Children, Youth and/or families in Healthcare Settings (e.g. volunteer student)

Experience with Infants, Children, Youth and/or families in Stressful Situations (e.g. camps for children with chronic illnesses, programs for children with special needs, advocacy programs, bereavement/hospice experiences)

Experience with Well Infants, Children, Youth, and/or Families (e.g. nanny, counselor, teacher).

Start Date:

End Date:

Applicant's total number of related hours completed:

Volunteer: Yes No

Please describe responsibilities:

Paid: Yes No

Please list job title and responsibilities:

Your signature below confirms the above information is true and accurate:

Signature:	
Printed Name/Credentials:	
Title:	Certification #:
Email Address:	
Date:	



Child Life Internship Candidate Common Recommendation Form

Applicant: Please fully fill out sections below for each site you are applying to prior to giving to the person providing your reference. Fill out additional copies as needed.

<p>Internship Site</p> <p>A separate letter of recommendation is required: <i>Yes</i> <i>No</i></p> <p>All completed documents should be:</p> <p> Emailed to</p> <p> Signed/Sealed and mailed to</p> <p> Signed/Sealed and returned to applicant</p>
<p>Internship Site</p> <p>A separate letter of recommendation is required: <i>Yes</i> <i>No</i></p> <p>All completed documents should be:</p> <p> Emailed to</p> <p> Signed/Sealed and mailed to</p> <p> Signed/Sealed and returned to applicant</p>
<p>Internship Site</p> <p>A separate letter of recommendation is required: <i>Yes</i> <i>No</i></p> <p>All completed documents should be:</p> <p> Emailed to</p> <p> Signed/Sealed and mailed to</p> <p> Signed/Sealed and returned to applicant</p>
<p>Internship Site</p> <p>A separate letter of recommendation is required: <i>Yes</i> <i>No</i></p> <p>All completed documents should be:</p> <p> Emailed to</p> <p> Signed/Sealed and mailed to</p> <p> Signed/Sealed and returned to applicant</p>



Child Life Internship Candidate Common Recommendation Form

Please complete the recommendation form below for the applicant applying to a child life clinical internship. The applicant should have provided you a list of sites they are applying to with submission requirements. Please only submit the following two pages (and letter of recommendation as required) to each site. The internship is a 600+ hour comprehensive experience required for child life professional certification. We appreciate your honest and open feedback to help us choose the best candidates for our program.

Applicant Name:

Reference Name:

Reference Organization:

Reference Phone:

Reference Email:

Approximately how long have you known this candidate?

In what capacity do you know the candidate?

Child Life Practicum Supervisor

Instructor/Professor

Volunteer Supervisor

Employer/Supervisor/Manager/Director

Other (specify)

Have you directly supervised this applicant's interactions with children?

Yes

No

If yes, total # of candidate's direct experience hours

Applicant Rating: Check the rating column that is most reflective of the candidate's skills. Please rate the candidate based on written work and/or work you have directly supervised.

Skill/Trait Observed	Exceeds Expectations	Meets Expectations	Does Not Meet Expectations	Not Observed
Child Development Knowledge				
Interactions with Children				
Interactions with Adults				
Professional Boundaries				
Verbal Communication Skills				
Written Communication Skills				

Skill/Trait Observed	Exceeds Expectations	Meets Expectations	Does Not Meet Expectations	Not Observed
Critical Thinking/ Problem Solving				
Taking Initiative				
Self-motivation				
Dependable				
Time Management Skills				
Ability to Accept and Apply Feedback				
Ability to Collaborate with Others				
Flexibility				

Do you recommend this candidate for an internship? (*please circle*)

Yes, recommend

Yes with reservations

No, I do not recommend this candidate

If you have reservations or do not recommend this candidate, please indicate the reason:

Please provide any additional, relevant information or comments below:

Reference Signature:

Date: