

## Child Life Practicum Application



## CHILD LIFE PRACTICUM APPLICATION FORM

Please type to fill out the form below. *Hand written, incomplete, or late applications will not be accepted.* 

All applications must be printed out and mailed to:

INTEGRIS Children's at Baptist Medical Center; Attn: Laura Linville; 3300 NW Expressway 10<sup>th</sup> Floor, PICU; Oklahoma City, OK 73112

Personal Information		
Name:		
Current address:		
E-mail address:		
Primary Phone:		
Other Phone (if applicable):		
Emergency contact:		
Relationship:	Contact phone:	
<b>Educational Information</b>		
College Education:		

Institution	Location	Major	Degree	GPA	Graduation Date
		1			



Institution

Semester Term

Required Courses (these are the 3 out of 10 ACLP required courses for Academic Eligibility)

Name of Course

Play Course:

Child Development Course:		
Child Life Course:		
You must be affiliated with a Unive	ersity during your practicum	please provide your academic
You must be affiliated with a University during your practicum, please provide your academic supervisor/advisor's information:		
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NT.		
Name:		<del></del>
Title:		
University Affiliation:		
Thirmaide Address.		
University Address:		
Office Phone:		
Email:		
Professional Memberships:		
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## **Field Experiences:**

Tell us about your experience interacting with well children and their families.				
Name of site & location	Dates	Total Hours	Child Life Specialist Supervisor (if you worked with child life)	
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Tell us about your experience interacting with children and families experiencing hospitalization, crisis, and/or stress.

Name of site & location	Dates	Total Hours	Child Life Specialist Supervisor (if you worked with child life)
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## Please answer the following questions in a separate, typed document and submit with your application:

- 1. How did you become aware of child life?
- 2. What have you done to increase your knowledge and awareness of the child life profession?
- 3. What do you hope to gain from your child life practicum?
- 4. What are your career goals?
- 5. Describe a time that you have used play to meet the developmental needs of a child.

If you have any questions or major concerns about completing this application form, you can contact Laura Linville, CCLS at ChildLifePracticum@integrisok.com.

<sup>\*</sup>The Child Life Practicum for INTEGRIS Children's at Baptist Medical Center is structured to meet the Association of Child Life Professional Standards.