**St. Louis Children’s Hospital**

**Child Life Practicum Application**

**Requirements to apply:**

* **50 hours working with children in healthcare setting**
* **50 hours working with well children**
* **Minimum of junior year status in bachelor degree program in child life or related field**
* **Minimum of five (5) courses in child development or related field**

**To submit application:**

**Save as a PDF file**

**Save Document as**

**“First Name Last Name.semester year.practicum application”**

**Ex: KellyShaw.summer 2021.practicum application.pdf**

**Email application to** [**ChildLifePracticum@bjc.org**](mailto:ChildLifePracticum@bjc.org) **and include cover letter, resume, PDF copy of transcript, and application.**

**Applying for (highlight one): Spring Practicum Summer Practicum**

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| --- | --- |
| **Name** |  |
| **Current Address** |  |
| **Permanent Address** |  |
| **E-mail Address** |  |
| **Phone** |  |

**Education**

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| --- | --- |
| **Academic Level (circle one)** | BS MS Indep. |
| **University Name** |  |
| **Major** |  |
| **GPA** |  |
| **Graduation/Expected Graduation Date** |  |

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| **Academic Advisor** |  |
| **Phone** |  |
| **Email Address** |  |

***Courses in child development, child life, art therapy, expressive therapies, or related medical courses (completed or in process of completion).***

**Course Title Content Area (listed below) Grade Earned**

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*Content Areas as identified by Association of Child Life Professionals website:* Child Life, Child Development, Family Systems, Play, Loss/Bereavement or Death/Dying, Research, Additional courses in child life or related content area (ie. Human Anatomy, Medical Terminology, Ethics).

**\*Required: a copy of your transcript is required. Official or unofficial; web-based transcripts will not be accepted.**

**Volunteer Experience with Children in a Healthcare Setting or Other Stressful Experience**

**Location/Site Description of Responsibility Total Hours**

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**Well Child Experience**

**Location/Site Description Total Hours**

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**Additional Volunteer Experience**

**Location/Site Description Total Hours**

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**Professional and Student Organizations**

**Organization Role Description**

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**Short Answer Questions (200 word max per answer):**

1. How did you become interested in the field of Child Life?
2. What have you done to increase your knowledge/awareness of this profession?
3. Describe the role of a Child Life Specialist.

**Essay Question**

1. Why would you like to complete your practicum at St. Louis Children’s Hospital?

**I confirm that the information provided in the application is true to the best of my knowledge. I understand it is the sole responsibility of the applicant to confirm receipt of the application packet. I understand if my application packet is incomplete or includes false statements, I *will not* be considered for the practicum program.**

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**