

CHILD LIFE PRACTICUM APPLICATION

Session you are applying for (*please circle*): **SPRING** **SUMMER** **FALL** **20**_____

Name: _____ Email: _____

Primary Phone Number: _____ Alternate Phone: _____

Current Address: _____

Street

City

State

Zip

Permanent

Address: _____

Street

City

State

Zip

Emergency Contact: _____ Relationship: _____ Phone: _____

University/College: _____ Undergraduate or Graduate Student: _____

Advisor's Name: _____ Advisor's Email: _____

APPLICATION CHECKLIST: *The following items are required in order for your application to be complete. Please send documentation for all checked items. Only send items requested. Please note that we are unable to accept incomplete applications.*

- ☐ I have included copies of either undergraduate or graduate (if applicable) transcripts (transcripts can be unofficial).
These transcripts verify that:
 - ☐ I am an undergraduate/graduate student in good academic standing.
 - ☐ I am majoring in child life or a child life concentration.
 - ☐ My OVERALL GPA: _____
- ☐ I have completed at least 75 hours of volunteer experience in a pediatric hospital setting with direct contact with pediatric patients and their families and have included verification of hours volunteered.
- ☐ I have included one letter of recommendation from the following:
 - Someone who has observed my work with children
- ☐ I have included the following Rainbow specific essay questions ...
 - *How would you respond to an employee in the hallway who states: "Wow, your job must be so fun. You get to play with kids all day!" (Please write your words just as you would say them and designate your words with quotation marks)*
 - *Being self-aware is an important aspect of your profession as a child life specialist. Describe ways that you have been developing this skill and how it may impact you as a professional as well as in your interactions with patients and families.*
- ☐ I understand that this application MUST BE POSTMARKED BY THE DEADLINE DATE ESTABLISHED BY THE ASSOCIATION FOR CHILD LIFE PROFESSIONALS (www.childlife.org) FOR THE TERM FOR WHICH I AM APPLYING. No applications will be reviewed if sent after this date established.

- I understand that receipt of the application DOES NOT GUARANTEE AN INTERVIEW.
- I am enclosing **ALL** application materials in one envelope (please do not use staples) mailed to:

Lissy Zaremba MA, CCLS

Certified Child Life Specialist – Clinical Educator
Family and Child Life Services
Rainbow Babies and Children's Hospital
11100 Euclid Ave.
Cleveland, OH 44106

Signature _____ Date _____

You will be sent an email confirmation of receipt of this application.

Any questions should be directed Lissy Zaremba MA, CCLS at (216) 844-1353 or Lissy.Zaremba@UHhospitals.org