

For Office Use Only

Application received: _____
 Acknowledgment sent: _____
 Interview: Yes / No Site____ Phone____
 Acceptance/Decline sent: _____
 Acceptance confirmed: _____
 Welcome packet sent: _____
 Health form received: _____
 Contract completed: _____

Application for Child Life Practicum Placement

General Information:

Date: _____
 Anticipated date of placement: Spring____ Summer____ Fall____
 Name: _____
 Present Address: _____

 Permanent Address: _____

 Phone Number: (____)_____ Email: _____
 Contact person (for emergency): _____ Phone: (____)_____

Please answer the following four questions:

1. What do you feel is the most important aspect of a child life specialists' job?

2. Please share with us what you think are some rewarding and challenging aspects of working with critically ill children and their families.

3. Please share with us the goals you have for your practicum placement.

4. How did you learn about the Child Life Program at WakeMed and why do you want to complete your internship training with our program?

Education:

1. Name of College/Institution: _____
 Academic Advisor: _____ Phone number: (____) _____
 Department: _____
 Dates Attended: _____
2. Name of College/Institution: _____
 Academic Advisor: _____ Phone number: (____) _____
 Department: _____
 Dates Attended: _____

Employment/volunteer experience:

Starting with your most recent position, list all positions and activities including self-employment, volunteer work, and all significant experience.

1. Employer: _____
 Address: _____
 Telephone Number: _____
 Job Title: _____
 Supervisor Name: _____ Phone: _____
 Dates of employment: From: _____ To: _____
 Responsibilities: _____
2. Employer: _____
 Address: _____
 Telephone Number: _____
 Job Title: _____
 Supervisor Name: _____ Phone: _____
 Dates of employment: From: _____ To: _____
 Responsibilities: _____

3. Employer: _____
 Address: _____
 Telephone Number: _____
 Job Title: _____
 Supervisor Name: _____ Phone: _____
 Dates of employment: From: _____ To: _____
 Responsibilities: _____

Have you even been dismissed or forced to resign from any job held? Yes___ No___
 Explain: _____

Have you even been convicted of a misdemeanor or felony? (Please include major traffic violations)
 Note: A conviction does not necessarily bar you from internship. Yes___ No___
 Explain: _____

May we contact your present and past employers for reference? Yes ___ No___

Please complete the rest of the application below and include it with this application form.

1. A 200-300-word essay describing your philosophy of child life, how you think your placement experience will contribute to your professional goals, and why you would like to work with hospitalized children or adolescents
2. Two letters of recommendation
3. Current resume
4. Most recent academic transcript (student copy is acceptable), please highlight relevant coursework and grades
5. A copy of the university's child life department's academic requirements for this placement and of the role of the university supervisor

All application materials required must be completed and postmarked by the appropriate deadline date, in order to be considered for the placement.

Application deadlines are as follows:

<u>Semester</u>	<u>Deadline</u>
January / Spring	September 5 th
May / Summer	January 5 th
August / Fall	March 15 th

Return completed application and materials to:

Anna Ward BS, CCLS
 Child Life Student Clinical Site Supervisor
 WakeMed Health and Hospitals
 Children's Emergency Department
 3000 New Bern Avenue
 Raleigh, NC 27610
 For further information: (919) 350-2883