



## Common Child Life Practicum Application

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

- **Download the Common Child Life Practicum Application and save as a PDF before inputting information. It is not possible to complete the application through a web browser.**
- All practicum applicants are responsible for contacting each program they plan to apply for to find out whether the Common Child Life Practicum Application is accepted.
- Depending on the program(s) they plan to apply for, practicum applicants may need to submit additional materials with their application (e.g., transcripts, letters of recommendation, additional essay questions, etc.).
- There is a Common Reference Form. Practicum applicants should contact the programs they plan to apply for to find out whether this form is accepted
- There is a Confirmation of Course In-Progress Form. Practicum applicants should contact the programs to which they plan to apply to find out whether these forms are accepted.
- Practicum applicants must submit their applications directly to the practicum programs either as a hard copy sent through the U.S. mail or another carrier, through an online portal, or as an email attachment. Practicum candidates should contact the programs to determine the appropriate method for submission.
- Applications should **not** be mailed to SACLP. All applications should be submitted directly to the appropriate practicum locations. Applications mailed to SACLP will not be returned or forwarded.



First Name

Last Name

## Application Checklist Review

*Submit completed application based on **individual hospital requirements\****

Completed and Signed Application

Common Reference Form and/or reference letters\*

Professional résumé\*

Transcripts\*

Course In-Progress forms\*

Attachment of additional application materials as required by each program

**I verify that the information provided is complete and truthful to the best of my knowledge. I understand that is the sole responsibility of me, as the applicant, to confirm the receipt of the application packet. I agree that if an application packet is incomplete, I will not be considered for the practicum program.**

**Signature:**

**Date:**

**REMINDER :** Applicants must check with EACH practicum program to verify that practicum 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
- Course In-Progress forms
- Specific number and type of reference letters

## **SUBMITTING YOUR APPLICATION:**

Please contact individual programs for their direct application submission process.



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

**Semester**

Fall

Spring

Summer

**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** (Practicum hours will count toward course credit.)

**Independent** (Practicum hours will NOT count towards course credit. **Please note:** Some child life practicum programs DO NOT ACCEPT independent practicum students.)

If University-affiliated:

\_\_\_\_\_  
University Supervisor/Advisor Name

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
University Name

\_\_\_\_\_  
University Department Address

**Professional Memberships:**

Please list any professional memberships.





### Documentation of Experience

Please list your top relevant experiences. A minimum of two (one involving children within a healthcare setting and one involving children outside of a healthcare setting) will be required to complete this section. A maximum of six experiences can be highlighted, but are not required.

\_\_\_\_\_  
Setting (Healthcare vs. Non-Healthcare)

\_\_\_\_\_  
Description of Setting (e.g. camp, classroom, hospital unit, etc.)

\_\_\_\_\_  
Role (e.g., nanny, teacher, volunteer)

\_\_\_\_\_ to \_\_\_\_\_  
Dates (mm/year)

\_\_\_\_\_  
Hours/Week

\_\_\_\_\_  
# of Weeks

\_\_\_\_\_  
Total Hours

\_\_\_\_\_  
Description of role and responsibility:

\_\_\_\_\_  
Setting (Healthcare vs. Non-Healthcare)

\_\_\_\_\_  
Description of Setting (e.g. camp, classroom, hospital unit, etc.)

\_\_\_\_\_  
Role (e.g., nanny, teacher, volunteer)

\_\_\_\_\_ to \_\_\_\_\_  
Dates (mm/year)

\_\_\_\_\_  
Hours/Week

\_\_\_\_\_  
# of Weeks

\_\_\_\_\_  
Total Hours

\_\_\_\_\_  
Description of role and responsibility:

\_\_\_\_\_  
Setting (Healthcare vs. Non-Healthcare)

\_\_\_\_\_  
Description of Setting (e.g. camp, classroom, hospital unit, etc.)

\_\_\_\_\_  
Role (e.g., nanny, teacher, volunteer)

\_\_\_\_\_ to \_\_\_\_\_  
Dates (mm/year)

\_\_\_\_\_  
Hours/Week

\_\_\_\_\_  
# of Weeks

\_\_\_\_\_  
Total Hours

\_\_\_\_\_  
Description of role and responsibility:



**Documentation of Experience Cont.**

Setting (Healthcare vs. Non-Healthcare)	Description of Setting (e.g. camp, classroom, hospital unit, etc.)			
Role (e.g., nanny, teacher, volunteer)	_____ to _____ Dates (mm/year)	_____ Hours/Week	_____ # of Weeks	_____ Total Hours
Description of role and responsibility:				



Setting (Healthcare vs. Non-Healthcare)	Description of Setting (e.g. camp, classroom, hospital unit, etc.)			
Role (e.g., nanny, teacher, volunteer)	_____ to _____ Dates (mm/year)	_____ Hours/Week	_____ # of Weeks	_____ Total Hours
Description of role and responsibility:				



Setting (Healthcare vs. Non-Healthcare)	Description of Setting (e.g. camp, classroom, hospital unit, etc.)			
Role (e.g., nanny, teacher, volunteer)	_____ to _____ Dates (mm/year)	_____ Hours/Week	_____ # of Weeks	_____ Total Hours
Description of role and responsibility:				



## Essay Questions

Please respond to the following questions. Limit each response to 200 words.

1. Explain your understanding of the role of a child life specialist.
2. What qualities do you possess that make you a qualified candidate for a profession in child life?
3. Pick one of the courses you listed above and discuss how this has prepared you for the child life practicum.
4. Pick one of the experiences you listed above and discuss how this has prepared you for the child life practicum.



## Essay Questions

**Please respond to the following questions. Limit each response to 200 words.**

5. What do you expect to gain from the practicum experience? Please state 2-3 goals.

7. Provide a specific example of how you engaged with a child in a developmentally appropriate way.



## Confirmation of Course In- Progress:

### IMPORTANT NOTES for STUDENTS

- This form is intended to verify progress for the 3 required courses for the Southern Association of Child Life Professionals (SACLP) practicum application.
- Please check with each SACLP 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 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.

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Course Name:

Academic Institution:

Course Start Date:

End Date:

*(Month/Day/Year)*

Number of Credit Hours:

Please indicate which SACLP practicum course requirements this course will fulfill:

- Play course
- Child Development course
- Child Life course

This course is being taken at an academic institution that is endorsed by ACLP

Yes  No

*-and/or-*

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

Yes  No

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: