

**Child Life Practicum Program**  
**Application**

Today's Date: \_\_\_\_\_ Number of Hours Required for Practicum (minimum of 120): \_\_\_\_\_

Please indicate the semester during which you are interested in completing a practicum:

Spring \_\_\_\_\_  Summer \_\_\_\_\_  Fall \_\_\_\_\_  
Year Year Year

**Personal Information**

First Name	Middle Initial	Last Name		
Present Phone		Permanent Phone		
E-mail Address				
Present Address	City	State/Province	Country	Zip Code
Permanent Address	City	State/Province	Country	Zip Code

**Emergency Contact Information**

In case of emergency, notify:

**1)** \_\_\_\_\_  
Name Relationship

Cell Phone	Home Phone	Work Phone
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Address	City	State/Province/Country	Zip Code
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**2)** \_\_\_\_\_  
Name Relationship

Cell Phone	Home Phone	Work Phone
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Address	City	State/Province/Country	Zip Code
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## Affiliation

Baystate Children's Hospital does not require that a student be affiliated with a college to complete practicum hours. If not affiliated and covered under a university/college insurance plan, however, the student is responsible for establishing and providing proof of their own practice insurance, suitable to this institution. A current formal affiliation contract between Baystate and the educational institution will need to be created or an Individual Student Affiliation Agreement (ISAA) will need to be completed. If you **will** be affiliated with a university/college during your practicum placement please fill in the information below:

University/College	Supervisor/Advisor's Name
E-mail Address	Supervisor/Advisor's Phone Number
Department	Department Address

## Academic Information

Please list **all** colleges, universities or academic programs that you've attended\*. Please provide with application unofficial transcripts from each facility.

1) \_\_\_\_\_

College/University/Program Name	City	State/Province
_____ to _____		
Dates Attended (mm/year to mm/year)	Graduation Date (mm/year) <small>(include anticipated as well as official)</small>	
_____	_____	
Major	Minor or Concentration	
Level: <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Other _____		
_____	_____	
Cumulative GPA	GPA in Major	

2) \_\_\_\_\_

College/University/Program Name	City	State/Province
_____ to _____		
Dates Attended (mm/year to mm/year)	Graduation Date (mm/year) <small>(include anticipated as well as official)</small>	
_____	_____	
Major	Minor or Concentration	
Level: <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Other _____		
_____	_____	
Cumulative GPA	GPA in Major	

\*NOTE: If additional space is necessary to complete the list of **all** universities/colleges attended, please check here  and use the back of this form or a separate piece of paper.

## Experience with Children in Healthcare Settings

Please list all institutions/environments in which you earned experience with children in a **healthcare setting\***:

**1)** \_\_\_\_\_  
Institution/Organization

\_\_\_\_\_ Position Title  
(e.g. volunteer, employee, etc.)

\_\_\_\_\_ Supervisor's Name and Credentials

\_\_\_\_\_ Supervisor's Title

May we contact your supervisor?  Yes  No

\_\_\_\_\_ Supervisor's phone number

\_\_\_\_\_ to \_\_\_\_\_  
Dates (mm/year to mm/year)    Hours/Week    # of Weeks    Total Hours Completed

Briefly describe population and responsibilities (approx. 100 word limit):

**2)** \_\_\_\_\_  
Institution/Organization

\_\_\_\_\_ Position Title  
(e.g. volunteer, employee, etc.)

\_\_\_\_\_ Supervisor's Name and Credentials

\_\_\_\_\_ Supervisor's Title

May we contact your supervisor?  Yes  No

\_\_\_\_\_ Supervisor's phone number

\_\_\_\_\_ to \_\_\_\_\_  
Dates (mm/year to mm/year)    Hours/Week    # of Weeks    Total Hours Completed

Briefly describe population and responsibilities (approx. 100 word limit):

\*NOTE: If additional space is necessary to complete the list of **all** experience, please check here  and use the back of this form or a separate piece of paper.

## Other Child Related Experiences

Please list all institutions in which you earned related experience with children\* (i.e., child care, camps, teaching):

**1)** \_\_\_\_\_  
Institution/Organization

\_\_\_\_\_ Position Title  
(e.g. volunteer, employee, etc.)

\_\_\_\_\_ Supervisor's Name and Credentials  
\_\_\_\_\_ Supervisor's Title

May we contact your supervisor?  Yes  No

\_\_\_\_\_ Supervisor's phone number

\_\_\_\_\_ to \_\_\_\_\_  
Dates (mm/year to mm/year)    Hours/Week    # of Weeks    Total Hours Completed

Briefly describe population and responsibilities (approx. 100 word limit):

**2)** \_\_\_\_\_  
Institution/Organization

\_\_\_\_\_ Position Title  
(e.g. volunteer, employee, etc.)

\_\_\_\_\_ Supervisor's Name and Credentials  
\_\_\_\_\_ Supervisor's Title

May we contact your supervisor?  Yes  No

\_\_\_\_\_ Supervisor's phone number

\_\_\_\_\_ to \_\_\_\_\_  
Dates (mm/year to mm/year)    Hours/Week    # of Weeks    Total Hours Completed

Briefly describe population and responsibilities (approx. 100 word limit):

\*NOTE: If additional space is necessary to complete the list of **all** experience, please check here  and use the back of this form or a separate piece of paper.

## **Essay Questions**

Please answer the following questions\*:

- 1) How did you first become interested in or aware of Child Life? (approx. 200 words)
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
- 2) What have you done to increase your knowledge/awareness of this profession? (approx. 200 words)
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
- 3) Briefly describe, in your own words, the ways in which the work of a Child Life Specialist contributes to the healthcare experience of a child and his or her family. (approx. 200 words)
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
- 4) What do you hope to learn and achieve during your Child Life practicum? (approx. 200 words)

\*NOTE: If additional space is necessary to complete these questions, please use the back of this form or a separate piece of paper.

Deadlines for submitting practicum applications are as follows:

Spring Practicums:  
Summer Practicums\*:  
Fall Practicums:

Application Deadline: **October 28<sup>th</sup>**  
Application Deadline: **February 24<sup>th</sup>**  
Application Deadline: **May 20<sup>th</sup>**

**I attest that the information on this application is true and accurate to the best of my knowledge.**

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

Return this application to the hospital, along with the following materials:

- Transcripts from any universities/colleges that you have attended (unofficial transcripts will be accepted)
- A resume
- One (1) letter of reference – preferably from a supervisor who has observed the candidate in their work with children

Please submit this application by e-mail to [childlifestudentopportunities@baystatehealth.org](mailto:childlifestudentopportunities@baystatehealth.org)