



Child Life Practicum Program **Application**

Personal Information

_____	_____	_____		
First Name	Middle Initial	Last Name		
_____		_____		
Phone Number		E-mail Address		

Present Address	City	State/Province	Country	Zip Code

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:

- ☐ Affiliated
☐ Non-affiliated

Degree level:

Degree Status:

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)	

(include anticipated as well as official)

Major

Minor or Concentration

Level: ☐ Bachelor's ☐ Master's ☐ 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)
(include anticipated as well as official)

Major

Minor or Concentration

Level: ☐ Bachelor's ☐ Master's ☐ 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 _____

 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 _____

 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:

Application Deadline: **October 28th**

Summer Practicums:

Application Deadline: **February 24th**

Fall Practicums:

Application Deadline: **May 20th**

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

Signature: _____ **Date:** _____

Submit this application, along with the following materials:

- ☐ Transcripts from any universities/colleges that you have attended (unofficial transcripts will be accepted)

Please submit this application by e-mail to ChildLifeStudentOpportunities@BaystateHealth.org