

Child Life Practicum

OSF Children's Hospital of Illinois

Applicant Information:

Name: Preferred Name: Pronouns:
Phone: Email:

Academic Background:

College/University: GPA:
Major:
Minor/Emphasis:
Start Date: Graduation Date:
College/University: GPA:
Major:
Minor/Emphasis:
Start Date: Graduation Date:

Coursework Related to Child Life: Practicum requires at least four related courses (Child Development, Child Life, Art/Expressive Therapies, Human Development, Psychology, Social Work, Medical Terminology, Anatomy/Physiology, Family Studies, etc.)

Course Title: Grade Earned

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

Child Life Practicum

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Experience with Children: Practicum requires a minimum of 50 hours (paid or unpaid)

Experience 1:

Job Title:

Organization:

Start Date:

End Date:

Total Hours:

Briefly describe your roles and responsibilities.

Experience 2:

Job Title:

Organization:

Start Date:

End Date:

Total Hours:

Briefly describe your roles and responsibilities.

Experience 3:

Job Title:

Organization:

Start Date:

End Date:

Total Hours:

Briefly describe your roles and responsibilities.

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Experience 4:

Job Title:

Organization:

Start Date:

End Date:

Total Hours:

Briefly describe your roles and responsibilities.

Experience 5:

Job Title:

Organization:

Start Date:

End Date:

Total Hours:

Briefly describe your roles and responsibilities.

Essay Questions: Please answer in 150 words or less.

1. How did you first become interested in or aware of child life? What experiences, knowledge and skills do you have that prepared you for the child life practicum?

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2. Briefly describe the role of a child life specialist and how a child life specialist contributes to the healthcare experience of children and families.

3. What do you hope to gain from this practicum? Please describe 2-3 goals.

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4. Using a developmental theorist of your choice, identify the different developmental concerns that could arise for a hospitalized one-year-old, eight-year-old and sixteen-year-old.

I will be an affiliated student.

I will be a non-affiliated student.

I attest that the information in this application is accurate to the best of my knowledge.

Applicant's Signature:

Date:

Please send completed application & copy of unofficial transcripts to:
choichildlife@osfhealthcare.org