



Child Life Practicum Application & Overview

Application Deadlines: Children's Hospital of Michigan follows the internship application deadlines set by the Association of Child Life Professionals for practicum applications. Please visit www.childlife.org for the current deadlines.

Mail Applications to:

Child Life Services
ATTN: Maureen Stys
3901 Beaubien Blvd.
Detroit, MI 48201

For Direct Questions:

Maureen Stys
DMCChildlife@dmc.org
313-745-8617

Please note: We are currently only accepting university affiliated students.

Suggested readings prior to or during practicum:

- The Handbook of Child Life by R. Thompson, 2nd Edition (2018)
- Meeting Children's Psychosocial Needs across the Healthcare Continuum (2005)
- Psychosocial Care of Children in Hospitals: A Clinical Practice Manual by L. Gaynard et al (1990)

Stipend: No stipend will be paid to child life practicum students.

Manual fee: If accepted to the practicum program at CHM, there is a \$25 fee for the practicum manual.



Application Check List

To be considered for a practicum at the Children's Hospital of Michigan, an application must contain the following items. Please check off the following items completed:

Please note: Incomplete applications or applications post marked after the deadline will not be considered.

- Children's Hospital of Michigan Practicum application
- Practicum application question responses
- Current resume
- Transcripts from all academic institutions. Transcripts must verify a GPA of 3.0 or higher and may be official or unofficial.
- (2) ACLP Verification of Related Experience Hours Form demonstrating a minimum of 60 hours work and/or volunteer experiences with children
- Three completed ACLP recommendation forms mailed in with completed application. All recommendation forms must be signed and sealed.
 - o Academic professor
 - o Volunteer supervisor
 - o One additional professional work experience
- Application fee of \$25 (Application fees are nonrefundable. Please make any checks payable to Children's Hospital of Michigan.)
- Signed Children's Hospital of Michigan Application checklist

Interview:

Onsite interviews may be required for the final selection of practicum candidates.

Will you be available for an onsite interview? Yes No

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

Practicum Applicant Signature

Date



Practicum Application

(Please type all portions of application)

Name: _____ Date: _____

Cell Phone: _____

Email Address: _____

Permanent Address:

Current Address (if different from permanent)

Requested semester:

WINTER

SUMMER

FALL

University: _____

Major: _____

Please type responses on a separate piece of paper.

Question 1. What have you done to prepare yourself for a child life practicum and to learn more about the child life profession?

Question 2. How have your previous experiences and responsibilities with children begun to prepare you to enter the field of child life?

Question 3. Please describe some of the techniques and tools a child life specialist may use to empower a child and family in the hospital setting.

Question 4. What skills do you hope to develop during the course of your practicum experience that will best prepare you for the child life internship? What is your idea of a successful child life practicum experience?

Question 5. What is your learning style and what qualities do you feel an ideal supervisor possesses?



Child Life Practicum Candidate Recommendation Form

Applicant Name: _____

The above applicant is applying for a child life practicum at Children's Hospital of Michigan. We appreciate your honest and open feedback as you complete this form to help us choose the best candidate for our program.

Reference Name: _____

Reference Organization: _____

Reference Phone: _____ **Reference E-mail:** _____

How long have you known the candidate? _____

In what capacity have you worked with the candidate? _____

	Poor	Below Average	Average	Above Average	Outstanding	N/A
Dependability						
Maturity						
Attitude						
Professionalism						
Motivation						
Respect for others						
Ability to collaborate with others						
Ability to take initiative						
Ability to be a self-starter						
Ability to accept and incorporate feedback						
Ability to establish rapport with patients, families, and/or others						
Knowledge of child development						
Communication with adults						
Communication with children						
Written communication						



Do you recommend this candidate for a child life practicum?

Yes

Yes, with reservations

No, I do not recommend this candidate

If you have reservations or do not recommend this candidate, please indicate the reason:

Why do you feel this applicant would make a good child life practicum student?

Reference Signature: _____ **Date:** _____

Please place this form in a signed and sealed envelope and return it to the applicant. For any questions, please contact DMCChildlife@dmc.org or 313-745-8617.