



Children's
of Alabama®

Children's of Alabama Child Life Practicum

Applicant Information

Please complete the following application in its entirety. Incomplete applications will not be considered. Attach additional sheets if needed.

Personal Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email _____

Emergency Contact

Full Name: _____ Relation: _____
Last First

Primary Phone: _____ Secondary Phone: _____

Education

Current

College/University: _____ City, State: _____

From: _____ To: _____ Expected Graduation Date: _____

Major: _____ Overall GPA: _____ Major GPA: _____

Advisor's Name and Title: _____ Phone: _____

Advisor's Email: _____

Have you completed or are enrolled in Hospitalized Child and Family course, or a similar course taught by a Certified Child Life Specialist?

Yes No

Name of Course: _____ Date Taken: _____

Previous

College/University: _____ City, State: _____

From: _____ To: _____

College/University: _____ City, State: _____

From: _____ To: _____

Relevant Experiences Working with Children and Families

Volunteer/Previous Practicum Experiences

Please note the population served (well child, hospitalized, camp, special needs, etc)

| | | |
|--------------------|--------------|--------------------------|
| Institution: _____ | Hours: _____ | Population Served: _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Briefly describe your role and responsibilities for these experiences:

Relevant Work Experience

| | | |
|-------------------------------|--------------|-------------------|
| Place of Employment: _____ | Hours: _____ | Supervisor: _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Briefly describe your role and responsibilities for these experiences:

4. Why did you choose to apply to the child life practicum program at Children's of Alabama? How do you think gaining a practicum at Children's of Alabama will help you as a future child life specialist?

5. What do you expect to gain from the practicum experience?

Disclaimer and Signature

I understand if selected, I will successfully complete the Children's of Alabama Drug, Nicotine and Background screenings.

Signature: _____ Date: _____