



Children's
of Alabama®

Child Life Practicum Application

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

Personal Information:

Full Name: _____

Current Street Address: _____

City: _____ State: _____ Zip: _____

Current Email Address: _____

Phone Number: _____ - _____ - _____

Emergency Contact

Full Name: _____ Relation: _____

Primary Phone Number: _____ - _____ - _____ Secondary Phone Number: _____

Educational Information:

Please list ALL colleges and universities attended (please add a separate sheet to application if needed):

(1) _____

College/University Name _____ City, State _____

_____ TO _____

Dates Attended (month/year) _____ Major _____

(2) _____

College/University Name _____ City, State _____

_____ TO _____

Dates Attended (month/year) _____ Major _____

Current Advisor Name and Title: _____

Advisor's Phone Number: _____ - _____ - _____ Advisor's Email Address: _____



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List memberships of any professional organizations

You must have completed or be currently enrolled in the Hospitalized Child Class (or similar class) to be eligible for Practicum. Have you completed or are you currently enrolled in this class? Yes _____ No _____

Related Field Experiences

Hospital

- | | |
|--|-----------------------------|
| 1. Institution: _____ | Number of hours: _____ |
| Position: _____ | Dates: _____ |
| Did you work with a Child Life Specialist? _____ | Child Life Specialist _____ |
| 2. Institution: _____ | Number of hours: _____ |
| Position: _____ | Dates: _____ |
| Did you work with a Child Life Specialist? _____ | Child Life Specialist _____ |
| 3. Institution: _____ | Number of hours: _____ |
| Position: _____ | Dates: _____ |
| Did you work with a Child Life Specialist? _____ | Child Life Specialist _____ |

Other child-related volunteer or work experiences

- | | |
|-----------------------|------------------------|
| 1. Institution: _____ | Number of hours: _____ |
| Position: _____ | Dates: _____ |
| 2. Institution: _____ | Number of hours: _____ |
| Position: _____ | Dates: _____ |
| 3. Institution: _____ | Number of hours: _____ |
| Position: _____ | Dates: _____ |

Please answer the following questions.

1. How did you learn about Child Life and what interests you about the profession? _____
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-
-
-



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2. How did you learn about the practicum program at Children's of Alabama? _____

3. What steps have you taken to prepare for the practicum experience (e.g., employment, volunteer work, courses, etc.)? _____

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

6. What are your career goals? _____

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

Signature

Date