

ST. JUDE CHILDREN'S RESEARCH HOSPITAL CHILD LIFE PRACTICUM APPLICATION FORM

Please type or clearly print to fill out the form below. This application will remain open for 20 minutes before closing. If you anticipate needing longer than 20 minutes, please save the form to your computer to complete. All applications must be printed out and included in your application packet and mailed to:

St. Jude Children's Research Hospital; Child Life, Mail Stop 121; Attn: Practicum Packet; 262 Danny Thomas Place; Memphis, TN 38105

Date: _____

Personal Information

Name: _____

Present address: _____

Current e-mail address: _____

Phone number with area code: _____

Mobile phone with area code: _____

Emergency contact: _____

Relations: _____ Phone number: _____

Educational Information

College or university:

1. _____
(Name and location) (Dates attended) (Major)

Degree earned: _____ Graduation date: _____

Cumulative GPA: _____ Major GPA: _____

2. _____
(Name and location) (Dates attended) (Major)

Degree earned: _____ Graduation date: _____

Cumulative GPA: _____ Major GPA: _____

3. _____
(Name and location) (Dates attended) (Major)

Degree earned: _____ Graduation date: _____

Cumulative GPA: _____ Major GPA: _____

Will this practicum experience be counted towards school credit? YES NO

If yes, university affiliation: _____

Current supervisor/advisor name and title: _____

Phone number with area code: _____

List membership of any professional organizations:

1. _____ 2. _____

3. _____ 4. _____

Field Experiences

Hospital Specific (Please indicate if you have worked with a child life specialist at any institution below.)

1. Institution: _____ Number of hours: _____

Position: _____ Dates: _____

Child life specialist: _____

2. Institution: _____ Number of hours: _____

Position: _____ Dates: _____

Child life specialist: _____

3. Institution: _____ Number of hours: _____

Position: _____ Dates: _____

Child life specialist: _____

Other child-related experiences (i.e., work, volunteer)

1. Institution: _____ Number of hours: _____

Position: _____ Dates: _____

2. Institution: _____ Number of hours: _____

Position: _____ Dates: _____

3. Institution: _____ Number of hours: _____

Position: _____ Dates: _____

Additional 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 in a separate document and attach the printed file to your application:

1. How did you become aware of child life?
2. What have you done to increase your knowledge and awareness of the child life profession?
3. What do you hope to gain from your child life practicum?
4. What are your career goals?
5. Describe a time that you have used play to meet the developmental needs of a child.