

Application for Child Life Practicum Pre-Internship Experience Face Sheet

This is a PDF fillable application, please "save as" when saving the application

All applications must be typed

Name: _____ Date: _____

Applying for: Year _____ Fall _____ Winter/Spring _____

If there is a site that you do **NOT** wish to be considered for, or placed at, please mark it with an "X."

- | | |
|---|--|
| <input type="checkbox"/> Logan Regional Hospital (Logan, UT) | What days and times are you available? |
| <input type="checkbox"/> McKay Dee Hospital (Ogden, UT) | |
| <input type="checkbox"/> Primary Children's Hospital (Salt Lake City, UT) | |
| <input type="checkbox"/> Primary Children's Hospital Miller Campus (Lehi, UT) | |
| <input type="checkbox"/> Riverton Hospital (Riverton, UT) | |
| <input type="checkbox"/> St. George Regional Hospital (St. George, UT) | |
| <input type="checkbox"/> Utah Valley Hospital (Provo, UT) | |

Please review this list in detail and make sure each part is included and complete before turning in your application. ***Incomplete applications will not be reviewed***

- Practicum Pre-Internship Face Sheet
 - Practicum Pre-Internship Application
 - Practicum Pre-Internship Questionnaire
 - Unofficial College/University transcript(s) from ALL institutions attended. If transfer credits are included in the most current transcript, only one transcript is needed. Transcripts must include proof of at least a cumulative GPA of 3.0
 - Courses related to child development and child life must be **highlighted** on transcripts
 - Fifteen completed credit hours related to child development and child life are required to be considered for Practicum Pre-Internship Experience
 - Two letters of recommendation or 'Intermountain Child Life Recommendation and Verification of Hours' forms from direct supervisors, other professionals, or academic professors who have first-hand knowledge of your work with children and families
- Letters or recommendation forms must be completed and sent directly from recommender via email to childlife.practicum@imail.org, with the student's name in the subject line
- Professional Resume
 - A minimum of 50 hours worked with children and families, preferably in a hospital setting
- Verification of **ALL** hours listed on the application should be signed by the direct supervisor(s) or completed on the 'Intermountain Child Life Recommendation and Verification of Hours Form'

I understand it is the sole responsibility of the applicant to confirm receipt of the application packet. I understand if my application packet is incomplete or the instructions not followed, I will not be considered for the Practicum Pre-Internship Experience. I hereby attest that I personally answered these questions without the assistance of any artificial intelligence tools or software.

Signature: _____ Date: _____
A typed signature will be sufficient.

Application for Child Life Practicum Pre-Internship Experience Face Sheet

**You only need to complete ONE application
for all Intermountain Hospital locations that have child life programs**

Please Email Your Application To:

childlife.practicum@imail.org

Deadlines for Applications:

Winter/Spring: First Monday in September

Fall: Fourth Monday in March

Contact for Questions:

Child Life Practicum Pre-Internship Experience

Sheri Bothell

Phone: (801)-662-3983

childlife.practicum@imail.org

If accepted to an Intermountain Health Practicum Pre-Internship Experience, the student must be enrolled in a university or college that Intermountain Health has an affiliation with. The student must be enrolled in a college class during Practicum Pre-Internship Experience. Please check with your academic advisor for different course options and requirements.

**** Please note that the student Practicum Pre-Internship Experiences do not create any employment relationship and may be terminated by Intermountain at any time for any reason in Intermountain Health's sole discretion. ***

All experiences listed below MUST have a completed 'Intermountain Child Life Recommendation and Verification of Hours' form or letter of recommendation with the hours verified

List your recent experiences working with children in the **healthcare** setting:

Site Name	Ages of Children	Title and Responsibilities	Hours Completed	Hours Verified
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

List your recent experiences working with children in a **non-healthcare** setting:

Site Name	Ages of Children	Title and Responsibilities	Hours Completed	Hours Verified
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Child Life Practicum Pre-Internship Experience Questionnaire (limit 250 characters)

- 1. Briefly describe your reasons for wanting to complete a Child Life Practicum Pre-Internship Experience.**
- 2. Give an example of a creative activity you have used to help a child cope with a difficult situation?**
- 3. Who is your favorite developmental theorist and why?**

7. What aspects of working with children do you see as opportunities for growth? Please share an example.

8. Share an example of a successful collaboration you have had with other professionals that helped to address the needs of a child.

9. Share an experience or opportunity that has helped you prepare for the Child Life Practicum Pre-Internship experience.