



**WakeMed Child Life Practicum Application Form**

Anticipated semester placement: Spring \_\_\_ Summer \_\_\_ Fall \_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Present Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Emergency contact (name/relation): \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Education:

1. Name of College/Institution currently attending: \_\_\_\_\_

Academic Advisor: \_\_\_\_\_ Advisor's phone number: (\_\_\_\_) \_\_\_\_\_

Department/program: \_\_\_\_\_

Intended date of completion/graduation: \_\_\_\_\_

2(if applicable). Name of College/Institution: \_\_\_\_\_

Academic Advisor: \_\_\_\_\_ Advisor's phone number: (\_\_\_\_) \_\_\_\_\_

Department/program: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

Please answer the following questions:

Have you ever been dismissed or forced to resign from any job held? Yes \_\_\_ No \_\_\_

Explain: \_\_\_\_\_

Have you ever been convicted of a misdemeanor or felony? (Please include major traffic violations)

Note: A conviction does not necessarily bar you from practicum. Yes \_\_\_ No \_\_\_

Explain: \_\_\_\_\_

May we contact your present and past employers for reference? Yes \_\_\_\_ No \_\_\_\_

*Please answer the following questions in 3-5 sentences:*

1. Explain your understanding of the role of a child specialist in the healthcare setting.

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2. What excites you about joining the field of child life?

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3. What do you expect to gain from this practicum experience? Please state 2-3 goals.

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4. Describe what you have done to prepare yourself for this practicum.

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5. Why would you like to complete your practicum training at WakeMed? How did you learn about our Child Life student program? \_\_\_\_\_

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Please complete the rest of the application requirements below to include with this application form.  
Ensure all boxes are marked complete prior to submitting your application:

- One 200–300-word essay describing the following: what characteristics/strengths you possess that relate to the work of a child life specialist, how you think this practicum experience will contribute to your professional goals, and why you would like to work with hospitalized children and their families
- Current resume
- Most recent academic transcript (student copy is acceptable), please highlight relevant coursework and grades
- A copy of the academic requirements for practicum placement set forth by your university's child life department and/or the university supervisor
- Two letters of recommendation emailed directly to [clstudent@wakemed.org](mailto:clstudent@wakemed.org) (have sender include applicant's first and last name in subject line); at least one recommendation from someone who has directly observed your interactions with children is required

**All application materials required must be completed and emailed by the appropriate deadline date in order to be considered for placement.** Please refer to the internship application deadlines set forth by the Association of Child Life Professionals, as we adhere to those deadlines for practicum applications.

Email completed application and materials to the Child Life Student Coordinator at  
[clstudent@wakemed.org](mailto:clstudent@wakemed.org)

WakeMed Health & Hospitals 3000 New Bern Avenue Raleigh, NC

*For Child Life Student Coordinator use only:*

- Acknowledgment sent
- Interview: Yes / No; Site\_\_\_\_ Phone\_\_\_\_
- Acceptance/Decline sent
- Acceptance confirmed
- Welcome packet sent
- Health form received
- Contract completed