



CHILD LIFE PRACTICUM APPLICATION

Name _____

Address _____

E-mail _____

Phone Number _____ - _____ - _____

Emergency Contact:

Name _____

Address _____

Telephone _____ - _____ - _____ OR _____ - _____ - _____

Relationship _____

Applying for: Summer 20____

(Summer 2010 applications due February 1, 2010; future deadline for summer 2011+ is January 5th)

Application Packet Checklist:

___ Completed Application Form

___ Official Transcripts to date

___ Professional Resume

___ 1 Letter of Recommendation in sealed and signed envelopes

___ Written Essay

Name _____

Academic Background

University/College _____

Dates Attended (Month/Year) From _____ To _____

Major _____ Minor/Areas of Emphasis _____

Planned Graduation Date _____ GPA _____

University/College _____

Dates Attended (Month/Year) From _____ To _____

Major _____ Minor/Areas of Emphasis _____

Graduation Date _____ Degree Earned _____ GPA _____

List coursework relevant to Child Life practice (completed or in process of completion)

Course Title

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____
- 11. _____
- 12. _____

List your experiences with children in non-healthcare settings (include estimated hours)

Name _____

List your experiences with children in healthcare settings (include estimated hours)

Describe experiences working with children and families of various socioeconomic, cultural, religious, and ethnic backgrounds.

Please list your special skills/talents.

Tell us about your interest in Mercy Children's Center and why this would be a good match for your practicum experience.

Essay (1 page maximum) addressing all of the following:

- 1) How you became interested in the field of Child Life
- 2) Goals that you hope to meet as a practicum student

Name _____

I agree to the following:

- I understand that it is my responsibility to ensure all components of this application are submitted by the specified postmarked deadlines
- I have completed the application truthfully and to the best of my knowledge
- I have read the application packet and understand the application requirements and internship prerequisites

Applicant's signature _____ Date _____

All applicants will be notified following an application review. We will be using the Child Life Council recommended offer (February 22nd) and acceptance deadlines (February 28th). All applicants are strongly encouraged to apply to other sites, as spaces are limited. Thank you for considering Mercy Children's Center for your practicum experience, we look forward to reviewing your application.

Please return completed application packet to:

Mercy Medical Center
Attn: Jolene Vos, Mercy Children's Center
Dept. # 5301100
1111 6th Avenue
Des Moines, IA 50314

Please direct any questions to Jolene Vos at 515-643-2896