

Summer Practicum Application

Thank you for your interest in the Child Life Practicum at Northwestern Medicine Central DuPage Hospital. Our practicum serves as a way to empower and equip students on their journey to become child life interns and professionals. Practicum students will have the opportunity to shadow certified child life specialists and gain exposure to various areas of the hospital plus site visits at Marianjoy Rehabilitation Hospital, part of Northwestern Medicine, and Northwestern Medicine Chicago Proton Center. Practicum students will also have the opportunity for hands-on learning as they initiate therapeutic activities in the playroom and at bedside with pediatric patients and siblings.

**Please complete the application in its entirety
and mail to:**

Central DuPage Hospital
Attn: Practicum Coordinator, Child Life Department
25 North Winfield Road
Winfield, Illinois 60190

Eligible applicants will be offered an on-site or
Skype interview.

Application postmark deadline

January 17, 2020

Practicum offer date

February 18, 2020

If you have any questions, please contact:

Allie Jones
Certified Child Life Specialist and
Practicum Coordinator
630.933.4733
allison.jones@nm.org

Northwestern Medicine Central DuPage Hospital Summer Child Life Practicum Application

Name _____

Phone Number _____ Email Address _____

Mailing Address _____

College Education

Institution	Major	Graduation Date	GPA

Name of Academic Advisor (if applicable) _____

Phone Number _____ Email Address _____

Application checklist

- Completed and signed application
- 200-word essays (maximum) to answer each of the following questions:
 1. What has led you to apply to the Child Life Practicum at Central DuPage Hospital? Please share your journey to the field of child life.
 2. Share about a time when you made a significant and meaningful impact in a child's life.
 3. What is your philosophy of child life and how do you hope to contribute to the field?
- A list of three professional and measurable development goals you hope to accomplish as part of your practicum experience
- Academic transcripts (official or unofficial) from all academic institutions you have attended
- Three signed and sealed recommendation forms from non-relatives (at least one must be from a reference who can attest to your work with children)
- Verification form showing at least 50 hours working with children (hospital experience preferred)
- Resume

By signing, I indicate that I have reviewed and met the application requirements. I am submitting all necessary documentation to be considered for the Child Life Practicum at Central DuPage Hospital.

Signature _____ Date _____



Practicum Recommendation Form

Thank you for being a reference for the Child Life Practicum position at Northwestern Medicine Central DuPage Hospital. The mission of the Northwestern Medicine Child Life Program is to provide developmentally appropriate psychosocial support to children and their families as they navigate and cope with a healthcare experience.

The Child Life Practicum at Central DuPage Hospital is an observational clinical program designed to help students gain experience in the hospital setting with patients, families and the interdisciplinary team. The program also helps students become familiar with the role and services of child life professionals and begin to develop necessary skills in order to prepare for a child life internship.

Please complete the recommendation form below (a letter of recommendation is not required, but will be accepted). We appreciate your honest and open feedback to help us choose the best candidate for our program. **Please sign and seal the envelope for the student to include with the rest of the application materials.**

Applicant Name: _____

Your Name: _____

Your Organization/Institution: _____

Your Email _____

Your Phone: _____

May we contact you if additional questions arise? Yes No

How long have you known this candidate?

- Less than a year
- 1 - 2 years
- 3 - 5 years
- More than 5 years

Practicum Recommendation Form

In what capacity do you know this candidate?

- Child Life Volunteer Supervisor
- Employer/Supervisor/Manager/Director
- Academic Advisor/Professor/Instructor
- Other (please specify): _____

Have you directly supervised or observed this candidate's interactions with children? Yes No

What are two strengths this candidate brings to the practicum?

1. _____
2. _____

What are two areas of growth for this candidate?

1. _____
2. _____

Applicant Rating

Check the column that is most reflective of this candidate based on your observations or interactions.

Skill/Trait Observed	Exceeds Expectations	Meets Expectations	Does Not Meet Expectations	Not Observed	Comments
Child Development Knowledge					
Enthusiasm for the Child Life Profession					
Interactions With Children					
Interactions With Families					
Professionalism					
Professional Boundaries					
Verbal Communication Skills					
Written Communication Skills					
Problem Solving					
Initiative					
Flexibility					
Creativity					

Practicum Recommendation Form

Skill/Trait Observed	Exceeds Expectations	Meets Expectations	Does Not Meet Expectations	Not Observed	Comments
Motivation to Learn					
Ability to Take Direction					
Ability to Accept and Apply Feedback					
Ability to Collaborate With Others					
Effective Prioritization and Ability to Multitask					

Do you recommend this candidate for a practicum?

- Yes, recommend
- Yes, with reservations
- No, I do not recommend this candidate

If you have any reservations or do not recommend the candidate, please indicate the reason:

Please provide any additional, relevant information or comments below:

By signing below, you indicate you have thoroughly and honestly considered this candidate's qualifications:

Reference Signature: _____ Date: _____

Please provide the completed form in a signed and sealed envelope to the student to be included with the rest of the application materials.

If you have any questions or concerns regarding the student/reference form, please contact the practicum coordinator, Allie Jones, CCLS, at allison.jones@nm.org or 630.933.4733.



Child Life Practicum Verification of Experience

This form is to be completed by your supervisor or coordinator as a means of verifying completed paid/volunteer experience working with children, youth and families.

Name of Applicant: _____

Applicant's Job Title at the Institution/Organization: _____

Institution/Organization Name: _____

Institution/Organization Location: _____

Please check which of the following applies to the applicant's experience:

- Volunteer experience
- Paid experience
- Experience with infants, children, youth and/or families in the healthcare setting
- Experience with infants, children, youth and/or families in stressful situations (such as camps for children with a chronic illness, advocacy or special needs programs)
- Experience with infants, children, youth and/or families (such as a nanny or teacher's aide)

Briefly list responsibilities:

Start Date: _____ End Date: _____

Total number of hours completed: _____

Your signature below confirms this information is true and accurate.

Signature: _____

Printed Name/Credentials: _____

Title: _____

Email Address: _____ Date: _____