Baystate Children's Hospital

Child Life Practicum Program Application

Today's Date: _____ Number of Hours Required for Practicum (minimum of 120): _____

Please indicate the semester during which you are interested in completing a practicum:

☐ Spring _____ ☐ Summer _____ ☐ Fall _____
Year Year Year

Personal Information

_____ _____ _____
First Name Middle Initial Last Name

_____ _____
Present Phone Permanent Phone

_____
E-mail Address

_____
Present Address City State/Province Country Zip Code

_____
Permanent Address City State/Province Country Zip Code

Emergency Contact Information

In case of emergency, notify:

1) _____ _____
Name Relationship

_____ _____ _____
Cell Phone Home Phone Work Phone

_____
Address City State/Province/Country Zip Code

2) _____ _____
Name Relationship

_____ _____ _____
Cell Phone Home Phone Work Phone

_____
Address City State/Province/Country Zip Code

Affiliation

Baystate Children's Hospital does not require that a student be affiliated with a college to complete practicum hours. If not affiliated and covered under a university/college insurance plan, however, the student is responsible for establishing and providing proof of their own practice insurance, suitable to this institution. A current formal affiliation contract between Baystate and the educational institution will need to be created or an Individual Student Affiliation Agreement (ISAA) will need to be completed. If you **will** be affiliated with a university/college during your practicum placement please fill in the information below:

University/College _____ Supervisor/Advisor's Name _____

E-mail Address _____ Supervisor/Advisor's Phone Number _____

Department _____ Department Address _____

Academic Information

Please list **all** colleges, universities or academic programs that you've attended*. Please provide with application unofficial transcripts from each facility.

1) _____
College/University/Program Name City State/Province

_____ to _____ _____
Dates Attended (mm/year to mm/year) Graduation Date (mm/year)
(include anticipated as well as official)

_____ _____
Major Minor or Concentration

Level: ☐ Bachelor's ☐ Master's ☐ Other _____

_____ _____
Cumulative GPA GPA in Major

2) _____
College/University/Program Name City State/Province

_____ to _____ _____
Dates Attended (mm/year to mm/year) Graduation Date (mm/year)
(include anticipated as well as official)

_____ _____
Major Minor or Concentration

Level: ☐ Bachelor's ☐ Master's ☐ Other _____

_____ _____
Cumulative GPA GPA in Major

*NOTE: If additional space is necessary to complete the list of **all** universities/colleges attended, please check here ☐ and use the back of this form or a separate piece of paper.

Experience with Children in Healthcare Settings

Please list all institutions/environments in which you earned experience with children in a **healthcare setting***:

1) _____ _____
Institution/Organization | Position Title (e.g. volunteer, employee, etc.)

_____ _____
Supervisor's Name and Credentials | Supervisor's Title

May we contact your supervisor? ☐ Yes ☐ No _____
Supervisor's phone number

_____to_____ _____ _____ _____
Dates (mm/year to mm/year) | Hours/Week | # of Weeks | Total Hours Completed

Briefly describe population and responsibilities (approx. 100 word limit):

2) _____ _____
Institution/Organization | Position Title (e.g. volunteer, employee, etc.)

_____ _____
Supervisor's Name and Credentials | Supervisor's Title

May we contact your supervisor? ☐ Yes ☐ No _____
Supervisor's phone number

_____to_____ _____ _____ _____
Dates (mm/year to mm/year) | Hours/Week | # of Weeks | Total Hours Completed

Briefly describe population and responsibilities (approx. 100 word limit):

*NOTE: If additional space is necessary to complete the list of **all** experience, please check here ☐ and use the back of this form or a separate piece of paper.

Other Child Related Experiences

Please list all institutions in which you earned related experience with children* (i.e., child care, camps, teaching):

1) _____ _____
Institution/Organization — Position Title (e.g. volunteer, employee, etc.)

_____ _____
Supervisor's Name and Credentials — Supervisor's Title

May we contact your supervisor? ☐ Yes ☐ No _____
Supervisor's phone number

_____to_____ _____ _____ _____
Dates (mm/year to mm/year) — Hours/Week — # of Weeks — Total Hours Completed

Briefly describe population and responsibilities (approx. 100 word limit):

2) _____ _____
Institution/Organization — Position Title (e.g. volunteer, employee, etc.)

_____ _____
Supervisor's Name and Credentials — Supervisor's Title

May we contact your supervisor? ☐ Yes ☐ No _____
Supervisor's phone number

_____to_____ _____ _____ _____
Dates (mm/year to mm/year) — Hours/Week — # of Weeks — Total Hours Completed

Briefly describe population and responsibilities (approx. 100 word limit):

*NOTE: If additional space is necessary to complete the list of **all** experience, please check here ☐ and use the back of this form or a separate piece of paper.

Essay Questions

Please answer the following questions*:

1) How did you first become interested in or aware of Child Life? (approx. 200 words)

2) What have you done to increase your knowledge/awareness of this profession? (approx. 200 words)

3) Briefly describe, in your own words, the ways in which the work of a Child Life Specialist contributes to the healthcare experience of a child and his or her family. (approx. 200 words)

4) What do you hope to learn and achieve during your Child Life practicum? (approx. 200 words)

*NOTE: If additional space is necessary to complete these questions, please use the back of this form or a separate piece of paper.

Deadlines for submitting practicum applications are as follows:

Spring Practicums:	Application Deadline: **October 28th**
Summer Practicums*:	Application Deadline: **February 24th**
Fall Practicums:	Application Deadline: **May 20th**

I attest that the information on this application is true and accurate to the best of my knowledge.

Signature: _____ Date: _____

Return this application to the hospital, along with the following materials:

- ☐ Transcripts from any universities/colleges that you have attended (unofficial transcripts will be accepted)
- ☐ A resume
- ☐ One (1) letter of reference – preferably from a supervisor who has observed the candidate in their work with children

Fall application packets should be sent to the attention of:

Sarah Framarin, M. Ed., CCLS CTRS
Baystate Children's Hospital
Child Life Dept, Daly 4
759 Chestnut St.
Springfield, MA 01199
E-Mail: sarah.framarin@baystatehealth.org

Spring application packets should be sent to the attention of:

Jenna DeRocher, B.S. CCLS
Baystate Children's Specialty Center
Child Life Dept, First Floor
50 Wason Ave
Springfield, MA 01199
E-Mail: jenna.derocher@baystatehealth.org

Please note you are welcome to submit this application by e-mail to the address below. A signed hard copy must still be mailed to the address above. Thank you!