

## 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."

- ☐ Logan Regional Hospital (Logan, UT)
- ☐ McKay Dee Hospital (Ogden, UT)
- ☐ Primary Children's Hospital (Salt Lake City, UT)
- ☐ Primary Children's Hospital Miller Campus (Lehi, UT)
- ☐ Riverton Hospital (Riverton, UT)
- ☐ St. George Regional Hospital (St. George, UT)
- ☐ Utah Valley Hospital (Provo, UT)

What days and times are you  
available?

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](mailto: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](mailto: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](mailto: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

- 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?**

- 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?



4. What qualities do you possess that make you the right fit for the Intermountain Health Child Life Practicum Pre -Internship experience?
5. On your path to becoming a Certified Child Life Specialist, many people will ask you what a child life specialist is. How would you describe the role of a child life specialist to someone who is unfamiliar with it?
6. How do you define therapeutic play? Share an example of when you used therapeutic play with a child.

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