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|  | | | | | | Application Packet Checklist: | | | |  |
| * Completed Application * Cover Letter * Resume * 2 Letters of Reference * Unofficial Transcripts | | | |  |
| cHILD LIFE PRACTICUM APPLICATION | | | | | | | | | | |
| Application for Session: \_Click here to enter text.\_\_ (example: Fall 2014) | | | | | | | | | | |
| **PERSONAL INFORMATION** | | | | | | | | | | |
| Last Name: Click here to enter text. | | | First Name: Click here to enter text. | | | | | MI: Click here to enter text. | | |
| Current Phone: Click here to enter text. | | | | Permanent Phone: Click here to enter text. | | | | | | |
| Email Address: Click here to enter text. | | | | | | | | |  | |
| Current Address: Click here to enter text. | | | | City/state/zip: Click here to enter text. | | | | | | |
| Permanent Address: Click here to enter text. | | | | City/state/zip: Click here to enter text. | | | | | | |
|  |  | | | | | | | | | |
| **EMERGENCY CONTACT** | | | | | | | | | | |
| *In case of emergency contact* | | | | | | | | | | |
| Name: Click here to enter text. | | | | | Relationship: Click here to enter text. | | | | | |
| Address: Click here to enter text. | | | | | | | | | | |
| Home Phone: Click here to enter text. | | Cell Phone: Click here to enter text. | | | | | Work Phone: Click here to enter text. | | | |
| **APPLICATION CATEGORY** | | | | | | | | | | |
| **UNIVERSITY AFFILIATED**  (Will be a matriculated student during practicum and hours will count toward university credit)  **Name of College/University:**  **Click here to enter text.** | | | | | **INDEPENDENT**  (Student will not be enrolled in a university at the time of the practicum, or hours will not count toward university credit. Please note, MCHUCLA does not accept independent students at this time.) | | | | | |
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**Application Postmark Deadlines**

Summer Practicum: February 5

Fall Practicum: June 5

Winter Practicum: October 5

*In the event that the above deadline falls on a Post Office Holiday, the application shall be postmarked no later than the following business day.*

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| Academic Information | |
|  | |
| Please List all Colleges and Universities Attended, ***Beginning with the Most Recent.*** | |
|  | |
| College/University Name: Click here to enter text. | |
| City/State: Click here to enter text. | |
| Dates Attended: FROM: Click here to enter a date.  TO: Click here to enter a date. | Graduation (or anticipated): Click here to enter a date. |
| Degree Earned: Click here to enter text. | Major: Click here to enter text. |
| GPA (Cumulative): Click here to enter text. | GPA (in Major): Click here to enter text. |
|  | |
| College/University Name: Click here to enter text. | |
| City/State: Click here to enter text. | |
| Dates Attended: FROM: Click here to enter a date.  TO: Click here to enter a date. | Graduation (or anticipated): Click here to enter a date. |
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|  | |
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| GPA (Cumulative): Click here to enter text. | GPA (in Major): Click here to enter text. |
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*Please attach additional pages if necessary.*

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| **Experience Working or Volunteering with Children** | | |
|  | | |
| Institution: Click here to enter text. | Position Title: Click here to enter text. | |
| Supervisor Name: Click here to enter text. | Supervisor’s Title: Click here to enter text. | |
| Supervisor’s Phone: Click here to enter text. | May We Contact Supervisor?  Yes  No | |
| Dates Worked: FROM: Click here to enter a date. TO: Click here to enter a date. | Hours/Week:Click here to enter text. | Total Hours Completed:Click here to enter text. |
| Briefly Describe population and responsibilities: (approx. 100 words) Click here to enter text. | | |
| Institution: Click here to enter text. | Position Title: Click here to enter text. | |
| Supervisor Name: Click here to enter text. | Supervisor’s Title: Click here to enter text. | |
| Supervisor’s Phone: Click here to enter text. | Ma May We Contact Supervisor?  Yes  No | |
| Dates Worked: FROM: Click here to enter a date. TO: Click here to enter a date. | Hours/Week:Click here to enter text. | Total Hours Completed:Click here to enter text. |
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| Supervisor Name: Click here to enter text. | Supervisor’s Title: Click here to enter text. | |
| Supervisor’s Phone: Click here to enter text. | May We Contact Supervisor?  Yes  No | |
| Dates Worked: FROM: Click here to enter a date. TO: Click here to enter a date. | Hours/Week:Click here to enter text. | Total Hours Completed:Click here to enter text. |
| Briefly Describe population and responsibilities: (approx. 100 words) Click here to enter text. | | |
| Institution: Click here to enter text. | Position Title: Click here to enter text. | |
| Supervisor Name: Click here to enter text. | Supervisor’s Title: Click here to enter text. | |
| Supervisor’s Phone: Click here to enter text. | May We Contact Supervisor?  Yes  No | |
| Dates Worked: FROM: Click here to enter a date. TO: Click here to enter a date. | Hours/Week:Click here to enter text. | Total Hours Completed:Click here to enter text. |
| Briefly Describe population and responsibilities: (approx. 100 words) Click here to enter text. | | |

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| **Experience Working or Volunteering with Children (cont.)** | | |
|  | | |
| Institution: Click here to enter text. | Position Title: Click here to enter text. | |
| Supervisor Name: Click here to enter text. | Supervisor’s Title: Click here to enter text. | |
| Supervisor’s Phone: Click here to enter text. | May We Contact Supervisor?  Yes  No | |
| Dates Worked: FROM: Click here to enter a date. TO: Click here to enter a date. | Hours/Week:Click here to enter text. | Total Hours Completed:Click here to enter text. |
| Briefly Describe population and responsibilities: (approx. 100 words) Click here to enter text. | | |
| Institution: Click here to enter text. | Position Title: Click here to enter text. | |
| Supervisor Name: Click here to enter text. | Supervisor’s Title: Click here to enter text. | |
| Supervisor’s Phone: Click here to enter text. | May We Contact Supervisor?  Yes  No | |
| Dates Worked: FROM: Click here to enter a date. TO: Click here to enter a date. | Hours/Week:Click here to enter text. | Total Hours Completed:Click here to enter text. |
| Briefly Describe population and responsibilities: (approx. 100 words) Click here to enter text. | | |
| Institution: Click here to enter text. | Position Title: Click here to enter text. | |
| Supervisor Name: Click here to enter text. | Supervisor’s Title: Click here to enter text. | |
| Supervisor’s Phone: Click here to enter text. | May We Contact Supervisor?  Yes  No | |
| Dates Worked: FROM: Click here to enter a date. TO: Click here to enter a date. | Hours/Week:Click here to enter text. | Total Hours Completed:Click here to enter text. |
| Briefly Describe population and responsibilities: (approx. 100 words) Click here to enter text. | | |
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| Briefly Describe population and responsibilities: (approx. 100 words) Click here to enter text. | | |

*Please attach additional pages if necessary*

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| Essay Questions |
|  |
| Please answer the following questions. (*approx. 200 words each)* |
| How did you first become interested in the field of child life? Click here to enter text. |
| What strengths do you feel you will bring to the Chase Child Life program and the patients and families it serves. Click here to enter text. |
| Please provide an example of a creative activity or program that you planned and facilitated with a child or a group of children. What benefit did the child(ren) receive as a result of the activity? Click here to enter text. |
| Please describe a meaningful play interaction you have had with a child and the value of the interaction. Click here to enter text. |

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| Minimum qualifications for practicum student candidate |

**The Chase Child Life Program will consider applicants for a practicum who meet the following criteria:**

* Bachelor’s- or Master’s-Level students who are *currently affiliated with a university*
* Attend a university that is willing and able to enter into a contractual agreement with UCLA Health System before scheduled start date.
* Have completed at least one class in typical child development with a passing grade
* Hold a GPA of 3.0 or above in Major Field of Study
* Have experience working with children (paid or volunteer) in group or individual settings
* Commit to a 200-hour Child Life practicum. Work Days and hours will vary; nights and weekends may be required.
* Submit a completed, typed application on time, with all required supplemental materials

**The following are not required, but are highly recommended:**

* An educational background in child life, child development or human development, family systems or education
* Experience working with children (paid or volunteer) in a healthcare setting

**Please Note:**

* This is an unpaid student practicum; The Chase Child Life Program does not offer a stipend.
* The Child Life intern will be responsible for their own parking fees, transportation, and housing.
* Completion of the internship does not guarantee passing of the certification exam or future employment with institution.

For any questions, please contact Adina Bodolay, Education Coordinator, at [abodolay@mednet.ucla.edu](mailto:abodolay@mednet.ucla.edu) .

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| submitting your application **and**  **SIGNATURE** |

* Application Packets should include the following materials:
  + Typed, Signed, Completed application
  + Resume and Cover Letter
  + 2 letters of reference. Letters may be from: supervisors, instructors or academic advisors. Letters should be on institutional letterhead and signed.
  + Transcripts from all universities or colleges attended (Unofficial Transcripts Accepted)
* Please double check your application and all supplemental materials for completeness, accuracy and professionalism.
* Please read carefully the Minimum Qualifications for Practicum Student Candidates to ensure that your application meets eligibility criteria.
* Completed Application Packets should be mailed directly to the following address:
  + Chase Child Life Program

Mattel Children’s Hospital UCLA

Attn. Adina Bodolay

757 Westwood Blvd., Room 5236

Los Angeles, CA 90095

* Hand-delivered applications will not be considered.
* All materials should be mailed together (no bindings, folders, etc). Separate materials or incomplete application packets will not be considered.
* Applications must be postmarked by due date. Applications post-marked after the deadline will not be considered.

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

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