

Application For Child Life Internship

All Children's Hospital, St. Petersburg, Florida

DATE: _____

NAME: _____ SOCIAL SECURITY #: _____

UNIVERSITY OR COLLEGE: _____

HOME ADDRESS: _____

PHONE #: _____ EMAIL ADDRESS: _____

UNIVERSITY SUPERVISOR: _____

ADDRESS: _____

PHONE #: _____ EMAIL ADDRESS: _____

LENGTH OF INTERNSHIP: From _____ To _____

MAJOR: _____ DATE OF GRADUATION: _____

MEDICAL TERMINOLOGY COMPLETED: YES NO

CORE GPA _____ COMMULATIVE GPA _____

IN CASE OF EMERGENCY CONTACT:

NAME: _____ PHONE # _____

ADDRESS: _____

DO YOU HAVE A PREFERENCE IN THE AREA UPON WHICH THE MAJORITY OF YOUR EXPERIENCE WILL BE FOCUSED? (Medical, Surgical, Oncology, Bone Marrow, Outpatient)

LIST PREVIOUS EXPERIENCE WITH HEALTHY CHILDREN: _____

LIST PREVIOUS EXPERIENCE WITH CHILDREN IN A HEALTHCARE SETTING: _____

CAREER OBJECTIVE: _____

DO YOU ANTICIPATE ANY OTHER COMMITMENTS DURING YOUR INTERNSHIP?
(Classes, Work, Correspondence Courses)

I WISH TO BE CONSIDERED FOR A CHILD LIFE INTERNSHIP AND HAVE INCLUDED THE FOLLOWING REQUIRED DOCUMENTATION:

- _____ Course Work Review by the Child Life Council
- _____ Academic transcripts from each university attended
- _____ Two letters of recommendation (1 from academic professor and 1 from supervisor who has observed my work with children)
- _____ Documentation of 150 hours of my work with children in a health care setting
- _____ One page letter of aspiration stating the goals and objectives for my internship