Confirmation of Child Life Practicum In-progress

IMPORTANT NOTES for STUDENTS:
• This form is for internship application purposes only.
• Please check with each clinical internship site to verify whether this form is accepted.
• This form may NOT be used to establish eligibility for the certification exam.

Clinical Institution(s) ________________________________________________

Clinical Institution(s) ________________________________________________

Child Life Council Standards (please see https://childlife.org/StudentsInternsEducators/PracticumStudents.cfm for more detailed description)
• Standard #1: The child life practicum is largely an observational experience
• Standard #2: The child life practicum student will be supervised by a Certified Child Life Specialist (CCLS) who has achieved a minimum of 2,000 hours of paid work experience.
• Standard #3: The child life practicum encompasses a minimum of 100 supervised hours. The child life practicum may include a combination of practicum hours being completed in no more than two practicum experience
• Standard #4: Child life practicum hours should be completed in an appropriate setting: hospitals/medical centers; therapeutic, medical or health related camp settings; hospice, grief, or support centers; and/or rehabilitation settings.
• Standard #5: The child life practicum includes observation opportunities for students to explore: child life assessments, developmental theory integration, therapeutic play interventions, and rapport building.
• Standard #6: The child life practicum learning experiences includes activities and assignments such as; journaling; educational in-services and discussions; and specific and structured readings.

Student is currently in good standing in this practicum and anticipated to complete their hours.
☐ Yes  ☐ No

Total practicum hours earned (current) : ________________________

Total practicum hours anticipated (final) : ________________________

Date practicum is to be completed ____________________

________________________________________________________________________

Student Name _________________________________________________________

CCLS Instructor Name ______________________________________________________

Certification # ______________

CCLS Instructor Signature _________________ Date ____________________