

# Application: 0000000001

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Internship Readiness Common Application

## Complete Application

**Incomplete**



**If you have not already, [click here](#) to review the written Internship Readiness Common Application Guide or [click here](#) to watch the Video Guide.** These guides provide a detailed overview of the application tasks, as well as important instructions for downloading your application.

ACLP is not responsible for the submission of any application materials. It is the responsibility of the applicant to ensure their application is complete, properly downloaded, and submitted to internship programs.

This digital application is being piloted at three internship sites: Children's Minnesota, Yale New Haven Children's Hospital, and AdventHealth for Children. Do not submit this application to any other sites at this time.

	Candidate Information
Full Name	
Email	
Phone Number	

**Are you affiliated with an academic institution?**

(No response)

**Please provide the name and contact information for your academic program coordinator.**

(No response)

**What is your degree level?**

(No response)

**What is your degree status?**

(No response)

**Status of Child Life Certification Commission Required Coursework**

Use the dropdown menus below to indicate the current status of your coursework. The courses listed are required to establish eligibility for the Child Life Professional Certification Exam. Click [here](#) for coursework details.

**Course taught by a Certified Child Life Specialist (CCLS)**

(No response)

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**Child Development Course 1**

(No response)

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**Child Development Course 2**

(No response)

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**Family Systems Course**

(No response)

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**Play Course**

(No response)

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**Loss/Bereavement or Death/Dying Course**

(No response)

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**Research Course**

(No response)

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### **Additional Course 1**

(No response)

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### **Additional Course 2**

(No response)

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### **Additional Course 3**

(No response)

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### **Documentation of Experience:**

Please list your top relevant experiences and be mindful of the connection to the [Internship Readiness KSAs](#). A minimum of two (one involving children within a healthcare setting and one involving children outside of a healthcare setting) will be required to complete the upcoming written responses. A maximum of six experiences can be highlighted, but are not required.

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### **How many experiences would you like to highlight in your application?**

(No response)

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## Experience 1

Setting	(No response)
Description of setting	(No response)
Role	(No response)
Number of hours	(No response)
Description of role and responsibility	(No response)
Start Date (MM/DD/YYYY)	(No response)
End Date (MM/DD/YYYY) or Present	(No response)

## Experience 2

Setting	(No response)
Description of setting	(No response)
Role	(No response)
Number of hours	(No response)
Description of role and responsibility	(No response)
Start Date (MM/DD/YYYY)	(No response)
End Date (MM/DD/YYYY) or Present	(No response)

### Experience 3

Setting	(No response)
Description of setting	(No response)
Role	(No response)
Number of hours	(No response)
Description of role and responsibility	(No response)
Start Date (MM/DD/YYYY)	(No response)
End Date (MM/DD/YYYY) or Present	(No response)

### Experience 4

Setting	(No response)
Description of setting	(No response)
Role	(No response)
Number of hours	(No response)
Description of role and responsibility	(No response)
Start Date (MM/DD/YYYY)	(No response)
End Date (MM/DD/YYYY) or Present	(No response)

## Experience 5

Setting	(No response)
Description of setting	(No response)
Role	(No response)
Number of hours	(No response)
Description of role and responsibility	(No response)
Start Date (MM/DD/YYYY)	(No response)
End Date (MM/DD/YYYY) or Present	(No response)

## Experience 6

Setting	(No response)
Description of setting	(No response)
Role	(No response)
Number of hours	(No response)
Description of role and responsibility	(No response)
Start Date (MM/DD/YYYY)	(No response)
End Date (MM/DD/YYYY) or Present	(No response)

## Application of the KSAs:

During the review process organizations will be looking for evidence of your understanding and experience of the Internship Readiness KSAs. You can [click here](#) to access this document.

**Select an experience that you listed on this application that demonstrates your work with children in a healthcare setting. Provide a specific example of how this experience expanded your Internship Readiness Knowledge, Skills, and Abilities in preparation for your role as a child life intern. (200 word limit)**

Experience	(No response)
Experience details	(No response)

**Select an experience you listed on this application that demonstrates your work with children outside of a healthcare setting. Provide a specific example of how you engaged with a child (or children) in a developmentally appropriate way. Include assessment of development. (200 word limit)**

Experience	(No response)
Experience details	(No response)

**Describe a situation that prompted you to self-reflect on your personal views and experiences related to DEI and how that translates to the work of child life specialists (200 word limit)**

(No response)

**Which element from the Internship Readiness KSAs do you most want to grow/learn more about during your internship? (150 word limit)**

KSAs	(No response)
Response:	(No response)

**Is there anything additional that you would like to share with the reviewers? (Optional, 150 word limit)**

(No response)



I attest that the information included in this application is true and accurate, and consent to being contacted for data collection regarding this application at a later time.



## Section Heading

### **Please upload your transcript(s) as a PDF**

#### **Incomplete**

Include all transcripts that evidence your child life coursework progression.

Prior to uploading, please name your transcript as follows: FirstName\_LastName\_Transcript

If you have more than one transcript, add a sequential number to the end (1, 2, 3, etc.)

### **Please upload your Eligibility Assessment as a PDF**

#### **Incomplete**

Prior to uploading, please name your Eligibility Assessment as follows:

FirstName\_LastName\_Eligibility\_Assessment

All candidates, including those enrolled in an academic endorsed program, should upload an Eligibility Assessment. The endorsed program letter is no longer required.