



Dear Child Life Practicum Applicant:

Thank you for your interest in our program. The child life practicum program provides introductory experiences aiding in the student's development towards becoming a Certified Child Life Specialist. At this time, Arkansas Children's Northwest only accepts students affiliated with University of Arkansas. *Please note, we are currently unable to accept non-affiliated students or students enrolled outside of University of Arkansas.*

Application Deadlines

Practicum Session	Application Due	Application Offer Date
Spring 2026	September 5, 2025	October 16, 2025
Summer 2026	January 9, 2026	February 17, 2026
Fall 2026	March 13, 2026	May 5, 2026
Spring 2027	September 4, 2027	October 6, 2027

Practicum Program Goals and Objectives

- To gain an introduction to the child life profession in general and to become acquainted with the child life department at Arkansas Children's Northwest.
- To have the opportunity to observe interactions with patients on a one-to-one basis and in group situations.
- To experience an accepting, non-threatening environment to promote healthy interactions between child, staff, and family.
- To gain an initial acquaintance with the needs of hospitalized children and to observe creative and flexible programming in meeting these needs.
- To observe advocacy for children and families in their interaction with the health care system.
- To see children prepared for medical experiences through the use of medical equipment and play.

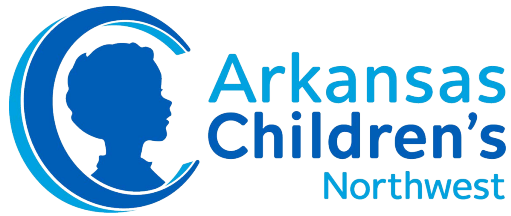
Potential Observational Experiences

Medical Play: Individual and group play experiences centered around a patient's hospitalization.

Preparation: Individual teaching and play experience provided to patients regarding specific medical treatments and procedures.

Coping and Distraction: Techniques and activities offered to patients and families during hospitalization and specific medical experiences to assist with comfort and control.

Therapeutic and Recreational Play: Programming for normalization offered to patients and siblings throughout hospitalization.



First Name

Last Name

Application Checklist Review

Completed and Signed Application

Common Reference Form

Professional résumé

Transcripts (unofficial)

I verify that the information provided is complete and truthful to the best of my knowledge. I understand that is the sole responsibility of me, as the applicant, to confirm the receipt of the application packet. I agree that if an application packet is incomplete, I will not be considered for the practicum program.

Signature:

Date:

REMINDER : Once applicants are accepted, additional requirements will be required by the hospital.

Examples of additional requirements that MAY be required include, but are not limited to:

- A completed background check form
- Completion of additional essay questions or exercises
- Official documentation of volunteer hours
- Course In-Progress forms
- Specific number and type of reference letters

SUBMITTING YOUR APPLICATION:

Please submit your application to WinzelerAN@archildrens.org by the due date.



Semester

☐ Fall

☐ Spring

☐ Summer

Personal Information

Last Name

First Name

(M.I.)

Present Phone

Permanent Phone

Email Address

Present Address

Permanent Address

City

State/Province

Zip Code

Country

City

State/Province

Zip Code

Country

Emergency Contact

In case of emergency, notify:

Name

Relationship

Address

Home Phone

Work Phone

City

State/Province

ZIP Code

Country

Academic Information

☐ **University-affiliated** (Practicum hours will count toward course credit.)

☐ **Independent** (At this time, Arkansas Children's Northwest only accepts students affiliated with University of Arkansas)

University Supervisor/Advisor Name

Email Address

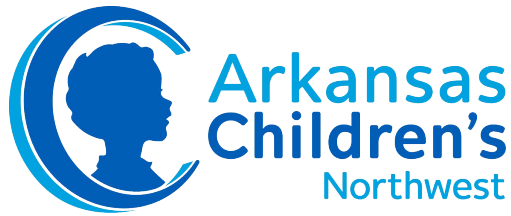
Phone

University Name

University Department Address

Professional Memberships:

Please list any professional memberships.



Academic Information

College/University Name _____ City, State/Province _____

_____ to _____
 Dates Attended (mm/year) Graduate Date (mm/year) Major _____

Level (check one): ☐ Bachelor's ☐ Master's

GPA Cum _____ GPA in Major _____

College/University Name _____ City, State/Province _____

_____ to _____
 Dates Attended (mm/year) Graduate Date (mm/year) Major _____

Level (check one): ☐ Bachelor's ☐ Master's

GPA Cum _____ GPA in Major _____

Recommended Courses

These are 3 out of the 10 ACLP required courses for Academic Eligibility.

Play course:

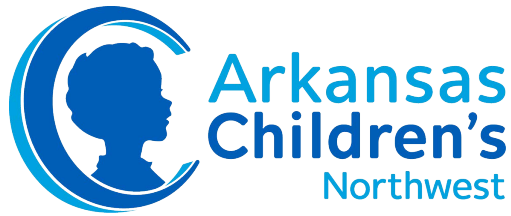
Name of Course:	Institution:	Semester Term:
Course Description:		

Child Development course:

Name of Course:	Institution:	Semester Term:
Course Description:		

Child Life course:

Name of Course:	Institution:	Semester Term:
Course Description:		



Documentation of Experience

Please list your top relevant experiences. A minimum of two (one involving children within a healthcare setting and one involving children outside of a healthcare setting).

A maximum of six experiences can be highlighted, but are not required.

Setting (Healthcare vs. Non-Healthcare)

Description of Setting (e.g. camp, classroom, hospital unit, etc.)

Role (e.g., nanny, teacher, volunteer)

_____ to _____
Dates (mm/year)

Hours/Week

of Weeks

Total Hours

Description of role and responsibility:

Setting (Healthcare vs. Non-Healthcare)

Description of Setting (e.g. camp, classroom, hospital unit, etc.)

Role (e.g., nanny, teacher, volunteer)

_____ to _____
Dates (mm/year)

Hours/Week

of Weeks

Total Hours

Description of role and responsibility:

Setting (Healthcare vs. Non-Healthcare)

Description of Setting (e.g. camp, classroom, hospital unit, etc.)

Role (e.g., nanny, teacher, volunteer)

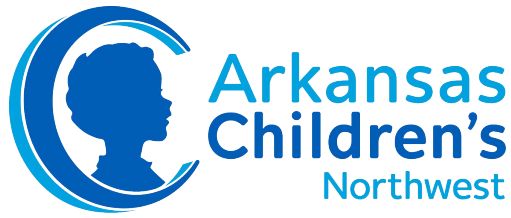
_____ to _____
Dates (mm/year)

Hours/Week

of Weeks

Total Hours

Description of role and responsibility:

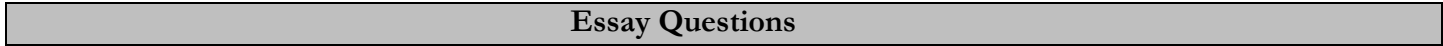


Documentation of Experience Cont.

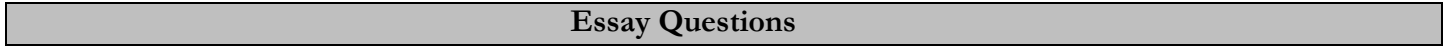
Setting (Healthcare vs. Non-Healthcare)	Description of Setting (e.g. camp, classroom, hospital unit, etc.)			
Role (e.g., nanny, teacher, volunteer)	_____ to _____ Dates (mm/year)	_____ Hours/Week	_____ # of Weeks	_____ Total Hours
Description of role and responsibility:				

Setting (Healthcare vs. Non-Healthcare)	Description of Setting (e.g. camp, classroom, hospital unit, etc.)			
Role (e.g., nanny, teacher, volunteer)	_____ to _____ Dates (mm/year)	_____ Hours/Week	_____ # of Weeks	_____ Total Hours
Description of role and responsibility:				

Setting (Healthcare vs. Non-Healthcare)	Description of Setting (e.g. camp, classroom, hospital unit, etc.)			
Role (e.g., nanny, teacher, volunteer)	_____ to _____ Dates (mm/year)	_____ Hours/Week	_____ # of Weeks	_____ Total Hours
Description of role and responsibility:				

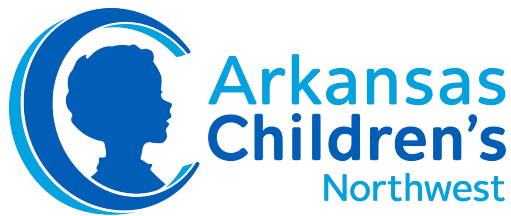


1. Explain your understanding of the role of a child life specialist.
2. What qualities do you possess that make you a qualified candidate for a profession in child life?
3. Pick one of the courses you listed above and discuss how this has prepared you for the child life practicum.
4. Pick one of the experiences you listed above and discuss how this has prepared you for the child life practicum.



5. What do you expect to gain from the practicum experience? Please state 2-3 goals.

7. Provide a specific example of how you engaged with a child in a developmentally appropriate way.



Practicum Reference Form

Please complete the form below to be used as a reference for a student applying for a child life practicum. The practicum is an observation experience designed to prepare a student for more comprehensive training to become a Certified Child Life Specialist. We appreciate your honest and open feedback to help us choose the best candidates for our program.

Name of Applicant:

How long have you known the applicant?

In what context did you observe/interact with this applicant? Please select one of the following:

Child Life Volunteer Supervisor

Instructor/Professor

Employer/Manager/Supervisor/Director

School Advisor

Other – please specify:

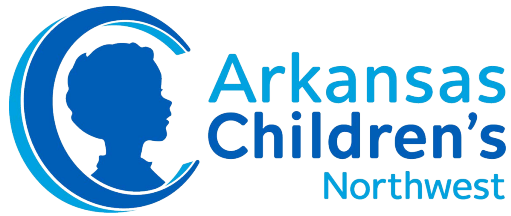
Have you directly supervised this applicant's interactions with children?

Yes

No

Applicant Rating: Check the column of the rating that is most acceptable.

Skill/Trait Observed	Above Average	Average	Below Average	Not Observed
Child Development Knowledge				
Interactions with Children				
Interactions with Adults				
Professional Boundaries				
Verbal Communication Skills				
Written Communication Skills				
Critical Thinking				
Initiative				
Leadership Ability				
Ability to Accept and Apply Feedback				
Ability to Collaborate				
Rapport Building Skill				
Flexibility				
Time Management				



What are three qualities or characteristics of this applicant that will help him or her to be a successful practicum student? (Feel free to provide a simple bulleted list.)

What are three areas of growth for this applicant? (Feel free to provide a simple bulleted list.)

I recommend this person for a Child Life Practicum position.

Yes

Yes, Somewhat

No

Please state any concerns (required if selected “yes, somewhat” or “no”).

Reference Signature:

Typed Name:

Institution/Organization Name:

City/State of Organization:

Email Address:

Phone Number: