



Child Life and Education Practicum Program

Thank you for your interest in the Child Life and Education Program at MetroHealth Medical Center!

We are proud of our long-established Child Life and Education Program, started by the legendary Emma Plank in 1955. Our program serves inpatient and outpatient areas, including Pediatric medical units, Pediatric Intensive Care, Burn Intensive Care, Urgent, Well-Child and Specialty Clinics, Emergency Department, radiology as well as referrals to Neonatal Intensive Care Unit, surgery and children of adult patients. We offer a 120-hour practicum experience. During the practicum, students have opportunities to shadow and observe in most areas of coverage provided by Certified Child Life Specialists (CCLS). The practicum experience is offered one time a year and follows the Association of Child Life Professionals deadlines for application deadlines, offer and acceptance dates.

Requirements

Prior to applying, qualified candidates must:

- Complete a minimum of 75 hours of volunteering with pediatric patients in a hospital setting
- Current enrollment in a university affiliated program with a concentration in child life

Deadlines

Practicum Session	Application Deadline	Initial Offer Date	Acceptance Date
Summer	January 5	2 nd Tuesday of February	2 nd Wednesday of February

Application

Application packets **must** include the following items in one PDF, in the order below, sent to childlife@metrohealth.org by the indicated due date:

- Completed Practicum application
- Current Resume
- College or University transcripts for all Colleges or Universities attended. Unofficial accepted at time of application
- Verification of recorded Volunteer hours from a pediatric hospital(s)

Additional Information

Once the application packet has been received and reviewed, qualified candidates will be invited for an initial interview. If you are offered the practicum and you accept, official transcripts will be required

For additional information or questions regarding the MetroHealth Medical Center Child Life Practicum, please contact the Child Life and Education team at childlife@metrohealth.org or 216-778-1213.



Child Life Practicum Application

Session applying for: _____

Full Name: _____ Date of Application: _____

Current Address: _____

Permanent Address: _____

Phone Number: _____ Indicate Best Time(s) To Call: _____

Email address: _____

Contact Person (For Message/Emergency): _____

Contact Person Phone No.: _____ Relationship To Contact Person: _____

Current University or College: _____

Major: _____

Enrolled in Bachelors, Masters or Certificate Program: _____

Expected Graduation Date and Degree: _____

Supervisor/Advisor Name and Title: _____

Supervisor/Advisor Phone No.: _____

Dates Preferred For Placement: _____

Describe Any Schedule Considerations or Limitations: _____

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1. Previous or Current Experience with Children (in a hospital setting)

Site: _____ Dates: _____

Total Hours: _____ Ages of Children: _____

Description of Experience:

Site: _____ Dates: _____

Total Hours: _____ Ages of Children: _____

Description of Experience:

Site: _____ Dates: _____

Total Hours: _____ Ages of Children: _____

Description of Experience:

Please include your typed response to the following items in your completed application package. Each item's response should be 200 words or less.

1. Describe in your own words, your personal philosophy of Child Life
2. List your personal/professional goals for your practicum experience