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. We offer a 128 hour practicum experience. During the practicum, students have opportunities to shadow and observe in all areas of coverage provided by the Child Life and Education Department. The practicum experience is offered three times a year and follows the Child Life Council deadlines for offers and acceptance.

Requirements

Prior to applying, qualified candidates must:

- Complete a minimum of 75 hours of volunteering working with pediatric patients in a hospital setting.

- Be enrolled as a student in a child life degree program.

Deadlines

<table>
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<tr>
<th>Internship Session</th>
<th>Application Deadline</th>
<th>Initial Offer Date</th>
<th>Acceptance Date</th>
<th>Offer Date for 2016</th>
<th>Acceptance Date for 2016</th>
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</thead>
<tbody>
<tr>
<td>Fall</td>
<td>March 15, 2016</td>
<td>1st Tuesday of May</td>
<td>Following Wednesday</td>
<td>May 3, 2016</td>
<td>May 4, 2016</td>
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</tbody>
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Application Process/Checklist

Application packets **must** include:

- Completed Practicum application

- Two (2) letters of recommendation (minimum one (1) from a clinical Certified Child Life Specialist)

- Current Resume

- Official College or University transcripts

- Verification of recorded Volunteer hours from a pediatric hospital(s)
METROHEALTH MEDICAL CENTER
CHILD LIFE AND EDUCATION DEPARTMENT

Student Practicum Application

Session applying for: ____________

Please Print

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: ______

Major: ____________________________________________________________________

Currently Student or Graduate of (University or College): ______________________

Graduate Student of (University or College): _________________________________

Expected Graduation Date and Degree: _______________________________________

Supervisor/Advisor Name and Title: ________________________________

Supervisor/Advisor Phone No.: _____________________________________________

Dates Preferred For Placement: _____________________________________________

Describe Any Schedule Considerations or Limitations: ________________________
1. Previous or Current Experience with Children (in a hospital setting)
   
a. Site: ___________________ Dates: ___________________
   Total Hours: ________________ Ages of Children: ________________
   Description of Experience:
   _______________________________________________________________
   _______________________________________________________________
   _______________________________________________________________

b. 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:
Please send the completed application packet to:

Jessica Chupnick, MS, CCLS, CEIM
MetroHealth Medical Center
Child Life and Education Department – H407
2500 Metrohealth Drive
Cleveland, OH 44109-1998

Once the application packet has been received and reviewed for admission criteria, an on-site interview will be required and arranged. Only qualified practicum applicants will be contacted for an interview.

For additional information or questions regarding the MetroHealth Medical Center Child Life Internship, please contact the Child Life and Education Manager, Jessica Chupnick at jchupnick@metrohealth.org or 216-778.2959.