



Kennedy Krieger Institute

The Kennedy Krieger Institute
Child Life and Therapeutic Recreation Department
Application for Practicum in Child Life

THE KENNEDY KRIEGER INSTITUTE CHILD LIFE PRACTICUM PROGRAM

The Child Life Practicum Program at Kennedy Krieger Institute provides an introductory experience for individuals interested in pursuing a career in Child Life. The practicum program is designed to offer students an opportunity to observe a Certified Child Life Specialist; as well as, a chance to gain supervised experiential learning. Students will gain knowledge in working with infants, children and adolescents in a pediatric rehabilitation hospital and pediatric outpatient setting. All practicum students will complete 15 hours per week for 10 weeks.

Requirements

1. Attended 4 or more classes in child life (i.e. child development, child life, family systems, etc.), including at least one child life course taught by a Certified Child Life Specialist.
2. Completion of 20 hours of volunteer experience with well infant, children and/or adolescents.
3. Completion of 20 hours of volunteer experience in a hospital setting under direct supervision of a Certified Child Life Specialist.

Sessions and Application Dates

Summer 2020

Applications Due: January 20, 2020 (postmarked by January 20, 2020)

Thank you for applying to the Kennedy Krieger Child Life Practicum Program. Once all applications are reviewed, potential candidates will be contacted regarding an interview. For additional information please contact Cynthia Taylor via email at taylorci@kennedykrieger.org or by phone at 443-923-9470.



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CHILD LIFE PRACTICUM APPLICATION CHECKLIST

To be considered for placement, all interested applicants must submit all of the following information:

- Child life practicum application
- Transcripts from all colleges/universities attended (unofficial accepted)
- Copy of current resume
- Separate list of child life related classes with the date and grades received
- Verification of hospital volunteer hours
- Two signed letters of recommendation: Completed by individuals who have directly supervised or observed your work with children and families. Letters must be signed by author.

I attest that this application is true and accurate to the best of my knowledge. I have met the application requirements and submitted all necessary documentation.

Applicants Signature:

Date:

Please either mail or email completed application information to:

Cynthia Taylor MA, CCLS
Senior Child Life Specialist
Kennedy Krieger Institute
Child Life and Therapeutic Recreation Department
707 North Broadway
Baltimore MD 21205
taylorci@kennedykrieger.org Please indicate Child Life Practicum in subject field.



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CHILD LIFE PRACTICUM APPLICATION

(Please type for legibility)

PERSONAL INFORMATION

Name: Click or tap here to enter text.

Date: Click or tap to enter a date.

Permanent Address: Click or tap here to enter text.

Current Address: Click or tap here to enter text.

Phone Number: Click or tap here to enter text.

Email Address: Click or tap here to enter text.

EDUCATION

Please list all colleges/universities you have attended:

Current College/University: Click or tap here to enter text.

Major: Click or tap here to enter text.

Minor: Click or tap here to enter text.

Dates Attended (Month/Year):

Cumulative GPA: Click or tap here to enter text.

Graduation Date: Click or tap here to enter text.

Academic Advisor Name and Title: Click or tap here to enter text.

Academic Advisor Phone Number: Click or tap here to enter text.

Academic Advisor Email Address: Click or tap here to enter text.



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Past College/University: Click or tap here to enter text.

Major: Click or tap here to enter text.

Minor: Click or tap here to enter text.

Dates Attended (Month/Year): Click or tap here to enter text.

Cumulative GPA: Click or tap here to enter text.

Graduation Date: Click or tap here to enter text.

WORK/VOLUNTEER EXPERIENCE

Please list your experience with children and/or adolescents. Experience may be in a community setting or in a healthcare environment and may be volunteer or paid.

Institution Name: Click or tap here to enter text.

Position/Title: Click or tap here to enter text.

Type of Facility: Click or tap here to enter text.

Ages Served: Click or tap here to enter text.

Dates: Click or tap here to enter text.

Hours Per Week: Click or tap here to enter text.

Total Hours Completed: Click or tap here to enter text.

Supervisor Name/Title: Click or tap here to enter text.

Brief Description of Your Experience: Click or tap here to enter text.

Institution Name: Click or tap here to enter text.

Position/Title: Click or tap here to enter text.

Type of Facility: Click or tap here to enter text.

Ages Served: Click or tap here to enter text.

Dates: Click or tap here to enter text.

Hours Per Week: Click or tap here to enter text.

Total Hours Completed: Click or tap here to enter text.

Supervisor Name/Title: Click or tap here to enter text.

Brief Description of Your Experience: Click or tap here to enter text.



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QUESTIONS

- 1. Describe the role of a child life specialist in a healthcare environment.**
Click or tap here to enter text.

- 2. Please briefly share what you have done to increase your knowledge and awareness of the child life profession.**
Click or tap here to enter text.

- 3. Describe what you hope to gain from your child life practicum experience.**
Click or tap here to enter text.

- 4. List three goals you have for the child life practicum experience.**
Click or tap here to enter text.



Therapeutic Recreation Internship Application

Name	Click or tap here to enter text.
Address	Click or tap here to enter text.
Phone	Click or tap here to enter text.
Email	Click or tap here to enter text.

Date	Choose a Date
Semester Applying For	Click or tap here to enter text.

University/College	Click or tap here to enter text.
University Address	Click or tap here to enter text.
Supervisor Name	Click or tap here to enter text.
Supervisor Phone	Click or tap here to enter text.

Why do you want to complete your internship at Kennedy Krieger Institute?

Click or tap here to enter text.

Please list your goals for your internship:

Click or tap here to enter text.

Letters of Recommendation

Please provide two (2) letters of recommendation from professional and/or educational references

Along with this application, please submit the following items:

- Cover letter
- Resume
- Unofficial Transcript

Please submit all documents electronically to:

Lauren Graffagnini, CTRS
Certified Therapeutic Recreation Specialist, Internship Coordinator
graffagnin@kennedykrieger.org

If you have additional questions, please contact Lauren by email or at 443-923-2630.