

Child Life Internship Application

Name: _____ Date: _____
(Print) Last First MI

Mailing address: _____ Phone: _____

Email address: _____

Check semester interested in internship: Winter/Spring _____ Fall _____ Summer _____

Education

Name of institution: _____

Present standing: _____ Major: _____

GPA (3.0 in major, 2.5 overall required) _____

Internship supervisor: _____

Phone: _____ Email address: _____

How did you learn about Child Life at our hospital? _____

Describe previous experiences working with children (include dates). _____

Write a brief paragraph explaining your career goals. _____

What are your expectations of an internship at East Tennessee Children's Hospital? _____

To apply, please submit the following: application for Child Life Internship, current transcript, resume, two letters of recommendation (one from faculty advisor and one professional reference), documentation from the ACLP of all current coursework requirements and verification of a child life practicum. Incomplete or illegible applications will not be considered. Candidate must be enrolled in school during the semester of internship. See the ACLP website for current application deadlines. Upon receipt, an interview may be granted.

Return application materials to:
Mary Pegler, MS, CCLS, Director of Child Life
East Tennessee Children's Hospital, P.O. Box 15010, Knoxville, TN 37901

