THE CHILDREN’S HOSPITAL OF PHILADELPHIA
CHILD LIFE, EDUCATION and CREATIVE ARTS THERAPY DEPARTMENT

Dear Applicant,

Thank you for your interest in our child life and therapeutic recreation training program. Once a year, for 18 weeks, we offer comprehensive dual child life/therapeutic recreation internship in the Child Life, Education and Creative Arts Therapy Department. A dually certified child life specialist and recreation therapist (CCLS/CTRS) will supervise the student as he or she participates in individual and group activities with children and families. This is a full time training position that begins in January.

To be an eligible candidate, you must be a college senior or graduate student in a specific therapeutic recreation academic program and possess:

- Ten core curriculum classes or degree in child life/therapeutic recreation, child development or a closely related field, including a course taught by a CCLS as approved by the Association of Child Life Professionals and documented on the Eligibility Assessment/Course Review
- A minimum of a cumulative GPA of 3.0 on a 4.0 grading system from your college or university
- Student or work experience with children and teens in group settings for a minimum of 100 hours
- Experience working with children in an established child life/therapeutic recreation program in a health care setting under the direct supervision of a Child Life Specialist or Recreation Therapist classified as a Child Life Practicum or Therapeutic Recreation Junior Internship experience resulting in a minimum of 100 hours
- Knowledge of psychosocial issues related to illness and hospitalization

As recommended by the Association of Child Life Professionals, application deadlines are as follows:

<table>
<thead>
<tr>
<th>Training Dates</th>
<th>Application Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>September 5th</td>
</tr>
</tbody>
</table>

All applications materials must be postmarked by the application deadline in order to be considered for the session being applied for. We will not accept applications that are hand delivered. Application is not a guarantee of acceptance. Due to the expectation that we provide students with quality supervision and education during placement, a limited number of students are accepted per semester. Should you have any questions about the application process please call the Child Life, Education and Creative Arts Therapy Department at 215-590-2001.

Sincerely,
Student Program Coordinator
Child Life, Education and Creative Arts Therapy Department

February 2016
DUAL CHILD LIFE/ThERAPEUTIC RECREATION INTERN
DESCRIPTION

Internship training is offered once a year, beginning in January, for 18 weeks at 40 hours per week. The Child Life/Therapeutic Recreation Intern is responsible for supervised involvement in the planning and implementation of a developmentally and emotionally supportive program for children and adolescents. The student will be expected to incorporate play, emotional support, health care education, and family involvement in order to enhance the social, emotional, intellectual, and physical well-being of children and families in the health care setting. The student will actively participate in initial orientation and ongoing guidance and evaluation by the student program coordinator and child life/therapeutic recreation staff to enable him/her to:

- Provide meaningful therapeutic experiences and activities:
  - in the inpatient playrooms
  - in the patient’s rooms at the bedside
  - in outpatient areas
  - in treatment areas and other hospital areas as appropriate
- Assist children and families in adjusting to the health care setting and experience.
- Share observations and experiences with on-site supervisor.
- Participate in the interdisciplinary team approach to care.
- Prepare and carry out healthcare education for patients and/or family members.
- Participate in the facilitation and delivery of family-centered care.
- Plan, facilitate and evaluate the effectiveness of developmentally appropriate, goal-directed interventions with infants through adolescents

**Student Intern Program Components:**
- Orientation to The Children’s Hospital of Philadelphia
- Orientation to policies and procedures (safety, infection control, etc.)
- Participation in child life staff meetings (including staff in-services, quality improvement activities, etc.)
- Daily reflective journals
- Assigned readings and discussion
- Orientation to patient populations and observation of child life/therapeutic recreation services may exist in the following areas:
  - Oncology (inpatient, including stem cell transplant unit, and outpatient)
  - Cardiology and Cardiac Intensive Care Unit
  - Surgical and trauma unit
  - Adolescent unit
  - Pulmonary unit
  - Emergency Department
  - Day Surgery
  - Pediatric Intensive Care Unit
  - Pediatric Rehabilitation
  - Radiology
- Training experience over a minimum of two populations/units at CHOP
- Formal weekly in-service training including, but not limited to, the following topics:
  - Child Development: The Impact of Illness and Hospitalization
• Play in the Hospital
• Medical Play Techniques
• Building Supportive Relationships
• Therapeutic Activities
• The Child Life Assessment Process
• Documentation and Charting
• Preparation: A Review of the Research, Techniques, and Materials
• Developing Preparation Skills
• Family Stress and Child Life Intervention
• Death and Dying: A Family Crisis
• Coping Techniques: An Overview
• Helping Children Learn and Use Relaxation Techniques
• Creative Arts Therapies
• Cultural Effectiveness in the Health Care Environment

• Periodic self and supervisor evaluation of performance
• Interdisciplinary team involvement

Child Life/Therapeutic Recreation Internship Program Objectives: Upon completion of the internship at The Children’s Hospital of Philadelphia, the intern will be able to:

• apply theoretical knowledge in both Child Life and Therapeutic Recreation
• comfortably navigate the hospital environment
• discuss the psychosocial effects of health care on children and families
• identify the meaning of specific medical terminology, diagnoses, and procedures; understand their relationship to the child’s and family’s level of understanding
• demonstrate entry-level professional skills in the use of play, recreation and therapeutic interventions and activities
• effectively provide medical education/preparation for specific procedures
• utilize simple distraction and relaxation techniques to assist children in their coping attempts
• facilitate supportive relationships within the boundaries which define therapeutic relationships
• demonstrate developmental and psychosocial assessment techniques to plan child life or therapeutic recreation interventions
• demonstrate professional attitudes, growth, maturity, and judgment
• function and communicate as a member of the interdisciplinary team
• gain broader knowledge of the field of child life and therapeutic recreation through readings, in-services, and interactions with child life staff
• communicate skills and learning in an interview process
Additional application materials required by CHOP checklist

In order to be considered for placement, you must submit all of the following application materials by the application session postmark deadline to:

Program Coordinator
Child Life and Education Department
The Children’s Hospital of Philadelphia
34th St. and Civic Center Blvd., Main Room #8540
Philadelphia, PA 19104

___ Cover letter indicating the program to which you are applying

___ Completed Association of Child Life Professionals Common Child Life Internship application, including designating total hours for each experience listed

___ List of personal/professional goals for the training experience at Children’s Hospital of Philadelphia (minimum 4)

___ 200 – 500 word essay describing your personal philosophy on how the work of Child Life and Therapeutic Recreation complement one another in the pediatric population.

___ Official transcripts from all academic institutions attended verifying a minimum cumulative GPA of a 3.0 or higher

___ Resume/Curriculum Vitae

___ 2 signed letters of professional recommendation in sealed envelopes (at least one of whom has observed your direct work with children)

___ Association of Child Life Professionals Eligibility Assessment evaluation report documenting a minimum of 10 approved courses

___ Verification of successful completion of a Child Life course taught by a CCLS as documented on the Association of Child Life Professionals Eligibility Assessment evaluation report

___ Evaluation form(s) from CCLS/CTRS supervisor of practicum, field placement or junior internship in a child life/therapeutic recreation

___ Verification letter documenting completion of practicum or junior internship in child life/therapeutic recreation from CCLS/CTRS supervisor

___ Application fee of $25 (check or money order only made payable to “The Children’s Hospital of Philadelphia Child Life Department)

Continued on next page
If the internship placement is to be conducted in affiliation with a university, a description of academic requirements and of the role of the university supervisor must be included (i.e. letter from internship supervisor and list of academic requirements for placement).

Signed application checklist

By signing, I indicate that I have reviewed and met the application requirements. I am submitting all necessary documentation to be considered for a Child Life/Therapeutic Recreation internship experience at The Children’s Hospital of Philadelphia.

Signature: _____________________________________________ Date: _________________
# COMMON CHILD LIFE INTERNSHIP APPLICATION

*For Internship Session: _____________________*  
(Example: Fall 2012)

## Personal Information

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>(M.I.)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Present Phone</th>
<th>Permanent Phone</th>
<th>Email Address</th>
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</thead>
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<table>
<thead>
<tr>
<th>Present Address</th>
<th>Permanent Address</th>
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</thead>
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<table>
<thead>
<tr>
<th>City</th>
<th>State/Province</th>
<th>ZIP Code</th>
<th>Country</th>
</tr>
</thead>
</table>

## Emergency Contact

In case of emergency, notify:

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Address</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Home Phone</th>
<th>Work Phone</th>
<th>City</th>
<th>State/Province</th>
<th>ZIP Code</th>
<th>Country</th>
</tr>
</thead>
</table>

## Application Category

- [ ] University-affiliated (internship hours will count toward course credit)
- [ ] Independent (internship hours will NOT count toward course credit)

**Please note:** Some Child Life Internship Programs DO NOT ACCEPT independent interns.

If University-affiliated:

<table>
<thead>
<tr>
<th>University Supervisor/Advisor Name</th>
<th>Email Address</th>
<th>Phone</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>University Name</th>
<th>University Department Address</th>
</tr>
</thead>
</table>

## Academic Information

Please list ALL colleges and universities attended:

1. **College/University Name**
   
   **City, State/Province**
   
   **TO**
   
<table>
<thead>
<tr>
<th>Dates Attended (mm/year)</th>
<th>Graduation Date (mm/year)</th>
<th>Major</th>
</tr>
</thead>
</table>
   
   **Level:**
   
   - [ ] Bachelor's
   - [ ] Master's
   
   **Check one of the above**
   
<table>
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<tr>
<th>GPA Cum</th>
<th>GPA in Major</th>
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</table>

2. **College/University Name**
   
   **City, State/Province**
   
   **TO**
   
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**Note:** If additional space is necessary to complete the list of ALL colleges and universities attended, please go to page 7 of this form.
COMMON CHILD LIFE INTERNSHIP APPLICATION
For Internship Session: ____________________________
(Example: Fall 2012)

Experience with Children in Healthcare Settings

1.

<table>
<thead>
<tr>
<th>Institution</th>
<th>Position Title (e.g., volunteer, practicum student)</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>May we contact? □ Yes □ No</td>
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</table>

<table>
<thead>
<tr>
<th>Supervisor's Name and Credentials</th>
<th>TO</th>
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<th>Dates (mm/year to mm/year)</th>
<th>Hours/ Week</th>
<th># of Weeks</th>
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</table>

Briefly describe population and responsibilities: (approx 100 word limit)

2.

<table>
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<th>Institution</th>
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Briefly describe population and responsibilities: (approx 100 word limit)

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Briefly describe population and responsibilities: (approx 100 word limit)

NOTE: If additional space is necessary to complete this list, please go to page 7 of this form.

Other Child-Related Experiences
(i.e., child care, camps, education/teaching)

1.

<table>
<thead>
<tr>
<th>Organization/Employer</th>
<th>Position Title (e.g., nanny, teen counselor, teacher)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>May we contact? □ Yes □ No</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>Supervisor's Name</th>
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<tr>
<th>Dates (mm/year to mm/year)</th>
<th>Hours/ Week</th>
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</thead>
</table>

Briefly describe population and responsibilities: (approx 100 word limit)
COMMON CHILD LIFE INTERNSHIP APPLICATION

For Internship Session: __________
(Example: Fall 2012)

Other Child-Related Experiences (continued)

2.

Organization/Employer

Position Title (e.g., nanny, teen counselor, teacher)

May we contact?

☐ Yes  ☐ No

Supervisor’s Name

Supervisor’s Title

TO

Supervisor’s Phone

Dates (mm/year to mm/year)  Hours/ Week  # of Weeks

Total Hours Completed

Briefly describe population and responsibilities: (approx 100 word limit)

3.

Organization/Employer

Position Title (e.g., nanny, teen counselor, teacher)

May we contact?

☐ Yes  ☐ No

Supervisor’s Name

Supervisor’s Title

TO

Supervisor’s Phone

Dates (mm/year to mm/year)  Hours/ Week  # of Weeks

Total Hours Completed

Briefly describe population and responsibilities: (approx 100 word limit)

4.

Organization/Employer

Position Title (e.g., nanny, teen counselor, teacher)

May we contact?

☐ Yes  ☐ No

Supervisor’s Name

Supervisor’s Title

TO

Supervisor’s Phone

Dates (mm/year to mm/year)  Hours/ Week  # of Weeks

Total Hours Completed

Briefly describe population and responsibilities: (approx 100 word limit)

NOTE: If additional space is necessary to complete this list, please go to page 7 of this form.

Professional Involvement

Please list the names of any professional organizations you are a member of:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
For Internship Session: 
(Example: Fall 2012)

**Child Life Relevant Coursework Information**

Please check one of the following:
- [ ] Official CLC Coursework Review AND Official Transcripts Attached
- [ ] Official Transcripts Attached

*(Please continue to next section)*

<table>
<thead>
<tr>
<th>Course number and title</th>
<th>Institution</th>
<th>Term</th>
<th>Year</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>e.g. HDFS 201 Child Development</td>
<td>Johns Hopkins University</td>
<td>Summer</td>
<td>2006</td>
<td>A</td>
</tr>
</tbody>
</table>
COMMON CHILD LIFE INTERNSHIP APPLICATION
For Internship Session: ______________________
(Example: Fall 2012)

Essay Questions

Please answer the following questions:

How did you first become interested in or aware of child life? (Approx. 200 words)

What have you done to increase your knowledge/awareness of this profession? (Approx. 200 words)

Briefly describe the ways in which the work of a child life specialist contributes to the health care experience of a child and his/her family. (Approx. 200 words)

Provide a specific example of a time that you used play to meet the developmental needs of a child. (Approx. 200 words)
COMMON CHILD LIFE INTERNSHIP APPLICATION
For Internship Session: (Example: Fall 2012)

Application Checklist Review

☐ Completed and Signed Application Form

☐ College/University Transcripts (if applicable, include both undergraduate and graduate)

☐ Reference Letters**

☐ Resume/Curriculum Vitae

☐ Attachment of additional application materials as required by each program

I attest that the information in this application is true and accurate to the best of my knowledge.

Signature: ___________________________________________ Date: __________

REMINDER: Applicants must check with EACH internship program to verify that internship eligibility requirements are met and to determine whether additional items are required to be submitted with this application form.

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
- **specific number and type of reference letters

SUBMITTING YOUR APPLICATION:

Completed applications should be mailed directly to the internship programs to which you are applying. DO NOT MAIL YOUR APPLICATION TO THE CHILD LIFE COUNCIL OFFICE. Please contact individual programs for their direct mailing information.
For completion ONLY if additional space is required to complete applicant’s listing of Academic Information, Experience with Children in Healthcare Settings, and/or Other Child-Related Experience.

**Academic Information (Continued)**

<table>
<thead>
<tr>
<th>3.</th>
<th>College/University Name</th>
<th>City, State/Province</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Dates Attended (mm/year)</td>
<td>Graduation Date (mm/year)</td>
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<tr>
<td></td>
<td>Level: Bachelor’s</td>
<td>Major</td>
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<td>GPA Cum</td>
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<table>
<thead>
<tr>
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</table>

**Check one of the above**

**Experience with Children in Healthcare Settings (Continued)**

<table>
<thead>
<tr>
<th>4.</th>
<th>Institution</th>
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<tbody>
<tr>
<td></td>
<td>Supervisor’s Name and Credentials</td>
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<td></td>
<td>Total Hours Completed</td>
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<tr>
<td></td>
<td>Supervisor’s Phone</td>
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</tbody>
</table>

Briefly describe population and responsibilities:

<table>
<thead>
<tr>
<th>5.</th>
<th>Institution</th>
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<tr>
<td></td>
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<tr>
<td></td>
<td>Supervisor’s Phone</td>
</tr>
</tbody>
</table>

Briefly describe population and responsibilities:
If you use Internet email (Gmail, Hotmail, etc.), save this document and email it as an attachment to your Internship Coordinator.
Curriculum Recommendations for Child Life Career Planning per Child Life Council

Recommended Coursework:

<table>
<thead>
<tr>
<th>Coursework</th>
<th>Transcript</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Development/Advanced Child Development</td>
<td>The Hospitalized Child</td>
</tr>
<tr>
<td>Observation/Developmental Assessment</td>
<td>Theories of Play</td>
</tr>
<tr>
<td>Therapeutic Activities for Children</td>
<td>Special Education</td>
</tr>
<tr>
<td>Family Dynamics/Family Development</td>
<td>Medical Sociology</td>
</tr>
<tr>
<td>Children/Families Under Stress</td>
<td>Death and Dying</td>
</tr>
<tr>
<td>Child/Adolescent Psychology</td>
<td>Parent Education</td>
</tr>
<tr>
<td>Early Childhood Education/Methods</td>
<td>Infant Development</td>
</tr>
<tr>
<td>Pediatric Therapeutic Recreation</td>
<td>Medical Terminology</td>
</tr>
<tr>
<td>Verbal/Written Communication</td>
<td>Cultural Effectiveness</td>
</tr>
<tr>
<td>Foreign Language(s) - particularly Spanish</td>
<td>Group Facilitation</td>
</tr>
<tr>
<td>Sign Language</td>
<td>Special Needs Populations</td>
</tr>
</tbody>
</table>

Recommended Training:

- Bachelor’s or Master’s degree in Child Life, Child Development, or closely related field.
- Experience working with children in an established child life program in a healthcare setting (100 hours minimum volunteer and practicum placement).
- 480-600 hour Internship in established child life program under the supervision of a Certified Child Life Specialist

Recommended Reading:


For More Information:
Child Life Council
11820 Parklawn Drive Suite #202
Rockville, MD 20852-2529
(301) 881-7090
[www.childlife.org](http://www.childlife.org)