



**INTERNSHIP APPLICATION
CHILD LIFE DEPARTMENT
MUSC CHILDREN'S HOSPITAL**

Date: _____

Last Name First Name Middle

Permanent Address City State Zip

(____) _____ # _____
Permanent Telephone Social Security Date of Birth Month/Day

Present Address City State Zip

Present Telephone email address

In Case of Emergency Notify (____) Telephone Relationship

Street City State Zip

Dates available for placement: _____

Intern Advisor (____) Telephone

Current College/University: _____

Major: _____

Degree/s and/or Degree/s
sought: _____

Expected Date of Graduation: _____

Past College/University: _____

Major: _____

Years Attended: _____

Degree Earned: _____

Requested Internship:

_____ Fall, _____ Spring, _____ Summer, _____ Year

Candidate must provide items in the following three parts.

PART I:

1. Letter of request for internship placement
2. Current Resume
3. College Transcript/s
4. Completed MUSC Intern Application form

PART II:

5. Experiences with Hospitalized Children:

- Institution: _____
Position: _____
Date: From _____ To _____

- Institution: _____
Position: _____
Date: From _____ To _____

6. Practicum and Student Teaching Experiences (include description and ages of children):

- Institution: _____
Position: _____
Date: From _____ To _____

- Institution: _____
Position: _____
Date: From _____ To _____

7. Job Experiences: Child/Family Oriented:
- Institution: _____
 Position: _____
 Date: From _____ To _____
8. Other Relevant Experiences:
- Institution: _____
 Position: _____
 Date: From _____ To _____
9. References: Please list addresses and phone numbers of at least three references who have observed you working with children. At least one should be from an individual familiar with your hospital work. If you are a college student one letter must be from your faculty advisor. Please enclose a letter of recommendation from each reference.
- Name: _____ Telephone: _____
 Address: _____
 - Name: _____ Telephone: _____
 Address: _____
 - Name: _____ Telephone: _____
 Address: _____

PART III:

Please answer the following questions (use additional sheets if necessary):

1. List attributes, skills, and any special talents you possess that will help you as a Child Life Intern and later as a Child Life Specialist?

2. What is your conception of how Child Life Specialists spend their time?

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3. What do you hope to learn from your Child Life Internship?

4. Will you have other commitments during your internship (work, classes etc

*Adapted from Internships: Selection, Supervision and Evaluation Criteria: Wallinga & Cutliffe; CLC Conference 1991 and Cincinnati Children's Hospital web application

Please submit completed application packet including all supporting information to:

Child Life Department – Children's Hospital
Medical University of South Carolina
165 Ashley Ave., P. O. Box 250329
Charleston, SC 29425