Internship Application for Child Life Specialist

Name: _____________________________________________________________________________________
Address: _______________________________________________________________________ ____________
Email: ____________________________________________________________ __________________________
Telephone: _ _________________________________________________________________ _______________
Academic Major: _____________________________________________________________________________
Institution: __________________________________________________________________________________
Degree: ____________________________________Graduation Date: ___________________________________

Desired Internship: ____ Fall (Beginning September) ___Winter (Beginning January) ___Summer (Beginning June)

Have you applied for an internship at C.S. Mott Children's Hospital previously? __________________________
If yes, please indicate semester and year: ________________________________________________ __________

If you will be receiving academic credit for your internship, please provide the name and address for our university
contact person:
Institution name: ____________________________________________________________________________
Address: _____________________________________________________________________________ ______
Contact person name and email address: _________________________________________________________
Telephone: _________________________________________________________________________ ________

Items to include in your application packet:
• Applications including University of Michigan and common child life application by the Child Life Council
• Cover page including why an internship at C.S. Mott Child Children’s Hospital would benefit you
• Current resume
• Transcripts: unofficial are satisfactory but if offered an internship, official transcripts will be required
• Three letters of recommendation. These should be in a signed and sealed envelope from someone who
  has observed your work with children directly
• Verification form documenting a class taught by a child life specialist
• Proof of coursework eligibility by the Child Life Council
• Proof of practicum experience working under a CCLS
• Proof of working with children in the hospital and healthcare settings for a minimum of 250 hours
• Non-refundable processing fee of $50.00 payable to the Child & Family Life Department
• Please do not use staples, paperclips or folders when submitting your application

Signature______________________________________________________ _____ Date: _____________________

Mail to:  C.S. Mott Children's Hospital
          Internship Program, Attn: Jenn Holly
          Child and Family Life Department F2519 UH South
          1500 East Medical Center Drive SPC 5251
          Ann Arbor, Michigan 48109-5251