

## **Practicum Verification Form**

## **Child Life Internship Program** Maria Fareri Children's Hospital, **Member of the Westchester Medical Center Health Network**

Applicant: This form is to be completed by your child life practicum supervisor as a means to verify

completed hours.	
Αp	plicant Name:
Clir	nical Institution:
	This applicant's child life practicum is complete: ☐ Yes ☐ No  The child life practicum was supervised by a Certified Child Life Specialist: ☐ Yes ☐ No
	The number of child life practicum hours completed under the supervision of a Certified Child Life Specialist:
4.	Semester and year (for example, Summer 2017) of the applicant's child life practicum:
5.	The child life practicum followed all standards recommended by the Child Life Council: $\Box$ Yes $\Box$ No
	Standard 1: The child life practicum is largely an observational experience.
wł	<b>Standard 2:</b> The child life practicum student will be supervised by a Certified Child Life Specialist no has achieved a minimum of 2,000 hours of paid work experience.
•	<b>Standard 3:</b> The child life practicum encompasses a minimum of 100 supervised hours. The acticum may include a combination of practicum hours being completed in no more than two acticum experiences.
	<b>Standard 4:</b> Child life practicum hours should be completed in an appropriate setting: spitals/medical centers; therapeutic, medical or health-related camp settings; hospice, grief or oport centers; and/or rehabilitation settings.
	<b>Standard 5:</b> The child life practicum includes observation opportunities for students to explore: Id life assessments, developmental theory integration, therapeutic play interventions and rapport-ilding.
suc	<b>Standard 6:</b> The child life practicum's learning experiences include activities and assignments ch as journaling; educational in-services and discussions; and specific and structured readings.
Yοι	ur signature below confirms the above information is true and accurate.

Signature/Credentials:

Date: