Child Life Internship Additional Questions

Please answer the following questions. Use additional paper if needed.

1. What is it that you hope to gain from your internship experience?
   ___________________________________________________________
   ___________________________________________________________
   ___________________________________________________________
   ___________________________________________________________
   ___________________________________________________________

2. What are your career goals?
   ___________________________________________________________
   ___________________________________________________________
   ___________________________________________________________
   ___________________________________________________________
   ___________________________________________________________

3. Tell us about the courses you have taken and how you see them preparing you for real world child life practice.
   ___________________________________________________________
   ___________________________________________________________
   ___________________________________________________________
   ___________________________________________________________
   ___________________________________________________________

4. What are your strengths/weaknesses when working with children?
   ___________________________________________________________
   ___________________________________________________________
   ___________________________________________________________
   ___________________________________________________________
   ___________________________________________________________

5. Why have you chosen to apply for internship at El Paso Children’s Hospital?
   ___________________________________________________________
   ___________________________________________________________
6. Why should we choose to interview you for this internship?

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

Please answer the following answers by checking YES or NO:

Have you completed a minimum of 10 courses approved by the CLC?  ___Yes ___ No

Have you taken a course taught by a CCLS?  ___Yes ___ No

Do you have a minimum cumulative GPA of 2.5?  ___Yes ___ No

Do you have a minimum major GPA of 3.0?  ___Yes ___ No

Are you a member of the Child Life Council?  ___Yes ___ No

Have you completed a Child Life Practicum?  ___Yes ___ No

Are you CPR certified?  ___Yes ___ No

Applicant’s Signature: ________________________________________________________

Date: ______________________________________________________________________

Please submit completed application packet on or before the deadline to:
Child Life Services
Attn: Meghan Kamau, MT-BC, CCLS
El Paso Children’s Hospital
4845 Alameda Avenue
El Paso, TX 79905